RECEIVED
JUL 5 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2951
Local Reg. No. 49
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Minidoka 340	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5 Mi.West Paul Interchange c. LENGTH OF STAY (In this place) enroute	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Inter State #80 West 000	d. STREET ADDRESS (If rural, give location) 4217 Opel, Trailer # 26

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) O.	c. (Last) HATCH	4. DATE OF DEATH (Month) June (Day) 25 (Year) 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 25, 1925	9. AGE (In years last birthday) 47 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steel construction 5	10b. KIND OF BUSINESS OR INDUSTRY U.P. R.R.	11. BIRTHPLACE (State or foreign country) Oxford, Idaho	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Elmer Hatch	BIRTHPLACE Oxford, Ida.	14. MOTHER'S MAIDEN NAME Ruby Boyce	BIRTHPLACE Oxford, Ida.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) U.S.Navy	16. SOCIAL SECURITY NO. 519-20-9242	17. INFORMANT'S OWN SIGNATURE Joseph Hatch	ADDRESS Pocatello, Idaho

8147

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fractured skull	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	massive internal hemorrhage crushed chest	
DUE TO (c)	run over by truck	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Interstae Hiway 86	21c. (CITY, TOWN, OR TOWNSHIP) 13-340 (COUNTY) (STATE) 5 miles west of Paul Idaho
21d. TIME OF INJURY (Month) June (Day) 25 (Year) 1972 (Hour) 3PM m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? ran over by truck

22. *I hereby certify that I attended the deceased from* did not see alive *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P m., from the causes and on the date stated above.*

23a. SIGNATURE Robert Walsh 583	(Degree or title) Coroner 4	23b. ADDRESS 710 6th street Rupert Idaho	23c. DATE SIGNED 6-29-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 28,1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial	24d. LOCATION (City, town, or county) (State) Gardens,Pocetello, Idaho
DATE REC'D BY LOCAL REG. 6-29-72	REGISTRAR'S SIGNATURE Mary Ellen Jackson	25. EMBALMER Ormand F Burch	LICENSE NO. 471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 17 1972
FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....
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Certificate of Death

STATE OF IDAHO

State File No. 2952
Local Reg. No. 50
Reg. Dist. No. 436

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Minidoka b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 906 5th street	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 34 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert d. STREET ADDRESS (If rural, give location): 906 5th street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rudolph		Miller	June 27 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug 24 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer and U.P. Rail Way co		Selby South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Miller	Odessa Russia	Christina Weishaar	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no none	519 01 8890	x Eugene Wesley Miller	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease — not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-12-60, 19__, *to* 6-27-72, 19__, *that I last saw the deceased alive on* 6-27, 19 72, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. E. Dalley MD	702 6th St. Rupert Idaho 83350	7-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-17-72	Mary Glen Larson	Robert Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
FORM DH-63021

DUTIES: JUL 20 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2953
Local Reg. No. 157
Reg. Dist. No. 220

RECEIVED BUREAU OF VITAL STATISTICS JUN 12 4 56 PM '72

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Garfield
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pomeroy
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle):
c. (Last): Atkins

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 72

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-26-1908
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Brinkley Ark.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Atkins — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Frances Lewis — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: 533-16-9045
17. INFORMANT'S OWN SIGNATURE: Laurence Gilbert — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): metastatic carcinoma

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): of the liver - Primary
DUE TO (c): site undetermined

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Dec, 1971, *to* 2 June, 1972, *that I last saw the deceased alive on* 2 June, 1972, *and that death occurred at* 9:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David W. Hensenbach 227 (Degree or title) MD
23b. ADDRESS: 307 St John's Way
23c. DATE SIGNED: 6 June 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 6-5-72
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Pomeroy Wash.

DATE REC'D BY LOCAL REG.: 6-7-72
REGISTRAR'S SIGNATURE: Glenara Walzen
25. EMBALMER: Andy Reinland Jr
LICENSE NO.: 84-890

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Richardson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2954
Local Reg. No. 162
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Joseph's Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1517 27th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Shirley	L.	Richardson	June 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 31, 1926	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Portland, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Axel Nordstrom,	Sweden	Mabel Hampton	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	no record	Mr. Clyde Richardson	Lewiston, Id.

1579

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Pancreas. — INTERVAL BETWEEN ONSET AND DEATH: 1+ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1971.	undifferentiated Carcinoma of upper abdomen. Pancreas.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 25 January, 1972, to 4 June, 1972, that I last saw the deceased alive on 3 June, 1972, and that death occurred at 1115a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	3075 St John way Lewiston	13 June 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 7, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-16-72	[signature]	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2955
Local Reg. No. 161
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 5 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) CLARENCE	b. (Middle) ROY	c. (Last) ELSEA	4. DATE OF DEATH (Month) (Day) (Year): 8 June 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 18 Sept. 1882	9. AGE (In years last birthday): 89 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain	11. BIRTHPLACE (State or foreign country): White Heath, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Elsea	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Sarah Close	BIRTHPLACE: Nebr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 05 0065 JI	17. INFORMANT'S OWN SIGNATURE: Carl L Elsea	ADDRESS: Clarkston, Wn.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular Thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pyelitis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1968, 19__, *to* 6/8, 1972, *that I last saw the deceased alive on* 6/1, 1972, *and that death occurred at* 6:55 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 114 (Degree or title) MD	23b. ADDRESS: 342 St. Johns Way	23c. DATE SIGNED: 6/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial	24b. DATE: 10 June 1972	24c. NAME OF CEMETERY OR CREMATORY: Potlatch City Cemetery	24d. LOCATION (City, town, or county) (State): Potlatch, Latah Co., Idaho
DATE REC'D BY LOCAL REG.: 6-16-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 21 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2956
Local Reg. No. 167
Reg. Dist. No. 220

RECEIVED JUN 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hosp. 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Lewis Clark Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Felix b. (Middle) Michael c. (Last) Ranta

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Jan. 22, 1900

9. AGE (In years last birthday): 72

IF UNDER 1 YR. Months / Days

IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Hiway Const.

11. BIRTHPLACE (State or foreign country): British Columbia, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Felix Gusta Ranta BIRTHPLACE: Lapua Finland

14. MOTHER'S MAIDEN NAME: Margaret Elizabeth Walimaki BIRTHPLACE: Peraseinajoki, Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 543-12-6383

17. INFORMANT'S OWN SIGNATURE: A E Ranta ADDRESS: 3829 16th Lewiston Idaho

4319

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1972 to 6/11, 1972, that I last saw the deceased alive on 6/11, 1972, and that death occurred at 11:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: C S [illegible] (Degree or title) MD

23b. ADDRESS: 307 St. Johns Way Lewiston Ida

23c. DATE SIGNED: 6/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 14, 1972

24c. NAME OF CEMETERY OR CREMATORY: Harris Ridge

24d. LOCATION (City, town, or county): Kooskia (State): Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Glenara Dalzen

25. EMBALMER: Glenn Ailor

LICENSE NO.: E-252

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2957
Local Reg. No. 160
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 20 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dillon	Henry	Palmer	12 June 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	9 Nov 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance Man	Railroad	Jennings, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Palmer	Missouri	Tosie Miller	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	700 07 5761	X Doris Harney	Lewiston, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/24, 1969, to 6-12, 1972, that I last saw the deceased alive on 5/4, 1972, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R M Brower MD	939 Bryden Lewiston Ida	6/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	15 June 1972	Lewis-Clark Gardens	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-72	Eleanor Walgren	W. E. Black	M-426

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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2958

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 165
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
LENGTH OF STAY (In this place) 22 years
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roy		Whittum	June 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	July 13, 1912	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rural mail carried	Postal	Missoula, Montana	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Whittum	New York	Nora Parker	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes 1930-1933	519 10 4198	S Marjorie Whittum	Juliaetta, Idaho

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Coronary — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes. — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 20, 1967, *to* Jan. 24, 1970, *that I last saw the deceased alive on* Jan. 24, 1970, *and that death occurred at* 2:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	625 6th Ave., Lewiston	6-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 16, 1972	Normal ~~xxxxx~~	Juliaetta, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-20-72	[signature]	[signature]	M297

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 27 1972
MAR 07 2016

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2959
Local Reg. No. 171
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUL 10 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Southwick
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southwick, Idaho
d. STREET ADDRESS (If rural, give location): 711 8th. Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lydia	B.	Miller	6	14	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	2/28/82	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Eller	unavailable	Cordellie Stump	unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	unavailable	Mrs. John Lettenmaier	Southwick, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Terminal Bronchial Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer of Lung	3 months
DUE TO (c)	Infirmities of Age	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1621

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/5, 1972, to 6-14, 1972, that I last saw the deceased alive on 2-12, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.M. Stover	MD	939 Bryden, Lewiston, Ida	6-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	6/17/72	Normal Hill Cemetery	Lewiston	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-5-72	Glenna Wolfe	Patrick Mahoney	E-492

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended August 1, 1972

Certificate of Death
STATE OF IDAHO

State File No. 2960
Local Reg. No. 163
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jacques Spur
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Loading Ramp 603

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 53
b. COUNTY: Spokane 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): East 2208 Rockwell

3. NAME OF DECEASED (Type or Print): a. (First) Richard; b. (Middle) Harvey; c. (Last) Elam

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1929

9. AGE (In years last birthday): 43
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman 5

10b. KIND OF BUSINESS OR INDUSTRY: C.P.R.R.

11. BIRTHPLACE (State or foreign country): Whitefish, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry P. Elam
BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Grace P. Rhine
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 516-28-1271

17. INFORMANT'S OWN SIGNATURE: Austin Funeral Home
ADDRESS: Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8060

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): RR Loading Ramp 04

21c. (CITY, TOWN, OR TOWNSHIP) 13-35 **(COUNTY)**: Jacques Spur, Nez Perce **(STATE)**: Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 16, 1972-7:55A m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? While riding the side of RR car he came in contact with a close clearance at the rock loading ramp.

22. *I hereby certify that I attended the deceased from* ~~_____, 19___~~ *to* ~~_____, 19___~~, *that I last saw the deceased alive on* ~~_____, 19___~~, *and that death occurred at* 7:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred Duclos, Coroner 583 (Degree or title) 4

23b. ADDRESS: 419 Stewart Ave., Lewiston, Ida.

23c. DATE SIGNED: June 16, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: June 17, 1972

24c. NAME OF CEMETERY OR CREMATORY: Austin Funeral Home

24d. LOCATION (City, town, or county) (State): Whitefish, Flathead Co., Montana

DATE REC'D BY LOCAL REG.: 6-17-72

REGISTRAR'S SIGNATURE: Glenara Dalzen

25. EMBALMER: W. E. Black

LICENSE NO.: M 426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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7-27-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 1 11 09 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 72-2960

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Richard Henry Elam (Name on Original Certificate) who died (Was Born or Died) on June 16, 1972 (Date of Event)

in Nez Perce County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Application for Employment (Bible Record, Insurance Policy, Etc.) prepared on July 12, 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 3b	Henry	Harvey
Item 14 (Maiden name of mother)	Omitted	Rhine ?

Subscribed and sworn to before me this 31st day of July, 1972

Maureen Greco

Notary Public, residing at Lewiston Idaho

My commission expires 8-23-75

(Seal)

Signed R. F. Jones Auditor CSPRy

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 815, Lewiston, Idaho 83501

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of July, 1972

Maureen Greco

Notary Public, residing at Lewiston Idaho

My commission expires 8-23-75

(Seal)

Signed J. A. Kenyon - Claim Agt. CPRRCo.

(Signature of Any Credible Person)

P.O. Box 815, Lewiston, Idaho 83501

(Street Address, City, State)

FORM DH 60-155

Certificate of Death
STATE OF IDAHO

State File No. 2960
Local Reg. No. 163
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jacques Spur
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Loading Ramp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): East 2208 Rockwell

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	Henry	ELAM	16 June 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12 April 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brakeman	C.P.R.R.	Whitefish, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry P. Elam	Oklahoma	Grace P.	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	516 28 1271	Austin Funeral Home	Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8060

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	RR Loading Ramp	Jacques Spur	NezPerce	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ / NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
16 June 1972 7:55 AM	☒	while riding the side of RR car he came in contact with a close clearance at the rock loading ramp.

22. *I hereby certify that I attended the deceased from* - - -

JUL-7 1972
JUN 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 1 1972

DEC 2 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUN 26 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2961
Local Reg. No. 164
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston; c. LENGTH OF STAY (In this place) 6-2-1963	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174	d. STREET ADDRESS (If rural, give location) 3533 - 6th Street

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) Matilda	c. (Last) Behling	4. DATE OF DEATH (Month) (Day) (Year)	18 June 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 23 Oct 1877	9. AGE (In years last birthday) 94	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Peterson, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Christian O. Sundby	BIRTHPLACE Norway	14. MOTHER'S MAIDEN NAME Martha Thorson	BIRTHPLACE Norway		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 468-07-0664-D	17. INFORMANT'S OWN SIGNATURE X Alice L. Henderson	ADDRESS Lewiston		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infirmities of age

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/4, 1964, *to* 6-7, 1972, *that I last saw the deceased alive on* 6-7, 1972, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Ron Stover, M.D. 507 (Degree or title)	23b. ADDRESS 939 - Bryden Lewiston, Ida	23c. DATE SIGNED 6-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial	24b. DATE 21 June 1972	24c. NAME OF CEMETERY OR CREMATORY Crystal Lake Cemetery	24d. LOCATION (City, town, or county) Minneapolis, Minnesota (State) Hennepin Co.
DATE REC'D BY LOCAL REG. 6-20-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. Black W. E. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUN 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2962
Local Reg. No. 166
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 1 mo 17da	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tyler's Family Care Home 387	d. STREET ADDRESS (If rural, give location): Headquarters

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	Vester	Baker	June	18	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	5 June 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
heavy equipment oper.	construction	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Baker	unknown	Winnie Tout	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II	518 01 2342	X Richard H. Baker	Lewiston

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure C.V.A.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	
DUE TO (c)	~~C.V.A.~~	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19___, *to* ——, 19___, *that I last saw the deceased alive on* ——, 19___, *and that death occurred at* 10 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 051 (Degree or title) /	Lewiston, Idaho	20 Jun 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	21 June 1972	Texas Ridge Cemetery	Kendrick Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-21-72	[signature]	[signature]	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUN 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2963
Local Reg. No. 168
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: Asotin 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Rest Trailer Court 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Gary	b. (Middle) Everett	c. (Last) SHAFFNER	4. DATE OF DEATH (Month) June (Day) 21 (Year) 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced	8. DATE OF BIRTH: Jan. 10, 1940	9. AGE (In years last birthday): 32 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY: building	11. BIRTHPLACE (State or foreign country): Spokane, Washington	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Everett Shaffner — BIRTHPLACE: Nebraska		14. MOTHER'S MAIDEN NAME: Marian Myers — BIRTHPLACE: South Dakota		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): no record	16. SOCIAL SECURITY NO.: 503-44-1038	17. INFORMANT'S OWN SIGNATURE: X Everett H Shaffner — ADDRESS: Clarkston, Wash.		

955X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Shock and Hemhorrage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gunshot Wound	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide 2	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): trailer Park 01	21c. (CITY, TOWN, OR TOWNSHIP) 13-351 (COUNTY): Lewiston NezPerce (STATE): Idaho	
21d. TIME OF INJURY (Month) June (Day) 21 (Year) 1972 (Hour) 7:30PM	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? He put shotgun barrel in mouth fired it.	

22. *I hereby certify that I attended the deceased from* ------ *, 19____, to* --- *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Ducloz 583	(Degree or title) Coroner 4	23b. ADDRESS: Lewiston, Idaho	23c. DATE SIGNED: 6/21/72
24a. BURIAL, CREMATION, REMOVAL (Specify): removal	24b. DATE: June 23, 1972	24c. NAME OF CEMETERY OR CREMATORY: Scotty Phillips cemetery	24d. LOCATION (City, town, or county) (State): Pierre, South Dakota
DATE REC'D BY LOCAL REG.: 6-23-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: V. Vassar	LICENSE NO.: M 297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 12 1972
JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

State File No. 2964
Local Reg. No. 170
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 402 Warner Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Georgia	Irene	Kesler	June	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	24 June 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
teacher	education	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Felix George Ascher	Wisconsin	Myrtle Irene Baldwin	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		540-20-2829	L. Claude Kesler	Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1519

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	metastatic ca to liver	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer Stomach	"
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-1-72	Cancer Stomach c̄ liver metastasis extensive	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17, 1972, *to* 6-24, 1972, *that I last saw the deceased alive on* 6/24, 1972, *and that death occurred at* 9:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John F. Barnes M.D. 028 (Degree or title)	347 ST Johns Way Lewiston Idaho	6.26.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	28 June 1972	Lewis-Clark Memo. Gard	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-72	Glenara Galzen	W. Black	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2965
Local Reg. No. 179
Reg. Dist. No. 220

RECEIVED JUL 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 54 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 632 Burrell

3. NAME OF DECEASED (Type or Print)	a. (First) Milton	b. (Middle) Ross	c. (Last) McIntyre	4. DATE OF DEATH (Month) June (Day) 26 (Year) 1972	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 13 Dec 1997	9. AGE (In years last birthday) 74	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) technician 4	10b. KIND OF BUSINESS OR INDUSTRY hospital	11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? UDA		
13. FATHER'S NAME William John McIntyre	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Susan E.	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-01-4060	17. INFORMANT'S OWN SIGNATURE John R McIntyre	ADDRESS Lewiston		

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary artery thrombosis	1 day
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic pyonephrosis & uremia Chronic anemia	1+ years 1+ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1966, *to* 26 June, 1972, *that I last saw the deceased alive on* 25 June, 1972, *and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23a. SIGNATURE B R Stern 496 M D (Degree or title)	23b. ADDRESS 307 St Johns Way Lewiston Ida	23c. DATE SIGNED 3 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 29 June 1972	24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gard	24d. LOCATION (City, town, or county) Lewiston (State) Idaho
DATE REC'D BY LOCAL REG. 7-12-72	REGISTRAR'S SIGNATURE Glenard Dalzen	25. EMBALMER [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

State File No. 2966
Local Reg. No. 169
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston	c. LENGTH OF STAY (In this place) b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1319-7th St 000	d. STREET ADDRESS (If rural, give location) 1319-7th St

3. NAME OF DECEASED (Type or Print)	a. (First) Theron	b. (Middle) Arthur	c. (Last) Bartlett Jr.	4. DATE OF DEATH (Month) June (Day) 27 (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept, 6, 1901	9. AGE (In years last birthday) 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired car salesman 3	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hastings, Minn.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Theron Bartlett	BIRTHPLACE Prescott, Wis.	14. MOTHER'S MAIDEN NAME May Fiker	BIRTHPLACE Hastings, Minn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-09-3770	17. INFORMANT'S OWN SIGNATURE X Lucille G. Bartlett	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6.27, 1972 *to* 6.28, 1972, *that I last saw the deceased alive on* 6.27, 1972 *and that death occurred at* 7:14 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John F. Barnes M.D. 028 (Degree or title)	23b. ADDRESS 347 St Johns Way Lewiston Idaho	23c. DATE SIGNED 6/28/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30, 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.
DATE REC'D BY LOCAL REG. 6-29-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER Andrew F. Vassar	LICENSE NO. M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2967
Local Reg. No. 174
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 10 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2607 - 4th Ave No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Alpha	Arthur	Staley	June	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	24 July 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
millrite	lumber	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abraham L. Staley	Ohio	Clarabelle Yeaarion	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-01-1755	Dwight Staley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2509 Arteriosclerosis, Generalized — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Intestinal Hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-24-72 *to* 6-27-72 *, that I last saw the deceased alive on* 6-27-72 *, and that death occurred at* 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Allen M Cochrane MD 647 (Degree or title)	Lewiston	6-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	30 June 1972	Lewis-Clark Memo. Gard	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-6-72	Leonard Walzer	W. G. Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 11 1972

MAY 10 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2968
Local Reg. No. 175
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): R. Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Beulah	C.	Walker	June 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	married	Dec. 25, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Greer, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Freeman Reed	Colo.	Elsie McKinley	Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-30-3922	Everett Walker	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA - — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Pancreas with metastes to bone — 2 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____ *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6 25 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Lewiston, Idaho	3 Jul 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 1, 72	Riverside Cemetery	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-6-72	Glenna Dalgen	Lyle A. Strattman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 1972

FEB 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2969
Local Reg. No. 181
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 74

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Whitman 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colfax
d. STREET ADDRESS (If rural, give location): Abby Apts.

3. NAME OF DECEASED (Type or Print)
a. (First): ESTELLA
b. (Middle): MAUD
c. (Last): ENSLEY

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 10, 1886
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Colfax, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter H. Arrasmith — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Clara Evans — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lona E. Rubin — ADDRESS: Colfax Wa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic
DUE TO (c): Heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 1 Week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/17, 1970, *to* 6-30, 1972, *that I last saw the deceased alive on* 6/26, 1972, *and that death occurred at* 1:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Stover MD 507 (Degree or title)
23b. ADDRESS: 939 - Bryden, Lewiston, Ida
23c. DATE SIGNED: 7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3, 1972
24c. NAME OF CEMETERY OR CREMATORY: Onecho Cemetery
24d. LOCATION (City, town, or county) (State): Colfax, Whitman, Washington

DATE REC'D BY LOCAL REG.: 7-12-72
REGISTRAR'S SIGNATURE: Glenara Walzen
25. EMBALMER: Herbert W. Ostergren
LICENSE NO.: 683

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: L.L. Bruning Funeral Home
Colfax, Washington

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 2970
Local Reg. No. 530
Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUN 12 57 PM '72 360 132

1. PLACE OF DEATH a. COUNTY: Oneida	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital	d. STREET ADDRESS (If rural, give location): Malad Idaho

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) GREEN	c. (Last) HOWARD	4. DATE OF DEATH (Month) (Day) (Year) June 2, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 8, 1886	9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Deweyville, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Edwin Gittins	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Mary Ellen Marble	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Carden Green	ADDRESS: McCammon, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1519

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of the Stomach	Months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	—	
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 19 72 *to* June 2, 19 72, *that I last saw the deceased alive on* June 2, 19 72, *and that death occurred at* 2:20 pm *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 959 (Degree or title)	23b. ADDRESS: Box 212 Malad, Idaho 83252	23c. DATE SIGNED: 6-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 5,1972	24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery	24d. LOCATION (City, town, or county) (State): McCammon, Bannock, Idaho
DATE REC'D BY LOCAL REG.: June 8-1972	REGISTRAR'S SIGNATURE: Ruth G. Sweeten	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2971
Local Reg. No. 12
Reg. Dist. No. 530

RECEIVED JUL 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Oneida 360	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasantview c. LENGTH OF STAY (In this place): hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 - Malad City, Idaho 000	d. STREET ADDRESS (If rural, give location): 116 W. 300 No.

3. NAME OF DECEASED (Type or Print) a. (First): WARREN	b. (Middle): WIGHT	c. (Last): EDWARDS	4. DATE OF DEATH (Month) (Day) (Year): June 29, 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 25, 1911	9. AGE (In years last birthday): 61 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): St. John, Idaho	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13. FATHER'S NAME: DAVID M. EDWARDS	BIRTHPLACE: Malad City, Idaho	14. MOTHER'S MAIDEN NAME: ELIZABETH WIGHT	BIRTHPLACE: Pleasantview, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -	16. SOCIAL SECURITY NO.: 519-18-6922	17. INFORMANT'S OWN SIGNATURE: Kate E Edwards	ADDRESS: Malad, Idh.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atherosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 10, 1970, *to* June 24, 1972, *that I last saw the deceased alive on* June 24, 1972, *and that death occurred at* 3:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 959 (Degree or title) M.D.	23b. ADDRESS: Malad City, Idaho	23c. DATE SIGNED: June 30, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 3, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasantview Cemetery	24d. LOCATION (City, town, or county) (State): Pleasantview, Oneida, Idaho
DATE REC'D BY LOCAL REG.: June 30,1972	REGISTRAR'S SIGNATURE: Ruth G. Sweeten	25. EMBALMER: Raiford G. Benson	LICENSE NO.: M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Benson Funeral Home, Malad, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

State File No. 2972
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Owyhee 370	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale c. LENGTH OF STAY (In this place): 34 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homedale Nursing Home 305	d. STREET ADDRESS (If rural, give location): 2nd & W. Oregon

3. NAME OF DECEASED (Type or Print) a. (First): John	b. (Middle): F.	c. (Last): Levanger	4. DATE OF DEATH (Month) June (Day) 20 (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 23, 1880	9. AGE (In years last birthday): 9 90 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpentar 4	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Ranch, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Neils J. Levanger	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Kari Holtegard	BIRTHPLACE: Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-10-3805	17. INFORMANT'S OWN SIGNATURE: x Alethea H Levanger	ADDRESS	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1960, *to* June 20, 1972, *that I last saw the deceased alive on* June 14, 1972, *and that death occurred at* 2 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 (Degree or title) ND	23b. ADDRESS: Caldwell Ida	23c. DATE SIGNED: 6-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 23, 1972	24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery	24d. LOCATION (City, town, or county) (State): Wilder Idaho
DATE REC'D BY LOCAL REG.: 6-28-72	REGISTRAR'S SIGNATURE: Andrew Warfield	25. EMBALMER: Leonard C. Flahiff	LICENSE NO.: M 481

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 6 1972
FEB 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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2973

Certificate of Death
STATE OF IDAHO

RECEIVED JUN 13 1972 Bureau of Vital Statistics

State File No. 2973
Local Reg. No. 345
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington b. COUNTY: Walla Walla
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland; c. LENGTH OF STAY (In this place): Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walla Walla
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 1 Mi north Gay Way Junction	d. STREET ADDRESS (If rural, give location): 1001 Figueroa Apt. #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Verdie	May	GRANT	June 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	IF UNDER 1 YR. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Female	White	Widowed	Jan. 30, 1907	65	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bank Teller	Banking	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James G. Roe	Kansas	Lena A. Smith	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
- -	- -	532-10-3992	James G. Grant	967 State Weiser Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute congestive failure of Lungs & liver — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Due to Hypertrophy of R. cardiac Ventricle — years

DUE TO (c) Pulmonary Emphasema — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ulcerative colitis inactive

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-4, 1966, *to* 6-1, 1972, *that I last saw the deceased alive on* 5-15, 1972, *and that death occurred at* Hour Unk. *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
T. C. Bohlman M.D. 1136 (Degree or title)	BX 1208 Walla Walla Wy	6-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal-Burial	June 2, 1972	Riverview Heights	Kennewick	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-6-72	Annabel Anderson	Keith M. Jensen	M-517

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2974
Local Reg. No. 346
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUN 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: 16 South 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: Malheur
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): Route 2 Box 191A

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harold	Mervin	Grabner	June 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept 27 1908	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Livestock	Wakeeney, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Grabner	Kansas	Anna Belle Ewing	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	543-12-7618	Linda Grabner	Ontario, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Heart Failure	5 Min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Heart Disease	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* June 7, 19 72 *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mc Ford D. Driggs Deb Coroner	22 N. 8th St. Payette Ida.	6-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1972	Evergreen	Ontario Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-9-72.	Arnold Anderson	John A. Lienkaemper	Ore 91

FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 16 1972

MAR 18 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1972 Bureau of Vital Statistics

State File No. 2975
Local Reg. No. 348
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Payette 380 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland c. LENGTH OF STAY (In this place): years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1 SE of City	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland d. STREET ADDRESS (If rural, give location): Route #1, SE of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
J. C.	Neal	PARKER	June 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 17, 1899	72	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Louisville, Kentucky	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elijah Lee Parker	Kentucky	Louise Macy	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— —	519-01-0818	Vincent M. Parker	Ontario, Ore.

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic cardiac decompensation - Infarct by	10 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic arteriosclerotic heart disease	8 yrs.
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic passive congestion with edema	2 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 18, 1971, to June 7, 1972, that I last saw the deceased alive on June 6, 1972, and that death occurred at 11:00 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo E Davis, 131	M.D.	New Plymouth, Idaho	June 12, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-14-72	Kenneth Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 2 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2976
Local Reg. No. 347
Reg. Dist. No. 330

RECEIVED JUN 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: Drs. Office-112 S. Plymouth Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Payette 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Route #1, SW of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clyde	Maurice	CROSBY	June	9,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Infant - -	April 5, 1972		2 / 4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
- -	- -	Ontario, Oregon	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clyde Eldon Crosby	Kansas	Jackie Floy Betschart	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
- -	- -	- -	Helen M. Crosby	New Plymouth, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sudden Death Syndrome — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I* Investigated approx 10:30AM *the deceased* on June 9, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milford O Bragg	583 Deputy Coroner	Payette, Idaho	June 12, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 12, 1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-12-72	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 26 1972 Bureau of Vital Statistics

State File No. 2977
Local Reg. No. 350
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Payette 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): 3 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355	d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)	a. (First): Donald	b. (Middle): Edward	c. (Last): MOORE	4. DATE OF DEATH (Month) (Day) (Year): June 10, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: March 11, 1913	9. AGE (In years last birthday): 59	IF UNDER 1 YR. Months: – Days: – IF UNDER 24 HRS. Hours: – Min.: –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Santa Rosa, New Mexico	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: William Moore	BIRTHPLACE: Oklahoma	14. MOTHER'S MAIDEN NAME: Anna Donahue	BIRTHPLACE: Missouri		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): – –	16. SOCIAL SECURITY NO.: 518-05-9648HA	17. INFORMANT'S OWN SIGNATURE: Mrs Nick Moore	ADDRESS: Boise, Idaho		

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic cerebrovascular	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease c̄ progressive deterioration	3 yrs.
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *, 19*69*, to* June 10 *, 19*72*, that I last saw the deceased alive on* June 2 *, 19*72 *and that death occurred at* 8:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. S. Carroll	082 (Degree or title): M.D.	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 6/19/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery	24d. LOCATION (City, town, or county) (State): New Plymouth Idaho
DATE REC'D BY LOCAL REG.: 6-20-72.	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2978
Local Reg. No. 349
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUN 26 1972 Bureau of Vital Statistics 380

1. PLACE OF DEATH a. COUNTY: Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural) c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 Miles SE of City	d. STREET ADDRESS (If rural, give location): 3rd St. & Minnesota

3. NAME OF DECEASED (Type or Print) a. (First): Marshall	b. (Middle): Steele	c. (Last): BOYD	4. DATE OF DEATH (Month) (Day) (Year): June 15, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Nov. 14, 1934	9. AGE (In years last birthday): 37 — IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 4	10b. KIND OF BUSINESS OR INDUSTRY: Gen. Labor	11. BIRTHPLACE (State or foreign country): Texas	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: James Marshall Boyd	BIRTHPLACE: Virginia	14. MOTHER'S MAIDEN NAME: Grace Stockton	BIRTHPLACE: Oklahoma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Korean	16. SOCIAL SECURITY NO.: 540-34-4241	17. INFORMANT'S OWN SIGNATURE: Dorothy M. Distee	ADDRESS: Eddyville, Oregon	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Drowned	Moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Canal 09	21c. (CITY, TOWN, OR TOWNSHIP) 13-38 (COUNTY): New Plymouth Payette	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 15, 1972 6:30P.m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Drowned while swimming in Canal	

22. *I hereby certify that I* ~~attended the deceased from~~ Investigated, ~~by~~ ~~[illegible]~~ *the deceased* ~~alive~~ *on* June 15, 1972, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hardy H Jackson	583 (Degree or title): Coroner 4	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: June 19, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside	24d. LOCATION (City, town, or county): Payette (State): Idaho
DATE REC'D BY LOCAL REG.: 6-20-72.	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2979
Local Reg. No. 352
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUN 26 1972

1. PLACE OF DEATH a. COUNTY: Payette 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): 22 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Nursing Home 355	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Ruth	b. (Middle) F.	c. (Last) Freese	4. DATE OF DEATH (Month) June (Day) 18 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 3, 1887	9. AGE (In years last birthday): 84 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife X	10b. KIND OF BUSINESS OR INDUSTRY: Own	11. BIRTHPLACE (State or foreign country): Weinsbourgh, Penn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Christian Frantz	BIRTHPLACE: Unk.	14. MOTHER'S MAIDEN NAME: Unk.	BIRTHPLACE: Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	18 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cerebrovascular Dis. c̄ chronic brain syndrome	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1962, *to* June 18, 1972, *that I last saw the deceased alive on* June 2, 1972, *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Carroll M.D. 082 (Degree or title)	23b. ADDRESS: Payette Idaho	23c. DATE SIGNED: 6/22/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 21, 1972	24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county): Ontario, (State): Oregon		
DATE REC'D BY LOCAL REG.: 6-23-72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Robert J. Bertelson
LICENSE NO.: Ore 78		

FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Carroll

JAN 1 7 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2980
Local Reg. No. 354
Reg. Dist. No. 336

BIRTH NO.

RECEIVED JUL 5 - 1972 381 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355	d. STREET ADDRESS (If rural, give location): 305 S 11th

3. NAME OF DECEASED (Type or Print)	a. (First) Bernice	b. (Middle) Iva	c. (Last) PEARCE	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 15, 1899	9. AGE (In years last birthday): 72 — IF UNDER 1 YR. Months: - Days: - — IF UNDER 24 HRS. Hours: - Min.: -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Crumbtown, Ohio	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: James Irwin McGarry	BIRTHPLACE: Caldwell, Ohio	14. MOTHER'S MAIDEN NAME: Mary Smith	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - -	16. SOCIAL SECURITY NO.: 519-26-0178T	17. INFORMANT'S OWN SIGNATURE: Bonnie J. Mathews	ADDRESS: 1918 Cherry St. Yuba City Calif.	

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial infarction	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	years
DUE TO (c)	Diabetes mellitus	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old fx of rt hip with open fixation	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 71, 19__, *to* 6-18-72, 19__, *that I last saw the deceased alive on* June 3, 72 19__, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 594	(Degree or title) M.D.	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 6-20-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 21, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery	24d. LOCATION (City, town, or county): Payette (State): Idaho
DATE REC'D BY LOCAL REG.: 6-29-72	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Keith M Jensen	LICENSE NO.: M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2981
Local Reg. No. 351
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUN 26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: PAYETTE 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FRUITLAND
c. LENGTH OF STAY (In this place): 2½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319½ N. 1st St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: PAYETTE 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FRUITLAND
d. STREET ADDRESS (If rural, give location): 319½ N. 1st St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	EARL	CARTWRIGHT	JUNE	20	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	MAR. 20, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Communications	Communications	Rye Valley, Oregon	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Cartwright	Oregon	Ella Head	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War 2	541-10-0553	Mrs. Dorothy A. Cartwright	Box 348 Fruitland, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy Hankam Coroner	Payette Idaho	6-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-23-72	Mt. Hope	Baker Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-22-72	Annabel Wilson	Milford O Cooper	AA318 M318

FIRM NAME: Chapel of the Roses

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2982
Local Reg. No. 353
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUN 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
c. LENGTH OF STAY IN (this place): 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1318 1 AVE So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): 1318 1 Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	ALBERT	UEHLIN	JUNE	23,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	W HITE	MARRIED	MARCH 2, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER 7	FARMING	OBERLIN, KANSAS	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ADOLPHUS UEHLIN	OHIO	ROSA MILLER	OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	544-10-4863	Lale Uehlin	Payette Idaho

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): congestive heart failure — months
DUE TO (c): Arteriosclerotic heart disease — years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Osteo-arthritis of hip. & Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 1971 19___, to June 23, 72 19___, that I last saw the deceased alive on 6-17-72, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
I. N. Anderson M.D. 574	Payette, Idaho	6-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JUNE 27, 1972	RIVERSIDE CEMETERY	PAYETTE PAYETTE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-27-72	Annabel Anderson	Milford O Griggs	M-318

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38.206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 12 1 58 PM '72

Certificate of Death
STATE OF IDAHO

State File No. 2983
Local Reg. No. 21
Reg. Dist. No. 500-602

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 3½ weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	J.	KLEMPEL	June 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Widowed	Feb. 14, 1892	80-3-20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman A. Klempel	Germany	Amalia Sheffler	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-18-6417	Helen Harden	Aberdeen Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malnutrition and electrolyte imbalance — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) obstructing adeno-carcinoma of stomach — 5 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Mild cardiac decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-27-65, 19__ *to* 6-4-72, 19__, *that I last saw the deceased alive on* 6-4-72, 19__, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris	303 M.D.	American Falls, Idaho	6-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem.&Burial	6-7-72	Homestead Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 9, 1972	Irene Deeg	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUN 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2984
Local Reg. No. 22
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 37

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 729 Ft. Hall Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEA	SARAH	DEEG	June 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	June 3, 1901	71	0 / 4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Tripp, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Permann	So. Dakota	Gottlieba Herr	So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-40-9110-B	Otto Deeg	Am. Falls, Ida.

450X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Heart Disease with Auricular Fibrillation — 9 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-24, 1972, *to* 6/7, 1972, *that I last saw the deceased alive on* 6/7, 1972, *and that death occurred at* p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Farnsworth	978 MD	Power County Clinic	6/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-11-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1972	Irene Deeg	Bud Kelly Bud Kelly	M-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2985
Local Reg. No. 23
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED JUN 16 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Power b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls c. LENGTH OF STAY (In this place): 1 year d. FULL NAME OF HOSPITAL OR INSTITUTION: Power County Hospital 137	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Power 391 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUSAN		EWING	June	8,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cauc.	Widowed	Sept. 7, 1890	81	9	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Rockland, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Stanger	England	Mary Wilson	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-60-4913	[signature]	Am. Falls, Ida.

4349

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * Respiratory failure	2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Brain Syndrome	2 years
	DUE TO (c) And Small multiple cerebral emboli	1 Mo
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation	2½ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 7, 1972 *to* June 8, 1972, *that I last saw the deceased alive on* June 7, 1972, *and that death occurred at* 1:17A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Harris, 203 MD	American Falls, Idaho	12, June 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem.&Burial	6-10-72	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1972	Irene Deeg	H. L. Davis	H. L. Davis M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2986
Local Reg. No. 24
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED JUN 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 614 Calder

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THURMAN	ARTHUR	HUNT	June 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	June 25, 1919	52	1 / 13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Medical Doctor	Medicine	Stillwater, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur A. Hunt	Nebraska	Bessie Skaggs	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW2	462-05-6910	Diane B. Hunt	Am. Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4349

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral edema (with respiratory failure)	19 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Massive Cerebral embolism	35 hours
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteoporosis of Lumbar spine	3½ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October, 19 68, *to* June 8, 19 72, *that I last saw the deceased alive on* June 8, 19 72, *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harms 303 MD	American Falls, Idaho	12 June '72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-12-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1972	Irene Deeg	Bud Kelly Bud Kelly	M-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972 JUN 16 1972
JUL 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 27 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 19 1981
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. JAN 6 1982

OCT 18 1983

MAR 16 1984

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2987
Local Reg. No. 374
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 806 Residence Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Herbert	F.	pfennig	May 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 24, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Bunker Hill	Mercy County N. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Pfennig	Unknown	Christina Mettler	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		501-05-9648	X Dalton Pfennig	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2079 Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Leukemia — 18 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Wallace, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1971, *to* May 21, 1972, *that I last saw the deceased alive on* May 21, 1972, *and that death occurred at* 2:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
William [illegible] MD	Box 725 Osburn, Idaho	5/23/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 24, 1972	Shoshone Memorial	Pinehurst, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 24, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 8 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 15 1972 Bureau of Vital Statistics

State File No. 2988
Local Reg. No. 144
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 141	d. STREET ADDRESS (If rural, give location): 306 East Portland

3. NAME OF DECEASED (Type or Print)	a. (First) Carl	b. (Middle) J.	c. (Last) Kline	4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 72	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 14June 48	9. AGE (In years last birthday): 23	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Work 15	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Kellogg Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME: Leonard Kline	BIRTHPLACE: South Dakota	14. MOTHER'S MAIDEN NAME: Leone Simons	BIRTHPLACE: South Dakota		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-56-5234	17. INFORMANT'S OWN SIGNATURE: Leonard Kline	ADDRESS		

8192

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple head injuries +	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Unknown interval injuries.	
DUE TO (c)	Trauma to large iliac	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	blood vessels, (R) inguinal area	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Kellogg 06	21c. (CITY, TOWN, OR TOWNSHIP) B-401 (COUNTY): Kellogg Shoshone	(STATE): Idaho
21d. TIME OF INJURY (Month) 6 (Day) 2 (Year) 72 (Hour) 8:00 P.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Cycle Accident	

22. *I hereby certify that I attended the deceased from* 8:30 PM 6-2-72, *to* 9:15 PM 6-2, 1972, *that I last saw the deceased alive on* 6-2-, 1972, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R K Pole MD	(Degree or title) 765	23b. ADDRESS: Kellogg Id	23c. DATE SIGNED: 6-7-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6 June 72	24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery	24d. LOCATION (City, town, or county): C. D. A. (State): Idaho
DATE REC'D BY LOCAL REG.: 6-12-72	REGISTRAR'S SIGNATURE: Dorothy Putnam	25. EMBALMER: [signature]	LICENSE NO.: M- 551

FIRM NAME: Shoshone Funeral Service Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2989
Local Reg. No. 385
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUL 6 1972 12 23 PM '72

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near 114½ Fisher Ave. 400	d. STREET ADDRESS (If rural, give location): 212½ 4th Street

3. NAME OF DECEASED (Type or Print)	a. (First): William	b. (Middle): Lee	c. (Last): Castaner	4. DATE OF DEATH (Month) June (Day) 4, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: July 18, 1970	9. AGE (In years last birthday) IF UNDER 1 YR. Months 23 Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Silverton, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Castaner	BIRTHPLACE: Cuba	14. MOTHER'S MAIDEN NAME: Linda Arthur	BIRTHPLACE: California	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: ----------	17. INFORMANT'S OWN SIGNATURE: Wm. L. Castaner	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drown — INTERVAL BETWEEN ONSET AND DEATH: 20-30 seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): near 114½ Ave. 09	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mullan, Shoshone, Idaho	
21d. TIME OF INJURY (Month) 6 (Day) 4 (Year) 72 (Hour) about 2:30 P.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell into fast running water	

22. *I hereby certify that I attended the deceased from* Idaho died on 6-4, 1972 ~~[illegible]~~, 19__, *that I last saw the deceased* ~~[illegible]~~ *on* 6-27-, 1972 *and that death occurred at* about 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 6-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 1 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountain View	24d. LOCATION (City, town, or county) (State): Mullan Idaho
DATE REC'D BY LOCAL REG.: July 1. 1972	REGISTRAR'S SIGNATURE: Darrell J Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

State File No. 2990
Local Reg. No. 375
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Shoshone Bldg. Apts.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERTHA	HANSEN	BLOCK	June 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	January 24, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Aarhus, Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rasmus Hansen	Denmark	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-8845	Grace Norman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

404X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiovascular Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary to hypertensive — several years
DUE TO (c) cardiovascular renal disease — several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral hemorrhage myocardial insufficiency & fracture of right femur — 5 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-24-53 *to* 6-5-72, *that I last saw the deceased alive on* 6-5-72, *and that death occurred at* 3:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T.M. Peterson, M.D.	Wallace, Idaho	6-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 8, 1972	Nine Mile Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 13, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2991
Local Reg. No. 376
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUN 19 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: East Shoshone Hospital	d. STREET ADDRESS (If rural, give location): Delta Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE	ROOSEVELT	JOHNSON	June 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 17, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Part Pwner & Operator	Grocery Store	Wilson Creek, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Mohr	Utah	Eunice D'Arcy	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-6255	Alfred H Johnson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Vascular Accident	3 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	High Blood Pressure	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis with acute Myocardial infarction	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Wallace,	Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 5, 19 71 *to* June 5, 19 72 *that I last saw the deceased alive on* June 2, 19 72 *and that death occurred at* 4:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William M Durrell MD	Box 725 Osburn, Idaho	June 13, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 9, 1972	Murray Cemetery	Murray Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1972	Darrell J Juelfs	Darrell J. Juelfs	M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Servcies, Inc.

JUN 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2992
Local Reg. No. 146
Reg. Dist. No. 143

BIRTH NO.

RECEIVED JUN 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 604 D Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): 604 D Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Philip	R.	Peterson	June 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 3, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Barber	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ollie Peterson	Sweden	Anna	France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	392-05-3720	Mrs. Philip R. Peterson	

4709

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: One minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-6-72 *to* 6-6-72 *, that I last saw the deceased alive on* 6-6 *19* 72 *and that death occurred at* about 3:15 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson M.D.	Wallace Idaho	6-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10 72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-14-72	Dorothy Putnam		M 534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 20 1972
JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2993
Local Reg. No. 145
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JUN 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Woodland Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leopold		List	6	7	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 25, 1932	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Germany	Canada

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Karl List	Germany	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	192-46-6972	Madelene List	Box 247 Pinehurst, Idaho

8199

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (1) Hemo-pneumothorax (2) multiple internal injuries

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (3) multiple rib fracture (4) head injury.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	highway 6	Kellogg	Shoshone	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
6	6	72	p.m.		

22. *I hereby certify that I attended the deceased from* 6-6, 1972, *to* 6-7, 1972, *that I last saw the deceased alive on* 6-7, 1972 *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R K Lee	MD 765	Kellogg	6-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	9 June72	Shoshone Memorial	Pinehurst	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-12-72	Dorothy Putnam	Glenn R. Putnam	M-534

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2994
Local Reg. No. 147
Reg. Dist. No. 142

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUL 11 11 05 AM '72

1. PLACE OF DEATH a. COUNTY Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg c. LENGTH OF STAY (In this place) 3dys	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Hospital 141	d. STREET ADDRESS (If rural, give location) 655 S. Division

3. NAME OF DECEASED (Type or Print) a. (First) Clarence	b. (Middle) Edward	c. (Last) Hunt	4. DATE OF DEATH (Month) (Day) (Year) June 9, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 1, 1914	9. AGE (In years last birthday) 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine Worker 5	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unobtainable	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Unobtainable	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 493-16-9932	17. INFORMANT'S OWN SIGNATURE Edward Hunt	ADDRESS	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Stroke)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 6-3-72, *to* 6-9, 1972, *that I last saw the deceased alive on* 6-9, 1972, *and that death occurred at* 8:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE R K Pole MD (Degree or title) 765	23b. ADDRESS Kellogg	23c. DATE SIGNED 6-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/13/1972	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) Kellogg, (State) Idaho
DATE REC'D BY LOCAL REG. 6-27-72	REGISTRAR'S SIGNATURE Dorothy Putnam	25. EMBALMER [signature]	LICENSE NO. M 534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 25 1972 JUL 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2995
Local Reg. No. 378
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUN 26 1972

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray (Rural)
c. LENGTH OF STAY (In this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print) a. (First): Orval b. (Middle): Edwin c. (Last): Stiles
4. DATE OF DEATH (Month) (Day) (Year): June 12, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1916
9. AGE (In years last birthday): 55 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Pond
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Malvern, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jabe Stiles BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 432-01-5527
17. INFORMANT'S OWN SIGNATURE: X Estate Stiles ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 955X Gunshot Wound of Chest & Heart — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 2 Suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home of
21c. (CITY, TOWN, OR TOWNSHIP) Murray (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-12-72 about 11:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Shot Himself

22. I hereby certify that I attended the deceased from 6-12, 19 72 to 6-12, 19 72 that I last saw the deceased alive on 6-12, 19 72 and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE: C. M. Peterson, M.D. (Degree or title)
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 6-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16, 1972
24c. NAME OF CEMETERY OR CREMATORY: Murray Cemetery
24d. LOCATION (City, town, or county): Murray (State): Idaho

DATE REC'D BY LOCAL REG.: June 23. 1972
REGISTRAR'S SIGNATURE: Darrell J. Juelfs
25. EMBALMER: Darrell J. Juelfs
LICENSE NO.: M-518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 27 1972
JUN 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
AUG 22 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2996
Local Reg. No. 379
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUN 26 400

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place) 8 M, 12 349
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone county Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elsie	Victoria	Crozel	June 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 28, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Spokane, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence Spliid	Denmark		Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	519-66-0319	Karen A. Frazier	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3479

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Convulsive Seizures secondary — INTERVAL BETWEEN ONSET AND DEATH: Several years.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Brain Surgery — Several years.
DUE TO (c) Right Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease — Several years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-1-67, 19__, *to* 6-12-, 19 72, *that I last saw the deceased alive on* 6-12, 19 72 *and that death occurred at* 2:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson M.D.	Wallace, Idaho	6-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 15, 1972	Greenwood Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 23, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 27 1972

DEC 0 7 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2997
Local Reg. No. 380
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUN 26 400 7 58 AM '72

1. PLACE OF DEATH a. COUNTY Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Shoshone Hospital 138	d. STREET ADDRESS (If rural, give location) 336 2nd Street

3. NAME OF DECEASED (Type or Print)	a. (First) DOROTHY	b. (Middle) M.	c. (Last) RULLMAN	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1914	9. AGE (In years last birthday) 58 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Coburg, Oregon	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jess B. Losey	BIRTHPLACE Kansas	14. MOTHER'S MAIDEN NAME Clara Belle Berry	BIRTHPLACE Oklahoma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-03-1684	17. INFORMANT'S OWN SIGNATURE Howard E. Rullman Jr.	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	HOURS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-18, 1972, *to* 6-18, 1972, *that I last saw the deceased alive on* 6-18, 1972, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Fritz Gerald M.D. 168 (Degree or title)	23b. ADDRESS Wallace, Idaho	23c. DATE SIGNED 6/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountain View	24d. LOCATION (City, town, or county) Mullan (State) Idaho
DATE REC'D BY LOCAL REG. June 23, 1972	REGISTRAR'S SIGNATURE Darrell J Juelfs	25. EMBALMER Darrell J. Juelfs	LICENSE NO. M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 30 1972

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 2998
Local Reg. No. 377
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 JUN 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 12 29 Mullan
d. STREET ADDRESS (If rural, give location): 732 River Street

3. NAME OF DECEASED (Type or Print): a. (First) Maddalena b. (Middle) Maria c. (Last) Giachino
4. DATE OF DEATH (Month) (Day) (Year): June 20, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 25, 1881
9. AGE (In years last birthday): 91 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy -- Bus
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Sparone Canavese, Italy
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul Magnino BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-54-0758
17. INFORMANT'S OWN SIGNATURE: Mrs Paul Ditus ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: days.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to June 20, 19 72, that I last saw the deceased alive on 20 June, 19 72, and that death occurred at 1:02 m., from the causes and on the date stated above.

23a. SIGNATURE: Kent Farrell M.D. 435 (Degree or title)
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 6/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 24, 1972
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: June 21, 1972
REGISTRAR'S SIGNATURE: Darrell J. Juelfs
25. EMBALMER: Darrell J. Juelfs
LICENSE NO.: M-518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 23 1972
DEC 10 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2999
Local Reg. No. 387
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone General 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 400
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Creek
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jeff	B	Crowell	6	22	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12-7-1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Miner 5	Mining	Wilberton Okla	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-6779	Stella Crowell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 3, 1972, to June 22, 1972, that I last saw the deceased alive on June 22, 1972, and that death occurred at 2:40a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Box 200, Wallace, Idaho 83873	7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	26 June 72	Shoshone Memorial	Pinehurst	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-29-72	[signature]	[signature]	M-551

FIRM NAME: Shoshone Funeral Service Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3000
Local Reg. No. 382
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUN 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 16 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	Walter	Krueger	June 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 1, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shop Foreman	Garage	, North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arnold F. Krueger	Unknown	Bertha Kiefout	N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-03-0698	Eleanora Krueger	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-21- 19 72 to 6-22- 19 72, that I last saw the deceased alive on 6-22 19 72 and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D. 414 (Degree or title)	Wallace, Idaho	6-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 26, 1972	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 28, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3001
Local Reg. No. 148
Reg. Dist. No. 147

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUN 29 1972

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place) 4 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smelterville
d. STREET ADDRESS (If rural, give location) P. O. Box 245

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mathew	John	Kalsto	6 23 72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov 8 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Norway	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Kalsto	Norway	Lena Mestead	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-05-1206	Mary L. Kalsto	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 22 June, 1972 *to* 23 June, 1972, *that I last saw the deceased alive on* 23 June, 1972, *and that death occurred at* 2 40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John H. Cordwell, MD	Kellogg, Idaho	26 June 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	June 26-72	Restlawn	C. D. A.	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-29-72	Dorothy Peterson	Dean H. Peterson	M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 6 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3002

Certificate of Death
STATE OF IDAHO

RECEIVED BUREAU OF VITAL STATISTICS JUL 11 11 06 AM '72

State File No. ____
Local Reg. No. 149
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): Dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 126 North Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Myrtle		Gibbons	June 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Mar. 18, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Scott Masterson	Missouri	Sarah Howard	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	WA-544573	Kellys Jones	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, right upper + lower lobes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1 December, 19 70, *to* 23 June, 19 72, *that I last saw the deceased alive on* 23 June, 19 72, *and that death occurred at* 11 35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert K. Cordwell, M.D.	Kellogg, Idaho	26 June 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/27/1972	Shoshone Mem. Garden	Pinehurst, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-29-72	Dorothy Putnam	Dave Merritt	M 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 1 1972

APR 4 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3003
Local Reg. No. 381
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUN 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place): 70c
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): 117 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elsie	Cecelia	Pabst	June	25.	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 14, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Burke, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Pulaski	unknown	Emma	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--- -------	518-12-3260	Arthur E. Pabst	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

493 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchial Asthma & Emphysema — INTERVAL BETWEEN ONSET AND DEATH: Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Congestive Heart Failure — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Ca Spine — yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from October 1, 1964, to June 25, 1971, that I last saw the deceased alive on June 25, 1972, and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Box 200, Wallace, Idaho	6-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 29, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 27, 1972	[signature]	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 19 1995
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 04 1999
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3004
Local Reg. No. 384
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location): Box 425

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bessie	Elizabeth	Almquist	June 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 1, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tavern Opt.	Tavern	Elyria. Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William G. Brown	Ohio	Mary E. Cordin	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-22-9563	X Walt Almquist	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 10, 19 57, to June 27, 19 72, that I last saw the deceased alive on June 27, 19 72, and that death occurred at 8:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Box 200, Wallace, Idaho	6-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 30, 1972	Murray Cemetery	Murray Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 29, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 27 1972
JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3005
Local Reg. No. 383
Reg. Dist. No. 140

BIRTH NO.

RECEIVED VITAL STATISTICS JUN 30 10 AM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place): 10
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 720 Maple STreet

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frances	Ruth	McGillis	June 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 19, 1919	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Wallace, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Uhlman	Unknown	Mary Wiegele	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-12-7646	Mary Lynn Cook	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiomotosis — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Bowel — 1-2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1971, 19__, *to* June 27, 1972, *that I last saw the deceased alive on* 27 June 19[illegible], *and that death occurred at* 3:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred Uhlman 4/25 MD	Wallace Idaho	6/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1972	Nine Mile Cemetery	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 28, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 27 1972 Bureau of Vital Statistics

State File No. 3006
Local Reg. No. 77
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 4/10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs,
c. LENGTH OF STAY (In this place): 20 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton 4/10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): 74 Depot Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ethel	Rowley	Edlefsen	May 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	June 17, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Soda Springs, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel H. Rowley	Utah	Sarah Ann Horsley	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-07-4145	X [illegible] Edlefsen	Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Asystole — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1961, to May 25, 1972, that I last saw the deceased alive on May 25, 1972, and that death occurred at 4:50p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
K Hend	MD	Driggs ID 83422	6-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	May 30, 1972	Cache-Clawson Cem.	Tetonia, Teton Co., Idaho	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-24-72	Ella Driggs	Robert Bean	M-456

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3007
Local Reg. No. 12
Reg. Dist. No. 620

BIRTH NO.

RECEIVED JUN 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): 19 E. Wallace Ave

d. FULL NAME OF HOSPITAL OR INSTITUTION: his home at 19 E Wallace Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ven	Dean	Huff	May 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	Aug 12, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Salesman	Automobile	Lewiston, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thadius Huff	Jasper Co., Georgia	Francis Muriel Russell	Florence, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WWI	519-01-1382	Stanford W. Huff	Driggs, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

342X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) General Infirmities

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age & Severe
DUE TO (c) Parkinsons Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1961, *to* 9-28, 1971, *that I last saw the deceased alive on* 9-28, 1971, *and that death occurred at* 11:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J C Heed MD	Driggs Id 83422	6-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
m Burial	May 31, 1972	Cache-Clawson Cemetery	Tetonia, Teton Co., Idaho	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-24-72	Ella Driggs	Robert Bean	M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 25 1972

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 4 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3008
Local Reg. No. 4
Reg. Dist. No. 620

BIRTH NO.

RECEIVED JUN 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
d. STREET ADDRESS (If rural, give location): Box 106

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Allision; c. (Last) Hill

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 3, 1901

9. AGE (In years last birthday): 70
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E. Hill
BIRTHPLACE: New Hampshire

14. MOTHER'S MAIDEN NAME: Eliza Rebecca Haws
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 42 8882A

17. INFORMANT'S OWN SIGNATURE: Ramona Hill
ADDRESS: Irwin, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Ventricular Cystole — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD + Mild CHF — 4-5 years
DUE TO (c) Pulmonary Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic Hypertrophy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1967, to 6-12, 1972, that I last saw the deceased alive on 6-12, 1972, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: K Hood (Degree or title) MD
23b. ADDRESS: Driggs Id 83422
23c. DATE SIGNED: 6-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/15/72
24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: 6-27-72
REGISTRAR'S SIGNATURE: Ella Griggs
25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 4 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3009
Local Reg. No. 13
Reg. Dist. No. 620

BIRTH NO.

RECEIVED JUN 27 1972

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location): 320 West Center

3. NAME OF DECEASED (Type or Print): a. (First) Agnes; b. (Middle) May; c. (Last) Humble

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 6, 1888

9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Campbell
BIRTHPLACE: Fife, Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Burnside
BIRTHPLACE: Wishie, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-20-4573

17. INFORMANT'S OWN SIGNATURE: Vadna J. Mackley
ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4369 Cerebral Vascular Accid — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Mild diabetes mellitus — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1971, to 6-15, 1972, that I last saw the deceased alive on 6-15, 1972, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MD (Degree or title)
23b. ADDRESS: Driggs Id 83422
23c. DATE SIGNED: 6-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1972
24c. NAME OF CEMETERY OR CREMATORY: Victor Cemetery
24d. LOCATION (City, town, or county) (State): Victor, Teton Co., Idaho

DATE REC'D BY LOCAL REG.: 6-24-72
REGISTRAR'S SIGNATURE: Ella Driggs
25. EMBALMER: Robert Bean
LICENSE NO.: M-456

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3010
Local Reg. No. D 184
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DARLINE	E.	DUTTON	May	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Whit e	Married	Oct. 3, 1915	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Clerk	Retail	South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James L. Runyan	No Record	Ernestine Lewis	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-30-7922	Arlene E. Hawkins	Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) [redacted] Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extensive Ant-Septal Myocardial Infarct — 2 Da
DUE TO (c) A & I D — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Type IV Hyperlipidemia — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 15, 72 *to* 5/27/72, 19____, *that I last saw the deceased alive on* 5/27/72, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
(S. J. Smith	M.D.	Buhl, Idaho	6/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/31/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 22, 1972	Marva D. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 7 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

71-13358 BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

State File No. 3011
Local Reg. No. D-201
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. T. F. Clinic Hospital 0010	d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANDREW	THOMAS	McCAUGHEY	May 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	never married	Dec. 24, 1971	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	at home	Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas McCaughey	Iowa	Melanie Laughlin	Jerome, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	X Tom McCaughey	Rt. 2, Jerome, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Aspiration of gastric Contents	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Pulmonary Edema	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Sudden unexpected death	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	City Park	Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
m.		Aspiration

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4.00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin O. Edwards	583 Coroner	R#3 Twin Falls, Idaho	7-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 31, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1972	Marva D. Marsh	W. L. Hove	M-431

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 5 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3012
Local Reg. No. D-174
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
c. LENGTH OF STAY (In this place) 421
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA MagicValley Mem Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. STREET ADDRESS (If rural, give location) 294 So. Blue Lakes Blvd

3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) c. (Last) DILKA
4. DATE OF DEATH (Month) (Day) (Year) May 29, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 28th, 1957
9. AGE (In years last birthday) 14 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY O'Leary Jr. High School
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Orvis Dilka BIRTHPLACE Greeley, Colo
14. MOTHER'S MAIDEN NAME Patricia Horsley BIRTHPLACE Pyatt, Arkansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 719-72-7029
17. INFORMANT'S OWN SIGNATURE Patricia Wolford ADDRESS TwinFalls, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION "Unknown"

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Autopsy General Autopsy did not
DUE TO (c) reveal any thing at this time.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) Twin Falls (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JNO ONLY, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE Lloyd O. Edwards (Degree or title) Coroner
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 5.30.72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6.2.1972
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. June 16, 1972
REGISTRAR'S SIGNATURE Marva D. Mesa
25. EMBALMER Ronald J. Hamilton
LICENSE NO. M-470
FIRM NAME: White Mortuary Twin Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3013
Local Reg. No. D-172
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lela		Hahn	June 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 20, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Own home	Appleton City, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Williamson	Kentucky	Ida Murphy	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-1708	x B. Otto Hahn	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Embolus	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Infarction	10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis with previous stroke and Heart Attacks Diverticulosis, Hiatus Hernia Renal Calculus.	

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN) OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* June 1, 19 72, *that I last saw the deceased alive on* June 1, 19 72, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loyd Shaub MD	466	562 Shoup Ave W. T.F. Idaho	6/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 5, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1972	Marcia D. Marsh	Jim A. Hopkins	M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3014
Local Reg. No. D-166
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 9 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 436 5th Av. West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALVIN	PRESTON	THOMAS	June 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Divorced	Feb. 10, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian	Custodial	Utah	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Washburn Thomas	Maine	Eliza Emma Adams	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	---------	519-05-8365A	Edna T Egan	Richmond, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/23

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrest.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation.
Arteriosclerotic heart disease with
DUE TO (c) myocardial insufficiency.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent pulmonary emboli secondary to #1 above.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 23, 19 53, *to* June 2, 19 72, *that I last saw the deceased alive on* June 2, 19 72, *and that death occurred at* 2:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Twin Falls, Idaho	6/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May6,1972	Richmond Cemetery	Richmond, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 7, 1972	Marva D. Mans	Edgar J Robertson	M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUN 9 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3015
Local Reg. No. D-164
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Skyview Manor Nursing Home 273	d. STREET ADDRESS (If rural, give location) 501 5th Av. East

3. NAME OF DECEASED (Type or Print)	a. (First) LILLIE	b. (Middle) MAY	c. (Last) HARMON	4. DATE OF DEATH (Month) (Day) (Year) June 2, 1972
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 9, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Charles Featherston	BIRTHPLACE UNK		14. MOTHER'S MAIDEN NAME Alice	BIRTHPLACE UNK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) --------	16. SOCIAL SECURITY NO. 519-26-9387A	17. INFORMANT'S OWN SIGNATURE X Hazel Rile	ADDRESS Twin Falls, Id.

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1947, *to* June 2, 1972, *that I last saw the deceased alive on* June 2, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H Abbleck 003 (Degree or title)	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 6-5-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6, 1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho		
DATE REC'D BY LOCAL REG. June 7, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Jerry D. Holman
LICENSE NO. M-516		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 14 1983

JUN 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3016
Local Reg. No. D-165
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 9 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.	d. STREET ADDRESS (If rural, give location): 312 Robbins Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) LUCILLE	b. (Middle) H.	c. (Last) SUMPTER	4. DATE OF DEATH (Month) (Day) (Year)	June 5, 1972
5. SEX: Female	6. COLOR OR RACE: Indian, White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 5, 1910	9. AGE (In years last birthday): 61	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Webber Falls, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Headrick	BIRTHPLACE: Indian Territory	14. MOTHER'S MAIDEN NAME: Katie Davis	BIRTHPLACE: Indian Territory		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----	16. SOCIAL SECURITY NO.: 441-14-2589	17. INFORMANT'S OWN SIGNATURE: B. J. Sumpter	ADDRESS: Twin Falls		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1979

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic carcinoma of the GI tract
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 12-29-71 *19__, to* 6-4-72 *, 19__, that I last saw the deceased alive on* 6-4-72 *, 19__, and that death occurred at* 6:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 920	(Degree or title) MD	23b. ADDRESS: 560 Shoup Ave. W. TF	23c. DATE SIGNED: 6-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho	
DATE REC'D BY LOCAL REG.: June 7, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: [signature]		LICENSE NO.: M-343

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

JUN 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3017
Local Reg. No. D-170
Reg. Dist. No. 460

RECEIVED JUN 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rogerson	d. STREET ADDRESS (If rural, give location): 283 Sidney St.

3. NAME OF DECEASED (Type or Print)	a. (First): HERBERT	b. (Middle): W.	c. (Last): HENSLEY	4. DATE OF DEATH (Month) (Day) (Year): June 7, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: October 27, 1910	9. AGE (In years last birthday): 61 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Man	10b. KIND OF BUSINESS OR INDUSTRY: UP Railroad	11. BIRTHPLACE (State or foreign country): Milano, Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James C. Hensley	BIRTHPLACE: Texas	14. MOTHER'S MAIDEN NAME: Ruth A. Skelly	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW2	16. SOCIAL SECURITY NO.: 558-12-5391	17. INFORMANT'S OWN SIGNATURE: Evelyn C. Hensley	ADDRESS: Twin Falls,	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cardiovascular disease	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEEN AT HOSPITAL ONLY *19____, to ____, 19____, that I last saw the deceased alive on* June 7, 1972, *and that death occurred at* 8:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Werner H. Kramer MD (Degree or title)	23b. ADDRESS: Twin Falls, Ida	23c. DATE SIGNED: 6-9-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: June 12, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Ronald J. Hamilton	LICENSE NO.: M-470

FIRM NAME: White Mortuary Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 13 1972
JUN 21 1972
FEB 9 1988
APR 25 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3018
Local Reg. No. D-182
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 23 1972

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer
LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Shawn	Douglas	Nielsen	June 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	April 1, 1971	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Douglas Nielsen	Idaho	Anita Kellogg	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	Douglas Nielsen	Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Asphyxia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration
DUE TO (c) Emesis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Home	13-42S		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-8, 1972; to 6-8, 1972, that I last saw the deceased alive on 6-8, 1972, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mark Y. Hopkins	M.D.	370 Sharp Ave. W.	6-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 19, 1972	Marva D. Marsh	Jim A. Hopkins Jim A. Hopkins	M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3019
Local Reg. No. D-181
Reg. Dist. No. 460

RECEIVED JUN 19 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 422	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl c. LENGTH OF STAY (In this place): 59 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral's Nursing Home 205	d. STREET ADDRESS (If rural, give location): 820 Sprague Ave

3. NAME OF DECEASED (Type or Print) a. (First): HELEN	b. (Middle): SOPHIA	c. (Last): ROGERS	4. DATE OF DEATH (Month) (Day) (Year): June 8, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: September 24, 1883	9. AGE (In years last birthday): 88 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Sundsvall, Sweden	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Seastrom	BIRTHPLACE: Sweden	14. MOTHER'S MAIDEN NAME: Sophia Berkwist	BIRTHPLACE: Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 519-22-3694 D	17. INFORMANT'S OWN SIGNATURE: Mrs. Wm Aldrich	ADDRESS: Buhl	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Generalized Arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1961, *to* June 8, 1972, *that I last saw the deceased alive on* June 8, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C W Cullings 118 (Degree or title)	23b. ADDRESS: 122 9th Ave. NO. BUHL, IDAHO	23c. DATE SIGNED: 6-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 10, 1972	24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county): Buhl	(State): Idaho	
DATE REC'D BY LOCAL REG.: June 16, 1972	REGISTRAR'S SIGNATURE: Marcus D. Marsh	25. EMBALMER: George Farmer
LICENSE NO.: M-480		

FIRM NAME: Albertson-Dickard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3020
Local Reg. No. D-175
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Skyview Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Skyview Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	W.	CHANDLER	June 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 14, 1881	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Retired~~ Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hollenberg-WashCo. Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Chandler	Kansas	Alice Catlett	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	505-18-4092	Dwight Gillespie	Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 5739

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hepato Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peripheral arteriosclerosis
DUE TO (c) = gangrene left leg. — 4 week

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Gangrene left leg	Yes ☐ No ☒ xx

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30, 1972, *to* 6-9, 1972, *that I last saw the deceased alive on* 6-9, 1972, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harry F Brumbach MD	Twin Falls, Idaho	6.12.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6.13.72	Sunset Memorial Park	Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 16, 1972	Marva D. Mann	Donald D. Hamilton	M-470

FIRM NAME: White Mortuary Twin Falls, Id

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 21 1972

JUN 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 5 1980
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3021
Local Reg. No. D-178
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: TWIN FALLS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS 83301 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Downtown Twin Falls behind Boy Scout Bldg.	d. STREET ADDRESS (If rural, give location): Rt. #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRED	C.	SHAFF, JR	June 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	single	Jan. 20, 1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
workman	Cable Vision TV	Twin Falls, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred C. Shaff, Sr.	Twin Falls, Ida.	Peggy Long	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-66-7110	X Fred C Shaff	Filer, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 9258 Electrocution — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street	Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
June	10	72			Fell on Power Line

22. *I hereby certify that I attended the deceased from* Invest. only, 19___, *to* June 10, 1972, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Humphries MD	560 Shoup Ave. W.	6/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 13, 1972	IOOF Cem.	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 16, 1972	Marva D. Marsh	Edgar J. Robertson	M-507

FIRM NAME: White Mortuary - Twin Falls Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3022
Local Reg. No. D-177
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 19 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): Patient
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 125 Larkspur

3. NAME OF DECEASED (Type or Print): a. (First) ELVER b. (Middle) c. (Last) TELL

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 18, 1904

9. AGE (In years last birthday): 67
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Akeley, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Swan Tell
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Emma Anderson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 414-03-6088

17. INFORMANT'S OWN SIGNATURE: Mrs. Elver Tell
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obstructive jaundice — 5 wks.
DUE TO (c) Adenocarcinoma bile duct

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-8-72

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Common bile duct

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1972, to 6-10, 1972, that I last saw the deceased alive on 6-10, 1972, and that death occurred at 4:30p m., from the causes and on the date stated above.

23a. SIGNATURE: Donald W. Warner (Degree or title) MD

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 6/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/14/1972

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: June 16, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Ronald J. Hamilton

LICENSE NO.: M-[redacted]470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 2 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3023
Local Reg. No. D-171
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 15 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen 83334
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) DONALD b. (Middle) R. c. (Last) CONNER

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 27, 1929

9. AGE (In years last birthday): 42
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Roseworth, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Conner
BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Gladys Waters
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korea

16. SOCIAL SECURITY NO.: 519-30-3546

17. INFORMANT'S OWN SIGNATURE: Mrs. Donald R. Conner
ADDRESS: Hansen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hiatal hernia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1030 (Degree or title): MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 6.14.72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 15, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mausoleum Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho 83301

DATE REC'D BY LOCAL REG.: June 14, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Edgar D. Robertson

LICENSE NO.: M-507

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 15 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3024
Local Reg. No. D-173
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 19 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Skyview Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Murtaugh
d. STREET ADDRESS (If rural, give location): R.R.#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRY	JAMES	SUMMER	June 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 8, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Bevier, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William L. Summers	Iowa	Alice Hughes	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-9215	X Lena Hendricks	Twin Falls, Idaho

493X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor pulmonale
DUE TO (c) Bronchial asthma & emphysema — 9 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity, gout, osteoarthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-2, 19 68, *to* 6/11/, 19 72, *that I last saw the deceased alive on* 6-9-72, 19 , *and that death occurred at* 2:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kenneth Shaub M.D.	M.D.	Twin Falls, Idaho	6-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/14/72	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
June 15, 1972	Marian D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3025
Local Reg. No. D. 185
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
c. LENGTH OF STAY (In this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residense at Castleford

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): 122 East Elm

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LIAL	GORDON	WHALEY	June	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	December 25, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Cohutta, Georgia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-10-1943	Ray L. Whaley	Buhl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombocardiac Arrhythmia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarct
DUE TO (c) ASHD

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6/20, 19__, *to* 6/26, 19__, *that I last saw the deceased alive on* 6/8/72, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
(S. J. Smith) S. J. Smith 919	M.D.	Buhl Idaho	6/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	June 15, 1972	Buhl Cemetery	Buhl	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 22, 1972	Marna D. Marsh	George Farmer	M-480

FIRM NAME: Albertson-Dickard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 27 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3026
Local Reg. No. D-176
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl 83316
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Harrel's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
d. STREET ADDRESS (If rural, give location): Rt.# 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAURA	B	MILLER	June 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Jan. 22, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Nebo, Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Boldon Gutherie	Unk.	Elizabeth Hack	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-12-1573D	X Lyle E. Miller	Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174X Carcinoma Breast & Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-11, 1965, *to* 6-13, 1972, *that I last saw the deceased alive on* 5-30, 1972, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harry G. Brumbach M.D.	238 Martin	6-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 16, 1972	Filer IOOF Cem.	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 16, 1972	Marva D. Marsh	Ronald D. Lamb	M-470

FIRM NAME: White Mortuary, Twin Falls, Ida.

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 21 1972
MAY 7 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUN 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3027
Local Reg. No. D-186
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 5 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144	d. STREET ADDRESS (If rural, give location): 938 Robertson Street

3. NAME OF DECEASED (Type or Print)	a. (First): RAY	b. (Middle): W.	c. (Last): WEAVER	4. DATE OF DEATH (Month) June (Day) 14 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 8, 1891	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor 2	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Washington City, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: D. C. Weaver	BIRTHPLACE: Pennsylvania	14. MOTHER'S MAIDEN NAME: Margaret Bennett	BIRTHPLACE: Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-14-4531	17. INFORMANT'S OWN SIGNATURE: Mrs. Ray W. Weaver	ADDRESS: Buhl, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Ischemia and	7 yrs
DUE TO (c)	Unstable pace maker	1 week.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1956, *to* 6-14, 1972, *that I last saw the deceased alive on* 6-14, 1972, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McCusky MD 335 (Degree or title)	23b. ADDRESS: Twin Falls Idaho	23c. DATE SIGNED: 6/19/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6/19/72	24c. NAME OF CEMETERY OR CREMATORY: Buhl	24d. LOCATION (City, town, or county): Buhl, (State): Idaho
DATE REC'D BY LOCAL REG.: June 22, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: George Farmer	LICENSE NO.: M-480

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 9 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUN 19 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3028
Local Reg. No. D-180
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Heritage Manor 365	d. STREET ADDRESS (If rural, give location) Heritage Manor

3. NAME OF DECEASED (Type or Print) a. (First) BERTHA	b. (Middle) A.	c. (Last) Darling	4. DATE OF DEATH (Month) (Day) (Year) June 14, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 6, 1880
9. AGE (In years last birthday) 92	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --------	11. BIRTHPLACE (State or foreign country) Holt County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William McIntyre	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Anna Miller	BIRTHPLACE OHIO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------	16. SOCIAL SECURITY NO. 518 48 4454A	17. INFORMANT'S OWN SIGNATURE Ruth Darling Senflan	ADDRESS 604 Broadway Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Cardio-Vascular Disease c̄ Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 2 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis General — Years

DUE TO (c) Residual - rt CVA — 2 Mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 23rd, 1972, *to* June 4th, 1972, *that I last saw the deceased alive on* May 5th, 1972, *and that death occurred at* 9:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Edward A Reeves (Degree or title) 431	23b. ADDRESS TwinFalls, Idaho	23c. DATE SIGNED 6.15.72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6.16.72	24c. NAME OF CEMETERY OR CREMATORY Randall Cem.
24d. LOCATION (City, town, or county) (State) Randall, Kansas		
DATE REC'D BY LOCAL REG. June 16, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Larry D. Holman
LICENSE NO. M-516		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: White Mortuary Twin Falls, Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3029
Local Reg. No. D-183
Reg. Dist. No. 460

RECEIVED JUN 23 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place) 1 Week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital 143	d. STREET ADDRESS (If rural, give location) 128 N. Broadway Avenue

3. NAME OF DECEASED (Type or Print) a. (First) ROSE	b. (Middle) ANN	c. (Last) REED	4. DATE OF DEATH (Month) June (Day) 15 (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 1, 1893	9. AGE (In years last birthday) 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Springfield, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles A. Larsen	BIRTHPLACE Denmark	14. MOTHER'S MAIDEN NAME Ann Petersen	BIRTHPLACE Denmark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-32-2225 D	17. INFORMANT'S OWN SIGNATURE Lester Canton	ADDRESS 1700 W. 2700 N. Ogden, Utah	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinomatosis	months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer of the pancreas	months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 12, 19 61, *to* June 15, ### 72 *that I last saw the deceased alive on* June 15, 19 72, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 122 9th Ave NO. BUHL, IDAHO	23c. DATE SIGNED 6-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/19/72	24c. NAME OF CEMETERY OR CREMATORY Buhl	24d. LOCATION (City, town, or county) Buhl, (State) Idaho
DATE REC'D BY LOCAL REG. June 21, 1972	REGISTRAR'S SIGNATURE Marvin D. Marsh	25. EMBALMER George Farmer	LICENSE NO. M-480

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972
OCT 1 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 19 1972 Statistics

State File No. 3030
Local Reg. No. D-179
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place): 6 wks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First): Bertha	b. (Middle):	c. (Last): Simpson	4. DATE OF DEATH (Month) (Day) (Year): June 15, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 28, 1887	9. AGE (In years last birthday): 84; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Coloradow	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Nankivell	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Eliza Walker	BIRTHPLACE: England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - - - - - - -	16. SOCIAL SECURITY NO.: 511-10-1564D	17. INFORMANT'S OWN SIGNATURE: Ora D. Simpson	ADDRESS: Hansen, ID 83341	

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Congestive Heart Failure	3 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)	Old age	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1961, *to* June 15, 1972, *that I last saw the deceased alive on* June 14, 1972, *and that death occurred at* 12:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: 502 Main Street, Twin Falls	23c. DATE SIGNED: 6-15-1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 6-17-72	24c. NAME OF CEMETERY OR CREMATORY: Brenner Funeral Home
24d. LOCATION (City, town, or county) (State): Pittsburg, Kansas		
DATE REC'D BY LOCAL REG.: June 16, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: William J. Boyd
LICENSE NO.: M-490		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUN 22 1972 Bureau of Vital Statistics

State File No. 3031
Local Reg. No. D-190
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In hospital) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Rural Route 3

3. NAME OF DECEASED (Type or Print) a. (First) Macey b. (Middle) [illegible] c. (Last) McBride

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 7 1902
9. AGE (In years last birthday) 70
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Electra Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown Franklin BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Jessey Louise Jahn BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no (If yes give war or dates of service) none
16. SOCIAL SECURITY NO. 521 10 6741B
17. INFORMANT'S OWN SIGNATURE Isabelle B McBride ADDRESS Rt 3 Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adenocarcinoma 1° unknown 6 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion 1 hr.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30, 1972 *to* 6-18 1972, *that I last saw the deceased alive on* 6-18, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Harry Brumbach (Degree or title) MD
23b. ADDRESS 238 Main
23c. DATE SIGNED 6-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 21 1972
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. June 26, 1972
REGISTRAR'S SIGNATURE Marva D. Marsh
25. EMBALMER Robert E Clark
LICENSE NO. M 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 9 1973

JUN 19 1974

NOV - 5 1985

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 26 1972 Bureau of Vital Statistics

State File No. 3032
Local Reg. No. D-187
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 420	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly 8 3341 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. View Nursing Home 297	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) SARAH	b. (Middle) ELIZABETH	c. (Last) BEVERCOMBE	4. DATE OF DEATH (Month) June (Day) 20, (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct.10,1886	9. AGE (In years last birthday) 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saltsburg, Penn	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME CHALMERS RALSTON	BIRTHPLACE Penn	14. MOTHER'S MAIDEN NAME ANNIE DERRY	BIRTHPLACE Penn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-26-5125A	17. INFORMANT'S OWN SIGNATURE Mrs Bill Logan	ADDRESS TwinFalls Idaho	

4442

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Mesentery thrombosis	24 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral vascular accident Calcific aortic stenosis	4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8- *, 19* 67 *, to* 6-20 *, 19* 72 *, that I last saw the deceased alive on* 6-19 *, 19* 72 *, and that death occurred at* 5 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE Roy D. Shaub M.D. 466 (Degree or title)	23b. ADDRESS Twin Falls Idaho	23c. DATE SIGNED 6.20.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6.22.72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Cem. Twin Falls, Idaho
DATE REC'D BY LOCAL REG. June 22, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER [signature]	LICENSE NO. 343

FIRM NAME: White Mortuary R TwinFalls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 26 1972 Bureau of Vital Statistics

State File No. 3033
Local Reg. No. D-188
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION: 416 2nd Ave. South	d. STREET ADDRESS (If rural, give location): 416 2nd Ave. South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day)	(Year)
	Phillip	Walter	Lively, Sr.		June 20,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 5, 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cheese Maker Retired	Creamery	Dallas, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willis Lively	Tenn.	Alice Dillon	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-07-8834A	Mrs. Emma Lively	Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Heart failure	4/12 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic TBT - pneu	4 yrs.
DUE TO (c)	Emphysema	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1964 *to* June 20, 1972, *that I last saw the deceased alive on* May 20, 1972 *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	[illegible] Twin Falls, Ida	6-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 22, 1972	Marva D. Marsh	Ronald D. Hamilton	m-470

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 5 - 1972

Certificate of Death
STATE OF IDAHO

State File No. 3034
Local Reg. No. D-193
Reg. Dist. No. 460

BIRTH NO:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 123 14th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	OLIVER	W.	MARSDEN	June	21	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Jan. 11, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Painting	Ainsworth, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Marsden	No Record	Annie Wiswell	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-1837	Ola W. Tyler	429 9th Ave N. Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of liver	6 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	(Needle biopsy of liver)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Marked Ascites	4 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Esophagoscopy & Paracentesis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 11, 1972 to June 21, 1972 that I last saw the deceased alive on June 21, 1972, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson	M.D.	Buhl Idaho	6-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/24/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	28. EMBALMER	LICENSE NO.
June 30, 1972	Marva D. Marsh	Robert M. Dickard	M-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972
JAN 3 1973
MAR 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUN 29 1972 Bureau of Vital Statistics

State File No. 3035
Local Reg. No. D-191
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor Nursing Home 273	d. STREET ADDRESS (If rural, give location): Skyview Manor

3. NAME OF DECEASED (Type or Print) a. (First): Bertha	b. (Middle):	c. (Last): Wodtke	4. DATE OF DEATH (Month) (Day) (Year): June 23, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 4, 1880	9. AGE (In years last birthday): 92 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Stettin, Germany	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: UNK Boese	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: UNK	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-60-3189	17. INFORMANT'S OWN SIGNATURE: Ernest F. Wodtke	ADDRESS: Jerome 42	

18. CAUSE OF DEATH 401X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal cheart failure for hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen arteriolary Hypertension old age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1971, 19 72 *to* June 23 1972 19 , *that I last saw the deceased alive on* June 23, 19 72 *and that death occurred at* 6:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 146 (Degree or title)	23b. ADDRESS: Twin Falls	23c. DATE SIGNED: June 26 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6/27/1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: June 27, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Ronald J. Hamilton	LICENSE NO.: M-470

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 0 4 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 6 - 1972 Bureau of Vital Statistics

State File No. 3036
Local Reg. No. D-197
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 24 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 824 8th Ave. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 824 8th Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) Robert; c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 25, 1902

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe fitter

10b. KIND OF BUSINESS OR INDUSTRY: City employee

11. BIRTHPLACE (State or foreign country): Lott, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Franklin Johnson
BIRTHPLACE: Alabama

14. MOTHER'S MAIDEN NAME: Mary Frances Palmer
BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 456-05-9208

17. INFORMANT'S OWN SIGNATURE: Joe B Johnson
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Prob. Infarction of myocardium due to Arterio-sclerosis
INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1972 to June 23, 1972, that I last saw the deceased alive on June 21, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Vern H Henderson M.D. (Degree or title)

23b. ADDRESS: Buhl, Ida

23c. DATE SIGNED: 6-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 27,1972

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 5, 1972

REGISTRAR'S SIGNATURE: Mama D. Marsh

25. EMBALMER: Jim A. Hopkins

LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 7 1972
JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-5992

BIRTH NO.

RECEIVED JUL 6 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3037
Local Reg. No. D-198
Reg. Dist. No. 460

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 1day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial 143	d. STREET ADDRESS (If rural, give location): 350 East Baseline Rd.

3. NAME OF DECEASED (Type or Print)	a. (First) Joesph	b. (Middle) Andrew	c. (Last) Bourquin	4. DATE OF DEATH (Month) (Day) (Year) 6-24-72
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 6-22-72	9. AGE (In years last birthday): IF UNDER 1 YR. Months Days 2; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ********** 9	10b. KIND OF BUSINESS OR INDUSTRY: ******	11. BIRTHPLACE (State or foreign country): Burley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ray Bourquin	BIRTHPLACE: Shoshone, Idaho	14. MOTHER'S MAIDEN NAME: Patricia Materne	BIRTHPLACE: Spokane, Wash.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***** (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: *******	17. INFORMANT'S OWN SIGNATURE: Ray E. Bourquin	ADDRESS: Rupert, Id.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7761

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hyaline Membrane Disease	24hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gross Prematurity ← 6½-7mo gestation	
DUE TO (c)	Premature labor.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22-72, 19__, *to* 6-24-72, 19__, *that I last saw the deceased alive on* 6-24-72, 19__, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Samuel J. Hammond 647 (Degree or title)	23b. ADDRESS: Box 47 Paul, Id	23c. DATE SIGNED: 8/28/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 6-29-72	24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery	24d. LOCATION (City, town, or county) (State): Rupert, Idaho
DATE REC'D BY LOCAL REG.: July 5, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Alvin Lee Hansen	LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortaary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3038
Local Reg. No. D-189
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mass.
b. COUNTY: Hampton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicopee
d. STREET ADDRESS (If rural, give location): was 152 School St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CORINE	BLANCHE	CHOQUETTE	June 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	April 27, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Connecticutt	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Caron	Canada	unk.	Connecticutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	014-05-8326	x Jeannette R Vaughn	Bergstrom AFB, Texas

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular Fibrillation	20 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart disease	10+ yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 21, 1972 *to* June 24, 1972, *that I last saw the deceased alive on* June 24, 1972, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M M Humphrey	MD	560 Sharp Ave W Twin Falls	6/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/25/72	Grise Funeral Home	Chicopee, Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 26, 1972	Marva D. Marsh	Edgar J. Robertson	M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3039
Local Reg. No. D-194
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 5 - 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tw in Falls
LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California b. COUNTY: Los Angeles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Altadena

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ma gic Valley Mem. Hospital
d. STREET ADDRESS (If rural, give location): 1245 Sagemont Place

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	D.	LOWE	June 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 6, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Electronics Wrkr.		Pasadena, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter E. Lowe	Ohio	Flora Benedict	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	560-05-9063 A	X Marilyn L. Lowe	Altadena, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Pulmonary Edema	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Artery Disease.	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus.	20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/21, 19 72, to 6/25/, 19 72, that I last saw the deceased alive on 6/25, 19 72, and that death occurred at 10:35a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray D. Snarr MD	M.D.	Twin Falls, Idaho	6/26/72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6/26/72	Mt. View Cemetery	Pasadena, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 30, 1972	Marva D. Mann	James C. Reynolds James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 20 1972

APR 21 1997

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3040
Local Reg. No. 0-192
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls JUN 29 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 1527 3rd Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVA	LAVINA	WOODALL	June 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 26, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Logan, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Dobbs	Illinois	Helena Petersen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-44-1285	X [signature]	Twin Falls

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accute Coronary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INV ONLY, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Gloyce O. Edwards 583 (Degree or title) Coroner	Rt #3 Twin Falls Ida	6-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 29, 1972	Logan Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-28-72	Vera Rydalch	Edgar Johnson	M-507

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3041
Local Reg. No. D-196
Reg. Dist. No. 460

BIRTH NO. 72-6442

RECEIVED JUL 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) MICHAEL b. (Middle) ALEXANDER c. (Last) CULLINAN
4. DATE OF DEATH (Month) (Day) (Year): June 27, 1972
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 26, 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward M. Cullinan BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Brenda Maxwell BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---- (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S OWN SIGNATURE: Edward M Cullinan ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7710

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Fetal Anoxia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cord Compression ? — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1972 to 6-22, 1972, that I last saw the deceased alive on 6-22, 1972, and that death occurred at 3:29P m., from the causes and on the date stated above.

23a. SIGNATURE: Wm Humphrey 1039 (Degree or title) MD
23b. ADDRESS: 560 Shoup Ave. W., TF.
23c. DATE SIGNED: 6-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/30/1972
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 5, 1972
REGISTRAR'S SIGNATURE: Marva D. Mann
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: M-470
FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3042
Local Reg. No. D-200
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital
d. STREET ADDRESS (If rural, give location): Box 153

3. NAME OF DECEASED (Type or Print): a. (First) Jacob Nyle b. (Middle) c. (Last) Gutierrez

4. DATE OF DEATH: (Month) (Day) (Year) 6-28-1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 2-22-1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 4 Days 4; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: *******

11. BIRTHPLACE (State or foreign country): LaMirada, Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Melvin E. Gutierrez — BIRTHPLACE: New Mexico

14. MOTHER'S MAIDEN NAME: Cecilia Ames — BIRTHPLACE: Lexington, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: *******

17. INFORMANT'S OWN SIGNATURE: Wilburne Gutierrez — ADDRESS: Albion Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Sepsis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Thoraco-lumbar Myelomeningocele — 4 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/26, 1972, *to* 6/28, 1972, *that I last saw the deceased alive on* 6/28, 1972, *and that death occurred at* 1700 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Wright 576 — (Degree or title) MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 7/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-1-72

24c. NAME OF CEMETERY OR CREMATORY: Albion City Cemetery

24d. LOCATION (City, town, or county) (State): Albion, Idaho

DATE REC'D BY LOCAL REG.: July 7, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Winfred Hanson

LICENSE NO.: m 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3043
Local Reg. No. D-195
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 439 Adams Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FOREST	M.	SAMMONS	June 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 19, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Spokane, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Sammons	unknown	Bertha Moore	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	505-18-1330	X Irene Sammons	Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

403X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Nephrosclerosis	Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mallory Weiss Syndrone	2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-25, 1972, *to* 6/28/, 1972, *that I last saw the deceased alive on* 6-28, 1972, *and that death occurred at* 5:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Twin Falls, Idaho	6-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/1/72	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 30, 1972	Marian D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 14 1972

JUL 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 21 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3044
Local Reg. No. 14
Reg. Dist. No. 310

BIRTH NO.

RECEIVED JUN 26 1972 Bureau of Vital Statistics 430

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (In this place): 6½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2411 S. Shoshone

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RUSSELL	LINCOLN	RESER	May 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 11, 1911	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truckdriver 6	Sear's Co.	Kalispell, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry B. Reser	Fort Belnap, Montana	Rowena N. Lane	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	516-10-4823	X Marie M. Reser	Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ACUTE MYOCARDIAL INFARCT	4 HRS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCLERODERMA	YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* MAY 28, 19 72 *to* _____, 19____, *that I last saw the deceased alive on* MAY 28, 19____, *and that death occurred at* 1P m., *from the causes and on the date stated above.*

23a. SIGNATURE	376 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John T. Moon	MD	CASCADE	30 MAY 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 31, 1972	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 19 1972	Maryanne Hill	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM SH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3045
Local Reg. No. 8
Reg. Dist. No. 310

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Middle Fork, Payette River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1, Box 337A

3. NAME OF DECEASED (Type or Print): a. (First) Brent; b. (Middle) Gregory; c. (Last) Irving

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Apr. 12, 1969

9. AGE (In years last birthday): 3
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Irving, Jr.
BIRTHPLACE: Emmett, Idaho

14. MOTHER'S MAIDEN NAME: Judith Lee Robinson
BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: x Mrs. J. D. Robinson
ADDRESS:

8161

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): drowning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Payette River
21c. (CITY, TOWN, OR TOWNSHIP): rural Crouch (COUNTY): Valley (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 4 1972 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? car rolled in River, Camping vicinity

22. I hereby certify that I attended the deceased from Investigation Only, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Burton E. Walker (Degree or title): Coroner
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 7-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 6, 1972
REGISTRAR'S SIGNATURE: D. Maryanne Hill

25. EMBALMER: Glenn W. Beatty
LICENSE NO.: M-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3046
Local Reg. No. 15
Reg. Dist. No. 310

BIRTH NO.

RECEIVED JUN 26 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH a. COUNTY: Valley	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall LENGTH OF STAY (In this place): 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 207	d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HARRISON	COX	June 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 3, 1888	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic & Logger 4	Lumber	Pendleton, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James B. Cox	Oregon	Irene Thorp	Pendleton, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	535-07-4392	Smythe R Cox	Hayward, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	5 d.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	—	
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1966, 19__, *to* 6-15, 1972, *that I last saw the deceased alive on* 6-14, 1972, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Stoker MD	McCall, Ida	6-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 17, 1972	Council Cemetery	Council Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 21, 1972	Maryanne Hill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3047
Local Reg. No. 16
Reg. Dist. No. 310

BIRTH NO.

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Rt 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRY	HOEPPNER	WINTJEN	June 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Oct. 3, 1899	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Jackson Co, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Claus Wintjen	Germany	Magdalene Hoeppner	Ettrick, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W 1	490-24-0072	Robert McBride	McCall

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Heart Failure	1 wk
DUE TO (c)	Acute Pulmonary Edema	4 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4271

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 19 55 *to* June 22, 19 72, *that I last saw the deceased alive on* June 21, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H Stewart MD	McCall Idaho	6-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	June 23, 1972	Mt. View Crematory	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 27, 1972	Maryanne Hill	Burton C Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 13 1972
JUL 5 1972 JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

State File No. 3048
Local Reg. No. 17
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Valley 430	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade-Rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cascade Reservoir Lake 000	d. STREET ADDRESS (If rural, give location) 1124-12th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First) Douglas	b. (Middle) Milton	c. (Last) Kollmann	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1949	9. AGE (In years last birthday) 23 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Man, Birds Eye Frozen Food	10b. KIND OF BUSINESS OR INDUSTRY Frozen Food	11. BIRTHPLACE (State or foreign country) Elgin, North Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Milton Kollmann	BIRTHPLACE Flasher, No.Dakota	14. MOTHER'S MAIDEN NAME Ruth Richter	BIRTHPLACE Flasher, North Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-50-5876	17. INFORMANT'S OWN SIGNATURE Barbara Kollmann	ADDRESS Nampa, Idaho	

18. CAUSE OF DEATH 8300
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) asphyxiation — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. exposure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cascade Reservoir

21c. (CITY, TOWN, OR TOWNSHIP) 13-430 (COUNTY) Cascade Valley (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 24, 1972 - 10:30 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? boating accident

22. I hereby certify that I attended the deceased from _____, 19__ Investigation Only, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Burton E Walker, Coroner 583	(Degree or title) 4	23b. ADDRESS McCall, Idaho	23c. DATE SIGNED 6/27/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State) Canyon County, Idaho.
DATE REC'D BY LOCAL REG. June 28, 1972	REGISTRAR'S SIGNATURE Maryanne Hill	25. EMBALMER John F Alsip, Jr.	LICENSE NO. E 361

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 6 1972
JUL 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 14 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the cause of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3049
Local Reg. No. 19
Reg. Dist. No. 310

BIRTH NO.

RECEIVED JUL 10 1972 BUREAU OF Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley — 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital — 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California — b. COUNTY: Merced
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winton
d. STREET ADDRESS (If rural, give location): 9690 N. Jones Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST	EARL	PARRIOTT	June 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 29, 1905	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Glazier		Minot, N. Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Parriott	unknown	unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W 2	552-09-5967	Marie B. Parriott	Winton, Calif.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 20 mins.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction, acute
DUE TO (c) ASCVD

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-23-, 1972, to 6-29-, 1972, that I last saw the deceased alive on 6-29-, 1972, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	731 M.D.	Box 871 McCall	7-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	July 3, 1972	Winton Cemetery	Winton	California

DATE REC'D BY LOCAL REG.	(REGISTRAR'S SIGNATURE)	25. EMBALMER	LICENSE NO.
July 6, 1972	Maryanne Hill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3050
Local Reg. No. 37
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUN 9 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 830 E. Court

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	-----	ALLAN	6	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasain	Married	9/5/1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	City of Weiser	Scotland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander Allan	-------	Helen Cameron	-------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Agnes Allan	

5193

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular fibrillation	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Right cardiac failure	3 weeks
DUE TO (c)	Chronic obstructive pulmonary disease	approx. 10 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Ileostomy for chronic ulcerative colitis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-30-65, 19____, *to* 6-3-72, 19____, *that I last saw the deceased alive on* 6-3-72, 19____, *and that death occurred at* 8:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Giever, M.D. 186	Weiser, Idaho	June 3, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/7/72	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 3, 1972	K. Dale Thomason	Marshall L. Dickerson	M464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3051
Local Reg. No. 39
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (If outside this place): Weiser	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: At home, 1039 W. 3rd	d. STREET ADDRESS (If rural, give location): 1039 W. 3rd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWIN	THOMAS	WHITTAKER	June 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 25, 1883	88	10 / 20	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Interior decorator	Painting	Brighton, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustavia I. Whittaker	Cincinnati, Ohio	Elizabeth Whitaker	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		E. A. Whittaker	Jacksonville, Fla

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7963 Subject had been in ill health and under a physician's care intermittently.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suddenly while sitting in his yard. There was no external evidence of suspicious or unusual

DUE TO (c) circumstances. To the best of my knowledge and belief, subject died of natural causes.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Died

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Coroner's Investigation, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* appx 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Dale Thomason Wash. Co. Coroner	Weiser, Idaho	June 16, '72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 20, 1972	Hillcrest cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 16, 1972	R. Dale Thomason	Marshall D. Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 11 1972

DEC 15 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3052
Local Reg. No. 40
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUL 5 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 543 W. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) LEONA; b. (Middle) MAY; c. (Last) DUNN

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 7, 1888

9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months: 5 Days: 12
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper

10b. KIND OF BUSINESS OR INDUSTRY: In homes

11. BIRTHPLACE (State or foreign country): Hudson, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Dunn
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Williamina Trump
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Hazel V. Wuttke
ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinomatosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca. Colon
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify, that I attended the deceased from* 4-17- *, 19 72 to* 6-19- *, 19 72, that I last saw the deceased alive on* 6-19- *, 19 72, and that death occurred at* 11:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas C. Grace MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: June 19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 23, 1972

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county): Weiser (State): Idaho

DATE REC'D BY LOCAL REG.: June 19, 1972

REGISTRAR'S SIGNATURE: K. Dale Thomason

25. EMBALMER: Marshall S. Dickerson

LICENSE NO.: M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 13 1972
JUL 17 1972
JUL 27 1972
MAY 31 1974
JAN 8 1975
SEP 12 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 13 1972 Bureau of Vital Statistics

State File No. 3053
Local Reg. No. 41
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) ELSIE; b. (Middle); c. (Last) RICHARDS

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 26, 1900

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Palmyra, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edmond Schnirl
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: ----
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: R. J. Clever
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe chronic brain syndrome
DUE TO (c) due to generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 19 70, *to* 6-29, 19 72, *that I last saw the deceased alive on* 6-22, 19 72 *and that death occurred at* 7:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard J. Clever, M. D.
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: June 29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June29,1972
24c. NAME OF CEMETERY OR CREMATORY: Forrest Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur D'Alene, Idaho

DATE REC'D BY LOCAL REG.: June 29,1972
REGISTRAR'S SIGNATURE: K. Dale Thomsen
25. EMBALMER: K. Dale Thomsen
LICENSE NO.: M 388

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

JUL 18 1972
AUG 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 13 1972

State File No. 3054
Local Reg. No. 42
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser; Rural Vital Statistics; LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital	d. STREET ADDRESS (If rural, give location): 739 W. 3rd

3. NAME OF DECEASED (Type or Print)	a. (First) RUTH	b. (Middle) MARIE	c. (Last) MATHIAS	4. DATE OF DEATH (Month) June (Day) 30 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Sept.27,1903	9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Stockton, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samual W. Talbot	BIRTHPLACE: ----	14. MOTHER'S MAIDEN NAME: Rose Alice Hunter	BIRTHPLACE: ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Harvey Mathias	ADDRESS: Esterville, Iowa	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c): Uremia

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22- *,* 1972 *, to* 6-30- *,* 1972 *that I last saw the deceased alive on* 6-30- *,* 1972 *, and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M S McGrath MD (Degree or title)	23b. ADDRESS: Weiser, Idaho	23c. DATE SIGNED: June 30/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 3,1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county): Weiser (State): Idaho
DATE REC'D BY LOCAL REG.: June 30,1972	REGISTRAR'S SIGNATURE: R. Dale Thomason	25. EMBALMER: Marshall S. Dickerson	LICENSE NO.: M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3055
Local Reg. No. 484
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (In this place): Residence		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1019 No. 9th. St.			d. STREET ADDRESS (If rural, give location): 1019 No. 9th. St.

3. NAME OF DECEASED (Type or Print) a. (First): Emma	b. (Middle): Alexander	c. (Last): Simons	4. DATE OF DEATH (Month) (Day) (Year): March 6, 1972		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 27, 1878	9. AGE (In years last birthday): 93	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Mose Alexander	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Helena Kastner	BIRTHPLACE: Germany		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 518 09 2257	17. INFORMANT'S OWN SIGNATURE: Alexander Simons	ADDRESS: Boise, Idaho		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 1/2 3

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26, 19 72 *to* March 6, 19 72, *that I last saw the deceased alive on* 3/5/72, 19 72, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): MD	23b. ADDRESS: Boise Ida	23c. DATE SIGNED: 8/13/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 3-10-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Aug. 3, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Daniel G. Gibson	LICENSE NO.: M-400

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

JUL 6 1973

DEC 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 4 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3056
Local Reg. No. 485
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor N. H.	d. STREET ADDRESS (If rural, give location): 2411 Pleasanton St.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Mott

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 22, 1875	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Henry Friend	Canada	Catherine Elizabeth --	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------		Mrs Earl L Hunt	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardosis - failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Ventral Hernia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/3 *19*66 *, to* 3/15 *, 19*72 *, that I last saw the deceased alive on* 3/15 *, 19*72 *, and that death occurred at* 12:20 *m. from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 366 (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7/20/71

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	3-18-1972	Morris Hill Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 3, 1972	Myrtle Palmer	Daniel G. Gibson [signature]	M-400

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3058
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MIDDLE FORK OF BOISE RIVER
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles above backwaters of Arrowrock

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 2217 No. 36th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDREW	SAXTON	JONES	June	12	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		July 9 1959	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Hillside Jr. Hi	San Francisco Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DONALD S. JONES	POCATELLO IDAHO	JUDITH LEE THOMPSON	NAMPA IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Donald S Jones	

9100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aspiration of Water into lungs — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	07	3-4	Boise	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
6	12	72	m.		Drowning while in recreation

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski	583 Deputy Coroner 4	1214 Adz - Boise Idaho	7-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	7-31-72	DRY CREEK	ADA	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/5/72	Evelyn A. Craig	Russell A. Relyea	412-M

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3059
Local Reg. No. 455
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE; c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital	d. STREET ADDRESS (If rural, give location): 130 E. BANNOCK

3. NAME OF DECEASED (Type or Print)	a. (First): LISA	b. (Middle): MARIE	c. (Last): FITCHETT	4. DATE OF DEATH (Month) JUNE (Day) 22 (Year) 1972
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED	8. DATE OF BIRTH: JUNE 21, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE	10b. KIND OF BUSINESS OR INDUSTRY: NONE	11. BIRTHPLACE (State or foreign country): ONTARIO OREGON	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: WILLIAM H. FITCHETT	BIRTHPLACE: EMMETT, IDAHO	14. MOTHER'S MAIDEN NAME: SANDRA SUE MORGAN	BIRTHPLACE: ONTARIO, OREGON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT'S OWN SIGNATURE: William H. Fitchett	ADDRESS: Rt 1 Payette, Idaho	

7761

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Neonatal atelectasis	birth
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hyaline membrane disease	birth
DUE TO (c)	Severe prematurity	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 June, 1972, *to* 22 June, 1972, *that I last saw the deceased alive on* 22 June, 1972, *and that death occurred at* 12:29AM *from the causes and on the date stated above.*

23a. SIGNATURE: J S Noble, MD (Degree or title) 945	23b. ADDRESS: 620 W. Hays St. Boise, Id. 83702	23c. DATE SIGNED: 12 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: JUNE 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: ROSEDALE MEMORIAL GDNS	24d. LOCATION (City, town, or county) (State): PAYETTE PAYETTE IDAHO
DATE REC'D BY LOCAL REG.: July 14, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Melford D Dragoo	LICENSE NO.: M318

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Chapel of the Roses Payette, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-5911

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3060
Local Reg. No. 453
Reg. Dist. No. 370

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location) 9265 Leavitt

3. NAME OF DECEASED (Type or Print)	a. (First) Casey	b. (Middle) Alan	c. (Last) Pennington	4. DATE OF DEATH (Month) (Day) (Year) June 25, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 12, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nampa, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Billy D. Pennington	BIRTHPLACE Kentucky		14. MOTHER'S MAIDEN NAME Patricia Boehner	BIRTHPLACE Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No		17. INFORMANT'S OWN SIGNATURE Billy D. Pennington	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7469

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital heart disease
DUE TO (c) and aortic atresia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-25, 1972, *to* 6-25, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12^25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Matthies	1137 (Degree or title) M.D.	23b. ADDRESS 2621 Hillway, Boise, Id.	23c. DATE SIGNED 7-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-27-72	24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery	24d. LOCATION (City, town, or county) (State) Wilder, Idaho
DATE REC'D BY LOCAL REG. July 12, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Rodney W. Dakan	LICENSE NO. M-608

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3061
Local Reg. No. 451
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 935 W. Pine Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 935 West Pine Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Oval	Turnmire	June	26,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	February 15, 1896	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farming	Putnam County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George S. Turnmire	Missouri	Mollie Lloyd	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	491-42-1516	X Dova J Turnmire	935 W. Pine Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Central Vase disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Postural Hypotension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia — 5 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-10, 1971, *to* 5-31, 1972, *that I last saw the deceased alive on* 5-31, 1972, *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold W Brownell M.D.	619 S Canyon	7/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 29, 1972	Meridian	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10 1972	Myrtle Palmer	Gary A. Cowger	M-526

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 16 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3062
Local Reg. No. 450
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 1519 1st Ave. South

3. NAME OF DECEASED (Type or Print)	a. (First) Claudia	b. (Middle) May	c. (Last) GRAVES	4. DATE OF DEATH (Month) June (Day) 27, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Jan. 24, 1898	9. AGE (In years last birthday): 74; IF UNDER 1 YR. Months - Days -; IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Jacob Martin; BIRTHPLACE: Thornfield, Missouri		14. MOTHER'S MAIDEN NAME: Mary Evelyn Bradley; BIRTHPLACE: Roy, Missouri		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 519-34-9710	17. INFORMANT'S OWN SIGNATURE: Orchid L Graves; ADDRESS: Lompoc, Calif.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

398X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardio Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH: 1/2h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic & Congenital
DUE TO (c): Heart Disease - Severe

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-14, 1964, *to* June 27, 1972, *that I last saw the deceased alive on* 6-27, 1972, *and that death occurred at* 10 40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Clifford MD (Degree or title) 074	23b. ADDRESS: 311 Idaho St Boise	23c. DATE SIGNED: 6-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial	24b. DATE: July 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery	24d. LOCATION (City, town, or county): Parma (State): Idaho
DATE REC'D BY LOCAL REG.: July 10, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
Bureau of Vital Statistics

State File No. 3063
Local Reg. No. 490
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada AUG8 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital
d. STREET ADDRESS (If rural, give location): 78 Trail Creek Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ADA	LOUISA	TOWNEND	July	1	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Mar. 10, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Norman	England	Constance Butcher	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-9169D	information by telephone	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 20, 1972, to July 1, 1972, *that I last saw the deceased alive on* June 30, 1972 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	July 1, '72	Mount Moriah Cem.	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 4, 1972	Myrtle Palmer	Robert G. Summers	M-497

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 13 1972

State File No. 3064
Local Reg. No. 439
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 48 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6709 Newman St

3. NAME OF DECEASED (Type or Print): a. (First) ZELLA b. (Middle) ARLINE c. (Last) MARTINE

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1972

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 15, 1924
9. AGE (In years last birthday): 48 IF UNDER 1 YR. Months 3 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Barzilla W. Pruett BIRTHPLACE: Snowflake, Ariz.
14. MOTHER'S MAIDEN NAME: Florence Helen Bruno BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Fred Martine ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diverticulitis c abscess.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 19 72 to 7/1, 19 72 that I last saw the deceased alive on 7/1, 19 72; and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] MD 371 (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 13, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: H. Conway Grant
LICENSE NO.: M478
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3065
Local Reg. No. 423
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1301 North 8th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HUGH	D.	CONNOR	July 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 8, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager-Owner 2	Boise Floral	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh Connor	Pennsylvania	Elise Gasser	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-01-0992	Gladys M. Connor	1301 N. 8th St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5719

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 19, 1965, to July 1, 1972, *that I last saw the deceased alive on* June 30, 1972, *and that death occurred at* 12:35 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Rubes, MD	121 E. Jessie	7-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-6-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7 1972	Myrtle Palmer	Robert G. Lee	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 7 1972

JUL 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 12 1972 Bureau of Vital Statistics

State File No. 3066
Local Reg. No. 437
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 718½ So. Roosevelt St.

3. NAME OF DECEASED (Type or Print): a. (First) Inez b. (Middle) C. c. (Last) Murphy

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 24, 1891

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Counsell
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 513 09 3716

17. INFORMANT'S OWN SIGNATURE: Paul Barton
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1707

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcenomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anaplastic sarcoma R femur — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nephritis chronic — Diabetes mellitus
Cholelithiasis
Diverticulosis colon

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Dec. 13, 1962, to July 1, 1972, that I last saw the deceased alive on July 1, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] STC (Degree or title)

23b. ADDRESS

23c. DATE SIGNED: 7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-5-1972

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-12-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde Vassar [signature]

LICENSE NO.: M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3067
Local Reg. No. 113
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 155 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): BOULEVARD NURSING HOME

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) A.; c. (Last) BRADY
4. DATE OF DEATH: (Month) JULY (Day) 2, (Year) 1972
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: SEPT. 22, 1890
9. AGE (In years last birthday): 81; IF UNDER 1 YR. Months ___ Days ___; IF UNDER 24 HRS. Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): IDAHO
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: CHARLES BRADY; BIRTHPLACE: NEW YORK
14. MOTHER'S MAIDEN NAME: LUCINDA STRONG; BIRTHPLACE: ILLINOIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 518-18-3606
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

485X

19a. DATE OF OPERATION: February 4, 1972
19b. MAJOR FINDINGS OF OPERATION: Fracture of hip.
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from JANUARY 29, 19 72, to JULY 2, 19 72, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE: R.J. BUNGARD, M.D. (Degree or title) 577
23b. ADDRESS: VAC, BOISE, IDAHO
23c. DATE SIGNED: 7-2-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-72
24c. NAME OF CEMETERY OR CREMATORY: Syrings Gardens
24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: July 18, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert G. Ross
LICENSE NO.: M-407
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DR-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3068

State File No.
Local Reg. No. 460
Reg. Dist. No. 370

BIRTH NO.

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1208 W. Melrose St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	L.	PORTER	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 6, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Worker	Construction	Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. Porter	Colorado	Mamie Crouchman	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	522-28-7289A	Gretta C Porter	1208 W. Melrose Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5321

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute peritonitis — INTERVAL BETWEEN ONSET AND DEATH: few hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured duodenal ulcer — few hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1970, to July 2, 1972, that I last saw the deceased alive on July 2, 1972, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner 364	MD	1333 W. Jefferson St. Boise, Idaho 83702	7/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 5, 1972	Terrace Lawn	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 13 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3069
Local Reg. No. 443
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Oregon 38 b. COUNTY Curry 5[illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) tourist	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookings
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Alphonsus 003	d. STREET ADDRESS (If rural, give location) P.O. Box 584

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIS	b. (Middle) JAMES	c. (Last) GILLEN	4. DATE OF DEATH (Month) July	(Day) 2	(Year) 1972
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29, 1920	9. AGE (In years last birthday) 51	IF UNDER 1 YR. Months 7 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CPA & Office Mgr. 2	10b. KIND OF BUSINESS OR INDUSTRY Brookings Plywood		11. BIRTHPLACE (State or foreign country) Peekskill, New York	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Francis J. Gillen	BIRTHPLACE New Haven Conn.		14. MOTHER'S MAIDEN NAME Loretta Evelyn Banker	BIRTHPLACE New York, N. Y.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE A.R. Kent	ADDRESS		

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1972, *to* 7-2, 1972, *that I last saw the deceased alive on* 7-1, 1972, *and that death occurred at* 5 30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Ward E Dickey 984 (Degree or title)	23b. ADDRESS 100 Warm Springs Boise	23c. DATE SIGNED 7-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 7, 1972	24c. NAME OF CEMETERY OR CREMATORY Brookings Funeral Home	24d. LOCATION (City, town, or county) Brookings (State) Oregon
DATE REC'D BY LOCAL REG. 7-10-72	REGISTRAR'S SIGNATURE Myrtle Palmer HO.	25. EMBALMER G Conway Grant	LICENSE NO. M478

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3070
Local Reg. No. 434
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 10 1972

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 732 E. Third

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) M. c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 8, 1906

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belpre, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harvey A. Arbogast
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Jessie M. Colyer
BIRTHPLACE: Unkn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-12-9990

17. INFORMANT'S OWN SIGNATURE: X Howard White
ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Acute Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (2) Cerebral Vascular insufficiency

DUE TO (c) (3) Hypertensive & Rheumatic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure - Peri Cardites

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Coronary Insufficiency - Bilateral Pleural Effusion

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~BIRTH~~ 9-1, 1961, *to* 7-2, 1972, *that I last saw the deceased alive on* 7-2, 1972, *and that death occurred at* 8:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jos E Carpenter (Degree or title): M D

23b. ADDRESS: 311 Idaho

23c. DATE SIGNED: 7/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-6-72

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: July 10 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Geo Jerread

LICENSE NO.: M-366

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3071
Local Reg. No. 433
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 10 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 1105 Meridian St.

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): H.
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21, 1892
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owned and operated a Cafe
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Powder, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. White — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Jane White — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 1
16. SOCIAL SECURITY NO.: 518-24-8380
17. INFORMANT'S OWN SIGNATURE: + Lola White — ADDRESS: Meridian

18. CAUSE OF DEATH 4100
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1972, *to* July 2, 1972, *that I last saw the deceased alive on* July 2, 1972, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald B Hawkes M 1075 (Degree or title)
23b. ADDRESS: 1055 [illegible] Boise
23c. DATE SIGNED: 7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-72
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: July 10, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerread
LICENSE NO.: M-366
FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 17 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 10 1972 Bureau of Vital Statistics

State File No. 3072
Local Reg. No. 421
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 420 N. Garden St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Frank; c. (Last) Gage

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 13, 1899

9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plastering Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David William Gage
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary White
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-4981

17. INFORMANT'S OWN SIGNATURE: + Ronald L Gage
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4121

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease
DUE TO (c) Cirrhosis of Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric ulcers

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1970, to July 2, 1972, that I last saw the deceased alive on July 2, 1972, and that death occurred at 1140 m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS:
23c. DATE SIGNED: 7/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-72
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: July 7 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-549
FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DR-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 10 1972 Bureau of Vital Statistics

State File No. 3073
Local Reg. No. 422
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1235 Malta Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Dony b. (Middle) Conge c. (Last) Harris

4. DATE OF DEATH: (Month) (Day) (Year): 7-3-1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-26-1900

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Ranching

11. BIRTHPLACE (State or foreign country): Park City, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Dony Harris - BIRTHPLACE: UNK

14. MOTHER'S MAIDEN NAME: Mary Catherine Rooker- BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Hilda Harris ADDRESS: Burley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Vascular Disease — 1+ yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, Mellitus — 15 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from June 18, 1972, to July 3, 1972, that I last saw the deceased alive on June 30, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: George R Baber (Degree or title): MD

23b. ADDRESS: 121 E. Idaho

23c. DATE SIGNED: 7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-6-72

24c. NAME OF CEMETERY OR CREMATORY: Albion City Cemetery

24d. LOCATION (City, town, or county) (State): Albion, Idaho

DATE REC'D BY LOCAL REG.: July 7 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Wesley Martin

LICENSE NO.: M-549

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3074
Local Reg. No. 454
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Nursing Home 293	d. STREET ADDRESS (If rural, give location): 909 Reserve

3. NAME OF DECEASED (Type or Print) a. (First): IOLA	b. (Middle): J.	c. (Last): BYBEE	4. DATE OF DEATH (Month) July (Day) 4, (Year) 1972			
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 4 24 1901	9. AGE (In years last birthday): 71	IF UNDER 1 YR. Months 2 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Clayton Kansas	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: John B. Leichliter	BIRTHPLACE: Connelsville, Penn.	14. MOTHER'S MAIDEN NAME: Thursey Norris	BIRTHPLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none shown	17. INFORMANT'S OWN SIGNATURE: x Lee J Bybee	ADDRESS			

4121

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: ≤ 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: CVA, pulmonary obstructive disease, hypercarbonemia, Hypertension

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May, 1972, *to* 4 Jul, 1972, *that I last saw the deceased alive on* 19 May, 1972, *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: D Kimmel 965 (Degree or title) MD	23b. ADDRESS: 405 W Bannock	23c. DATE SIGNED: 10 Jul 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Joplin	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: July 13, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. Conway Grant	LICENSE NO.: M478

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 6 - 1972

State File No. 3075
Local Reg. No. 418
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Iowa b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 2911 Teton	d. STREET ADDRESS (If rural, give location): 515½ No. Marion

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Roy	A.	Fields	July 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	Oct. 7, 1916	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book keeper	Thermogas Co.	Bucklin, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus G. Fields	Lind Co., Mo.	Mary M. Allison,	Macon Co., Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II	485-03-7333	x Louise P. Fields	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4709

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
		As Coroner only: did not see alive.

22. *I hereby certify that I attended the deceased from* XXXX

JUL 6 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 25 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. APR 24 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3076
Local Reg. No. 424
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1319 East Jefferson Street

3. NAME OF DECEASED (Type or Print): a. (First) LEMUEL b. (Middle) A. c. (Last) JOHNSTON
4. DATE OF DEATH (Month) (Day) (Year): July 4, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11, 1904
9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Wolfe City, Texas
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Thomas Daniel Johnston
BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Frances Warren
BIRTHPLACE: Texas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 520-12-1418
17. INFORMANT'S OWN SIGNATURE: Grace Johnston
ADDRESS: Soda Springs, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1733 Carcinoma Skin of Face
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7- , 1968 to 7-4 , 1972, that I last saw the deceased alive on 7-4 , 1972, and that death occurred at 9:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Emma N. Jones M.D.
23b. ADDRESS: Boise
23c. DATE SIGNED: 7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: July 7 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert J. Clifford
LICENSE NO.: M-554
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3077
Local Reg. No. 425
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Boise City Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): New Home Hotel #6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLENN	MORSE	NELSON	July 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	April 10, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Carpenter	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John L. Nelson	Kansas	Katherine Calhoun	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	526-01-4925	Personal Papers	1205 W. Bannock Boise, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Past few weeks had complained of Chest Pains & Aptnea.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19____, that I last saw the deceased alive on ____, 19____ and that death occurred at 11A m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 583	Coroner	3720 Meadow Drive. Boise.	7-7-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial/Removal	July 8, 1972	Clearwater	Clearwater, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7 1972	Myrtle Palmer	[signature]	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3078
Local Reg. No. 442
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1409 W. Jefferson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAM	WALTER	PORTER	July 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 24, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self	Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Porter		Mary Miller	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-14-4818A	X Frances Porter	Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/14, 19 72, to 7/7, 19 72, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Caldwell MD 371 (Degree or title)		7/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-7-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-13-72	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 15 '72

SEP 07 1993

NOV 15 2010

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3079

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No.
Local Reg. No. 112
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — c. LENGTH OF STAY (In this place): 13 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO	d. STREET ADDRESS (If rural, give location): ROUTE 6 EAST OF CITY

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Clay	c. (Last) Keck	4. DATE OF DEATH (Month) (Day) (Year): JULY 5, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: OCT. 1, 1896	9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILK PROCESSING	10b. KIND OF BUSINESS OR INDUSTRY: DAIRY PRODUCTS	11. BIRTHPLACE (State or foreign country): ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: STEPHEN A. KECK	BIRTHPLACE: ARKANSAS	14. MOTHER'S MAIDEN NAME: SELENDA TUCKER	BIRTHPLACE: ARKANSAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-22-0491	17. INFORMANT'S OWN SIGNATURE: VA HOSPITAL RECORDS,	ADDRESS: BOISE, IDAHO	

4820

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia, LLL, due to Klebsiella	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary emphysema and fibrosis	5 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21f. HOW DID INJURY OCCUR?

VA

22. ~~I hereby certify that I~~ attended the deceased from JUNE 22, 1972, to JULY 5, 1972, ~~[illegible]~~, and that death occurred at 4:55P m., from the causes and on the date stated above.

23a. SIGNATURE: M.G. STROMBERG, M.D. 597 (Degree or title)	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 7-5-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7/7/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho		
DATE REC'D BY LOCAL REG.: July 14, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]
LICENSE NO.: M438		

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
FEB 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3080
Local Reg. No. 432
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2500 Jean Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wilson	Dwight	Baldridge	July 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 15, 1908	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	USBR & Soil Cons. Service	Carlock, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Lee Baldridge	Mound City, Kansas	Grace English	Downs, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	518-52-5469	X Gertrude B Baldridge	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 27, 1954, *to* July 5, 1972, *that I last saw the deceased alive on* June 30, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
George R Baker	019 (Degree or title) / MD	121 E. Jessen	7-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7/7/1972	Mtn. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10, 1972	Myrtle Palmer	Alden-Waggoner Chapel	M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 10 1972

MAY 24 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 29 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Late

RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

343-4281

State File No. 3081
Local Reg. No. 452
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Montana
b. COUNTY Hill
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Havre
d. STREET ADDRESS (If rural, give location) Box 724

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myrtle	I.	Finley	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 28, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bottineau, N. Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Wetherelt	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		516-04-9291	[signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-28-72, 19___, *to* 7-6-72, 19___, *that I last saw the deceased alive on* 7-6-, 1972, *and that death occurred at* 6:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald V. Stoll	MD	320 No. 1st Boise, Ida 83702	7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Highland Cemetery	Havre, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 11, 1972	Myrtle Palmer	[signature]	M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3082
Local Reg. No. 457
Reg. Dist. No. 370

RECEIVED JUL 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5211 Sorrento Drive

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): WILLIAM WALTERS DOUGLAS

4. DATE OF DEATH (Month) (Day) (Year): 7 7 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 4, 1911
9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wellsville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred E. Douglas
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Martha Walters
BIRTHPLACE: Wellesville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529-16-5566
17. INFORMANT'S OWN SIGNATURE: Alice H Douglas
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C.V.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28-70, 19___, *to* 7-5-72, 19___, *that I last saw the deceased alive on* 7-5-72, 19___, *and that death occurred at* 12:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 508 (Degree or title)
23b. ADDRESS: 305 Fort St. Boise, Ida
23c. DATE SIGNED: 7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: July 18 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: L. Conway Grant
LICENSE NO.: M478

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 14 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3083
Local Reg. No. XXX 445
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place) 6 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location) 700 Cunningham Place

3. NAME OF DECEASED (Type or Print) a. (First) SUE	b. (Middle)	c. (Last) STILLMAN	4. DATE OF DEATH (Month) (Day) (Year) July 7, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 31, 1914	9. AGE (In years last birthday) 57 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper 3	10b. KIND OF BUSINESS OR INDUSTRY Secretarial	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harry Stillman	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Deleska Barnhouse	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-28-7194	17. INFORMANT'S OWN SIGNATURE Mrs John Welch	ADDRESS 1504 Manitou Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5193

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic Obstructive Pulmonary disease with Respiratory failure	4-5 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		6 hrs.
DUE TO (c)	Cor pulmonale	3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 July, 1972, *to* 7 July, 1972, *that I last saw the deceased alive on* 6 July, 1972, *and that death occurred at* 5:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 1016 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 7-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1972	24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens	24d. LOCATION (City, town, or county) Boise (State) Idaho
DATE REC'D BY LOCAL REG. 7-13-72	REGISTRAR'S SIGNATURE Myrtle Palmer HO.	25. EMBALMER [signature]	LICENSE NO. M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3084
Local Reg. No. 466
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 27 1972

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2917 Fry Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOLA		FARLEY	July	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 1, 1917	d 55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Taylorville, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Eaton	Pleasant Grove, Utah	Cora Lords	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-1272
17. INFORMANT'S OWN SIGNATURE Emmett E. Farley ADDRESS 2917 Fry St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No autopsy performed
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	8	72	7:45 p.m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven C. Jablonski 583 Deputy Coroner	1214 Ada - Boise	7-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 13, 1972	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27, 1972	Myrtle Palmer	Conway Grant	M4TB

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3085
Local Reg. No. 440
Reg. Dist. No. 370

RECEIVED JUL 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 619 N. Orchard

3. NAME OF DECEASED (Type or Print): a. (First) EVA b. (Middle) D. c. (Last) POIRIER

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1909
9. AGE (In years last birthday): 63 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Technician 2
10b. KIND OF BUSINESS OR INDUSTRY: Poirier Dental Lab.
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Claude D. Clark — BIRTHPLACE: Calhoun Co., Iowa
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-6674
17. INFORMANT'S OWN SIGNATURE: Lionel Lee Poirier — ADDRESS: 619 N. Orchard

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): N. A.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: N. A.

19a. DATE OF OPERATION: N.A.
19b. MAJOR FINDINGS OF OPERATION: N. A.
20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): N. A.
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): N. A. m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? N. A.

22. *I hereby certify that I attended the deceased from* May, 1972, *to* July 8, 1972, *that I last saw the deceased alive on* July 8, 1972, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph J. Allen M.D. 1014 (Degree or title)
23b. ADDRESS: 100 Warm Springs
23c. DATE SIGNED: 7/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-13-72
REGISTRAR'S SIGNATURE: Myrtle Palmer HO.
25. EMBALMER: Clyde J. Vassar
LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 17 1972 Bureau of Vital Statistics

State File No. 3086
Local Reg. No. 111
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 33 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: LEMHI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SALMON
d. STREET ADDRESS (If rural, give location): BOX 451 (STREET ADDRESS UNKNOWN)

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) J. c. (Last) STEPHANISHEN

4. DATE OF DEATH: (Month) (Day) (Year) JULY 9, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: MAY 27, 1918

9. AGE (In years last birthday): 54

IF UNDER 1 YR. Months: — Days: —

IF UNDER 24 HRS. Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: AUTO REPAIR

11. BIRTHPLACE (State or foreign country): NORTH DAKOTA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALEX STEPHANISHEN
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: ANTONIA OWSANIK
BIRTHPLACE: POLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 502-05-5305

17. INFORMANT'S OWN SIGNATURE: Tomas Bentley
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic obstructive pulmonary emphysema- 11 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I attended the deceased from JUNE 4, 1972, to JULY 9, 1972, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Lewis (Degree or Title) M.D.
ROBERT C. LEWIS, M.D. 597

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 7-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 13, 1972

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-17-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl Waggoner

LICENSE NO.: M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 17 1972
JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3087
Local Reg. No. 447
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 23 N. Roosevelt St.

3. NAME OF DECEASED (Type or Print): a. (First) FARRIS b. (Middle) W. c. (Last) STUART

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1972

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 28, 1910

9. AGE (In years last birthday): 61

IF UNDER 1 YR. Months / Days

IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronic Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Electronics

11. BIRTHPLACE (State or foreign country): Comanche, Texas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oscar T. Stuart — BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Mary Emma Roberts — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 519-28-3625

17. INFORMANT'S OWN SIGNATURE: Mary E. Stuart — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5621 Perforated sigmoid diverticulums — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis; pneumonia

19a. DATE OF OPERATION: 6/22/72

19b. MAJOR FINDINGS OF OPERATION: Peritonitis

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1972, to 7/9, 1972, that I last saw the deceased alive on 7/9, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 2121 College Blvd

23c. DATE SIGNED: July 11, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 12, 1972

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: July 18, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer/gb

25. EMBALMER: J. Conway Grant

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

SEP 21 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Coroner

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3088
Local Reg. No. 438
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2100 Denver St.	d. STREET ADDRESS (If rural, give location): 2100 Denver St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Anthony	Scott	July 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Jan. 24, 1945	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 3		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Scott	Marshalltown, Iowa	Anna Clark	Weatherford, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-48-6453	Richard Scott	

955X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Shock, trauma, exsanguination	instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gunshot wound in head	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
2 Suicide	at home 01	Boise	Ada 013 011	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 10, 1972 11a.m.		see above

22. I hereby ~~certify that I last saw the deceased alive~~ As Coroner only, did not see alive 19 ~~[illegible]~~ on ~~[illegible]~~, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
E. L. Paris 583 (Degree or title) Coroner 4	3720 Meadow Dr., Boise, Idaho	7-12-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14, 1972	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-72	Myrtle Palmer MD.	Emil Waggoner	M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 17 1979

JUL 28 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 14 1972 Bureau of Vital Statistics

State File No. 3089
Local Reg. No. 444
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 303 North 2nd Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPHINE b. (Middle) LATIMER c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 23, 1877

9. AGE (In years last birthday): 95
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Idaho City / Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Haug
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Garrecht
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-09-5933

17. INFORMANT'S OWN SIGNATURE: [illegible] 420 West Franklin. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General debility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1-55, 19__, *to* 7-10, 19 72, *that I last saw the deceased alive on* 7-10, 19 72 *and that death occurred at* 6:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Forney (173) (Degree or Title) M.D.

23b. ADDRESS: 425 Bannock Boise

23c. DATE SIGNED: 7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-13-72

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-13-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 14 1972

DEC 23 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3090
Local Reg. No. 446
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4605 Kootenai

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4605 Kootenai

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND		MICKELSEN	July 12 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 18, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Logan Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Mickelsen	Logan, Utah	Eliza Ann Smith	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent Myocardiq Infarction — IMD
DUE TO (c) Coronary Arteriosclerosis & Thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 5, 1972, *to* July 7, 1972, *that I last saw the deceased alive on* July 7, 1972 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Thuson MD	Boise Idaho	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	July 14, 1972	Cloverdale	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 18, 1972	Myrtle Palmer /gb	E Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3091
Local Reg. No. 462
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): Box 116

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hazel	H.	Kirtley	July 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 27, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Star, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Moses Hughes	Tennessee	Mary Francis Cogdill	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-4524B	X Virginia M. Lenzi	

8147

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Subdural hematoma	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Head injury	10 days
DUE TO (c)	Auto accident	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Heart disease	several yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Street	Star Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
July 2, 1972 7:30 p.m.		was struck by auto while walking across street

22. I hereby certify that I attended the deceased from Nov. 1966 to July 12, 1972, that I last saw the deceased alive on July 12, 1972, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner	364 MD	1333 W. Jefferson St. Boise, Idaho 83702	7/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/15/72	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 25, 1972	Myrtle Palmer	Alden-Waggoner Chapel	M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
MAR 1 6 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
MAR 1 9 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3092
Local Reg. No. 458
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2714 Stewart

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) LOREN c. (Last) WARNER

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 29, 1968
9. AGE (In years last birthday): 3 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Delbert A. Warner — BIRTHPLACE: Boise
14. MOTHER'S MAIDEN NAME: Anna Lane — BIRTHPLACE: Huntington, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Anna Warner

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7462

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Right Ventricular Failure.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tetralogy of Fallot (post-op)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 7-11-72
19b. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot; Patent Blalock-Taussig Anastomosis
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1972, to 7-12, 1972, that I last saw the deceased alive on 7-12, 1971, and that death occurred at 4:41 AM., from the causes and on the date stated above.

23a. SIGNATURE: Rodney H Ilten (Degree or title) MD
23b. ADDRESS: 123 E Idaho St
23c. DATE SIGNED: 7-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1972
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 18, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. Conway Grant
LICENSE NO.: M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3093
Local Reg. No. 116
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): in transit
d. FULL NAME OF HOSPITAL OR INSTITUTION: 20-30 Truck Stop -Highway 30 E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7012 Hummel Drive

3. NAME OF DECEASED (Type or Print): a. (First) HERBERT; b. (Middle) WILLIAM; c. (Last) COWHAM JR.

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 18, 1955

9. AGE (In years last birthday): 16
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herbert W. Cowham
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Gladys Engelmann
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518 70 6801

17. INFORMANT'S OWN SIGNATURE: X Herbert W. Cowham
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8189

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe Burns & Trauma — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Fire + Explosion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 66
21c. (CITY, TOWN, OR TOWNSHIP) 13-4 Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month): 7 (Day): 13 (Year): 72 (Hour): 3:25 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Steven Jablonski 588 - Deputy Coroner
23b. ADDRESS: 1214 Ada - Boise
23c. DATE SIGNED: 7-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-17-1972
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: July 24, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel R. Gibson
LICENSE NO.: M-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: JUL 24 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3094
Local Reg. No. 456
Reg. Dist. No. 370
BIRTH NO.

RECEIVED JUL 24 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1206 No. 9th. St.

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE b. (Middle) G. c. (Last) JOHNSTON
4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Born Dec. 10, 1879
9. AGE (In years last birthday): 92 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Batavia, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah James BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 518 18 0861 D
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable CVA — INTERVAL BETWEEN ONSET AND DEATH: 5d.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular Insufficiency — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5-10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1971 *to* 13 Jul 1972 *that I last saw the deceased alive on* 7 Jul 1972 *and that death occurred at* 8:35 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 965 (Degree or title) MD
23b. ADDRESS: 405 W Bannock
23c. DATE SIGNED: 13 Jul 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-1972
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 17, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
28. EMBALMER: [signature] LICENSE NO.: M-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3095
Local Reg. No. 495
Reg. Dist. No. 370

BIRTH NO. RECEIVED

1. PLACE OF DEATH a. COUNTY: Ada AUG 8 1972	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Baker 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Statistics c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halfway
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): Box 6776

3. NAME OF DECEASED (Type or Print)	a. (First) LANNIS	b. (Middle) M	c. (Last) NIELSON	4. DATE OF DEATH (Month) July (Day) 14 (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 9, 1897	9. AGE (In years last birthday): 74	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Theatre opr. 2	10b. KIND OF BUSINESS OR INDUSTRY: Movie	11. BIRTHPLACE (State or foreign country): Moroni Utah	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Michael Nielson	BIRTHPLACE: Moroni Utah	14. MOTHER'S MAIDEN NAME: Anganetta Mallenson	BIRTHPLACE: Draper Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-18-4465	17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea	ADDRESS		

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ruptured Abdominal Aneurysm	2 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	5 yrs
DUE TO (c)	Diabetes Mellitus	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma Lung	

19a. DATE OF OPERATION: July 13 1972	19b. MAJOR FINDINGS OF OPERATION: Cancer Rt. Lung	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3-, 1972, *to* 7-14-, 1972, *that I last saw the deceased alive on* 7-14-, 1972 *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. A. Howard (Degree or title) 393	23b. ADDRESS: Boise, Idaho	23c. DATE SIGNED: 7-18-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: July 15, 1972	24c. NAME OF CEMETERY OR CREMATORY: Halfway, Oregon
24d. LOCATION (City, town, or county) (State): Halfway, Oregon		
DATE REC'D BY LOCAL REG.: Aug. 7 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Eldon T. Pearson
LICENSE NO.: M-512		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

NOV 1 6 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3096

State File No.
Local Reg. No. 448
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Country: Mexico
b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buena Vista, Jalisco
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSE	ZAPITA	LOPEZ	July 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Mexican	Married	Unknown	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Migrant Farm Laborer	Farming	Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	568-48-9223	Personal Records	1205 W. Bannock Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9229

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Empyema, Pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal perforation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/10/72	ar 1. 11. above	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
7/9/72		Nyssa,	Oregon

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
July 9 1972 10:30 p.m.		gunshot wound chest & abdomen

22. *I hereby certify that I attended the deceased from* 7/10, 19 72, *to* 7/14, 19 72, *that I last saw the deceased alive on* 7/14, 19 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. A. Forney, MD	425 W. Bannock Boise, Idaho	7/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 21, 1972	Unknown	Buena Vista Mexico

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20, 1972	Myrtle Palmer	Robert J. Clifford	M-554

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3097
Local Reg. No. 459
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 9th Ave. S.

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) KEITH c. (Last) ROE

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1972

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: May 15, 1942
9. AGE (In years last birthday): 30
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service & Repair
10b. KIND OF BUSINESS OR INDUSTRY: Refriferation
11. BIRTHPLACE (State or foreign country): Glendale, Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert K. Roe
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Eleanor L. Thomason
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): 1960-1966
16. SOCIAL SECURITY NO.: 565-52-8351
17. INFORMANT'S OWN SIGNATURE: Mary E. Roe
ADDRESS: 854 E. 15th. Brooklyn, N.Y.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Head Injury & Cerebral Hemmorage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): I-80 & 44 Junct.
21c. (CITY, TOWN, OR TOWNSHIP) Rural Nampa (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY: (Month) 7 (Day) 15 (Year) 72 (Hour) 8:30 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? One Car Auto Accident

22. I hereby certify that I attended the deceased from Did not see Alive, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at 11:27 P m., from the causes and on the date stated above.

23a. SIGNATURE: Steven Jablonski (Degree or title) Deputy Coroner
23b. ADDRESS: 1214 Ada - Boise
23c. DATE SIGNED: 7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July20,1972
24c. NAME OF CEMETERY OR CREMATORY: Rosedale
24d. LOCATION (City, town, or county): Payette,
(State): Idaho

DATE REC'D BY LOCAL REG.: July 18, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert G. Lee
LICENSE NO.: M-497
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 2000

JUL 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 30 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3098
Local Reg. No. 114
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 52 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: PAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): 520 TENTH STREET NORTH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WARREN	LEO	STEVENS	JULY 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	SEPT. 17, 1894	77	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IRRIGATION SYSTEM WORKER	SAME	OKLAHOMA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HARVEY E. STEVENS	KENTUCKY	JANE ROUSE	KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	542-36-8258	Claudia Rose Lee	VA HOSPITAL RECORDS, BOISE, IDAHO

4369

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. VA attended the deceased from MAY 25, 19 72, to JULY 16, 19 72, and that death occurred at 4:00 A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
M.G. STROMBERG, M.D. 597 (Degree or title)	VA CENTER, BOISE, IDAHO	7-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20, 1972	Myrtle Palmer	Keith W. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1972

OCT 20 1972
JAN 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3099
Local Reg. No. 505
Reg. Dist. No. 370

BIRTH NO.

AUG 10 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Oregon 38 b. COUNTY Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) 3 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ironside
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Lukes Hospital 002	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) David	b. (Middle) Johnson	c. (Last) Buchanan	4. DATE OF DEATH (Month) July (Day) 16 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1886	9. AGE (In years last birthday) 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher Retired 7	10b. KIND OF BUSINESS OR INDUSTRY Livestock	11. BIRTHPLACE (State or foreign country) Huntington, Oregon	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Buchanan	BIRTHPLACE UNK	14. MOTHER'S MAIDEN NAME Mary Stuart	BIRTHPLACE UNK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 540-40-9686	17. INFORMANT'S OWN SIGNATURE Clara Buchanan	ADDRESS Ironside Oregon	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c) Post op prostatectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald M Huber 221 (Degree or title) M.D	23b. ADDRESS 1499 W Hayes	23c. DATE SIGNED 7-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1972	24c. NAME OF CEMETERY OR CREMATORY Ironside Cemetery	24d. LOCATION (City, town, or county) Ironside (State) Oregon
DATE REC'D BY LOCAL REG. Aug. 4, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER John A. Lienkaemper	LICENSE NO. Ore91

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Bertelson-Lienkaemper Mem. Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 31 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3100
Local Reg. No. 470
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — c. LENGTH OF STAY (In this place): 011	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 915 So. CURTIS 000	d. STREET ADDRESS (If rural, give location): 915 SO. CURTIS

3. NAME OF DECEASED (Type or Print) a. (First): SUSIE	b. (Middle): MAE	c. (Last): BULLARD	4. DATE OF DEATH (Month) (Day) (Year): 7-17-72	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: SEPT. 1, 1902	9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): SENATOBIA, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: TOM MORRIS	BIRTHPLACE: SENATOBIA, MISS.	14. MOTHER'S MAIDEN NAME: LUCY JACO,	BIRTHPLACE: SENATOBIA, MISS.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 423-30-6992-T	17. INFORMANT'S OWN SIGNATURE: X J. A. Bullard	ADDRESS:	

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Thrombosis	1 ch
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular Arteriosclerosis	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1972, *to* July 17, 1972, *that I last saw the deceased alive on* July 16, 1972, *and that death occurred at* 9:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Mason M.D. 333 (Degree or title) 1	23b. ADDRESS: 808 ReCassia Dr. Boise	23c. DATE SIGNED: 7/25/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: JULY 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: SINGLETON SPRINGS	24d. LOCATION (City, town, or county) (State): SENATOBIA, MISS.
DATE REC'D BY LOCAL REG.: July 31 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Eldon T Pearson	LICENSE NO.: M-512

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 1 0 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3101
Local Reg. No. 464
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA JUL 26 1972 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: RESIDENCE 000

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 5620 FAIRVIEW

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DEAN	BAIR	PREECE	JULY 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	AUG. 10, 1916	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MOTEL MGR. 2		COVE, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT W. PREECE	COVE, UTAH	MARY JERUSHA BAIR	RICHMOND, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
NO	519-14-4469	X Elaine P. Preece

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4189

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Case Not Diagnosed — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Thrombosed Coronary Artery — Immediate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski	Deputy Coroner	1214 Ada	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	JULY 22, 1972	REXBURG CEMETERY	REXBURG, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Myrtle Palmer	Eldon T. Pearson	M-512

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

JUL 26 1972
SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3102
Local Reg. No. 117
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 011
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 8401 Warm Springs

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) JEAN c. (Last) GREGERSON
4. DATE OF DEATH: (Month) (Day) (Year) 7-17-72
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-24-36
9. AGE (In years last birthday): 35 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ticket Agent 2
10b. KIND OF BUSINESS OR INDUSTRY: Airlines
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: FRANK CHRESTESEN BIRTHPLACE: PAYETTE, IDAHO
14. MOTHER'S MAIDEN NAME: MARTHA DORMAIER BIRTHPLACE: WHEELER, WASHINGTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 535-34-4744
17. INFORMANT'S OWN SIGNATURE: Owen L. Gregerson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun shot wound to right temple
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): self inflicted
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 01
21c. (CITY, TOWN, OR TOWNSHIP) 13-011 (COUNTY): Boise Ada (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 17 72 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted Gun Shot Wound.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Steven Jablonski (Degree or title) 583 Deputy Coroner 4
23b. ADDRESS: 1214 Ada
23c. DATE SIGNED: 7-19-72
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 22, 1972
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEMETERY
24d. LOCATION (City, town, or county) (State): WEISER, IDAHO
DATE REC'D BY LOCAL REG.: July 31, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell Kemaray
LICENSE NO.: M-509
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
Sept 19, 1973
BIRTH NO.

RECEIVED
JUL 28 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3103
Local Reg. No. 467
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 7 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1715 N. 10 TH

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ANN c. (Last) SULLIVAN

4. DATE OF DEATH: (Month) JULY (Day) 18, (Year) 1972

5. SEX: FEMALE

6. COLOR OR RACE: CAUC

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG 19, 1926

9. AGE (In years last birthday): 45
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE X

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEBRASKA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN LENGYEL
BIRTHPLACE: HUNGARY

14. MOTHER'S MAIDEN NAME: MARY KUTI
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vincent Sullivan by RR
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4309

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Berry aneurysm Rupture — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 6/28, 1972, to death, 19____, that I last saw the deceased alive on 6/28, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: M Sullivan 1035 (Degree or title) M.D.

23b. ADDRESS: 401 Idaho

23c. DATE SIGNED: 27 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 20 1972

24c. NAME OF CEMETERY OR CREMATORY: Omaha

24d. LOCATION (City, town, or county) (State): Omaha, Nebraska

DATE REC'D BY LOCAL REG.: July 27 1972

REGISTRAR'S SIGNATURE: Myrtle Salvesen

25. EMBALMER: Dale Vasson

LICENSE NO.: M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

9-14-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 72-3103

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Birth~~ Death (Birth or Death)
for Mary Ann Sullivan (Name on Original Certificate) who died (Was Born or Died) on July 18, 1972 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Uniformed Services ID Card (Bible Record, Insurance Policy, Etc.) prepared on December 26, 1968 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 9 Age	46	45

Subscribed and sworn to before me this 19th day of September, 19 73

Phyllis Smith
Notary Public, residing at Boise, Idaho
My commission expires May 17, 1976
(Seal)

Signed V. F. Sullivan
V. F. SULLIVAN
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1715 N. 10th St., Boise, Idaho 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September, 19 73

Phyllis Smith
Notary Public, residing at Boise, Idaho
My commission expires May 17, 1976
(Seal)

Signed Gladyse G. Meeks
GLADYSE G. MEEKS
(Signature of Any Credible Person)

7701 Ustick, #146, Boise, Id. 83704
(Street Address, City, State)

FORM DH 60-155

SEP 19 1973

DEC 24 1973

Certificate of Death

STATE OF IDAHO

State File No. 3104
Local Reg. No. 115
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
c. LENGTH OF STAY (in this place) Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home - Route # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian (rural)
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	R.	Turner	July	18,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 24, 1899	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Champaign, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Roy W. Turner — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Mary E. Wooters — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-3935
17. INFORMANT'S OWN SIGNATURE Addie E. Turner ADDRESS Rt. #2 Meridian, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic failure.
DUE TO (c) Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* July 18, 19 72, *that I last saw the deceased alive on* July 10, 19 72, *and that death occurred at* 3:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert Prager (Degree or title) M.D. 176
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 7/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 1972
24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery
24d. LOCATION (City, town, or county) Meridian (State) Idaho

DATE REC'D BY LOCAL REG. July 21, 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Gary A. Conover LICENSE NO. M-526
FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 24 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

DR. HOLDREN
201 W. STATE

Certificate of Death
STATE OF IDAHO

State File No. 3105
Local Reg. No. 474
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital	d. STREET ADDRESS (If rural, give location): 2521 Davis Street

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle)	c. (Last) URANGA	4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 24, 1908	9. AGE (In years last birthday): 64	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant & Lounge 2	10b. KIND OF BUSINESS OR INDUSTRY: Food	11. BIRTHPLACE (State or foreign country): Ea Vizcaya, Spain	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Unknown	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-30-7465	17. INFORMANT'S OWN SIGNATURE: Fred R Uranga	ADDRESS			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

0979

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ascending thoracic aortic aneurysm secondary to syphilis — Interval between onset and death: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Vena Cava Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____ 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Holdren M.D.	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-21-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: July 27 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde J. Vassar	LICENSE NO.: M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 23 1972
AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 1 1975
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. AUG 22 1978
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. NOV 9 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3106
Local Reg. No. 473
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (In this place) Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3116 E. Boise Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3116 E. Boise Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Steven	Frank	Smith	July 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 11, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Steven M. Smith	Iowa	Mary Henretta Dowling	San Francisco, Ca.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-8070	Andrew L. Smith	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombose Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	19	72	2 PM		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 5583 Deputy Coroner	1214 Ada - Boise	7-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-24-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. EMBALMER	LICENSE NO.
July 27 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3107

Certificate of Death
STATE OF IDAHO

State File No. 3107
Local Reg. No. 121
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 2 Boise
c. LENGTH OF STAY (In this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at Rt. 2 Boise 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 2 Boise
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) LILLIA b. (Middle) M. c. (Last) BALDERSON

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10, 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James White
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Joe H Balderson
ADDRESS: Rt. 2 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular
DUE TO (c) Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 4:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward Merrill (Degree or title) 337 Rm
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July24,1972
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug. 4, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Robert G. Lee
LICENSE NO.: M-497
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3108
Local Reg. No. 523
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2413 Norcrest Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FREDRICK	THOMAS	EANES	July 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 6, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Examiner 2	State	Selma, Alabama	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis T. Eanes	Alabama	Ella S. Creagh	Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	439-03-1701	Jessie C. Eanes	2413 Norcrest Dr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart Disease	3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Abdominal Aneurysm	

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 4, 1969, to July 20, 1972, that I last saw the deceased alive on July 20, 1972, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	2900 Overland Rd Boise	24 July

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7-24-72	Live Oak Cemetery	Selma, Alabama

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 16, 1972	Myrtle Palmer	Robert G. Rm	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 16 1972

DEC 13 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3109
Local Reg. No. 472
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada — St Alphs Hosp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give) Boise
c. LENGTH OF STAY (In this place) 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland Idaho - Rt #1
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Miles	Eldon	Boothe	July	20	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	Dec. 17, 1905	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheep-Shearer	Farming	Provo, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Miles Harrison Boothe	Utah	Olive Minerva Meldrum	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-09-3260	Vera Boothe	Rt 2 Fruitland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1541 Cancer of Rectum with Metastasis to Lymph nodes — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Emphysema - Bilateral Pulmonary Infarcts — 10 years

DUE TO (c) Intestinal Obstruction — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	(1) Cancer of Rectum (2) Small Bowel Obstruction	Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6/24/72, to 7/20/72, that I last saw the deceased alive on 7/20/72, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7-24-72	Rosedale Memorial Gdns.	Payette	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 25 1972	Myrtle Palmer	Milford A Gregoo	M-318

FIRM NAME: Chapel of the Roses

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972
DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. 3110
Local Reg. No. 468
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY JUL 31 1972 Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise

d. STREET ADDRESS (If rural, give location) 4900 Barber Dam Rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruth	Druf	Blaine	July 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 17, 1883	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Legal Secretary 3		Yatton, Iowa	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph R. Rose	Yatton, Iowa	Mary Caroline Druf	Natchez, Miss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No		519-44-4442	John R. Blaine	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Vascular Disease — 3 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pain Syndrome — 2+ yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-11, 1967, *to* 7-20, 1972, *that I last saw the deceased alive on* 6-24, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R. Baker, MD	121 E. Idaho St.	7-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-25-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31 1972	Myrtle Palmer	Alden-Waggoner Chapel	M-549

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 31 1972 Bureau of Vital Statistics

State File No. 3111
Local Reg. No. 471
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RESIDENCE 000	d. STREET ADDRESS (If rural, give location) 1839 SO. ROOSEVELT

3. NAME OF DECEASED (Type or Print) a. (First) WARREN b. (Middle) GIBBS c. (Last) SWENDSEN

4. DATE OF DEATH (Month) (Day) (Year) JULY 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
MALE	WHITE	WIDOWED	JULY 26, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED ENGINEER 5	EQUIPMENT CO.	RICHMOND, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LOUIS PETER SWENDSEN	BONNE CITY, DENMARK	ELLEN MARIA GIBBS	PEMBROOCKSHIRE, ENG. SO. WALES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO.		519-05-2140-A	Mrs Anna Herrick	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 Days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last — DUE TO (b) Chronic Brain Syndrome 1 yr

DUE TO (c) Cerebral Arteriosclerosis 1 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, *to* July 20, 1972, *that I last saw the deceased alive on* July 19, 1972 *and that death occurred at* 4 AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	088 MD	Boise Idaho	7/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24, 1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Myrtle Palmer	Eldon T. Pearson	M-512

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

AUG 16 1972

SEP 8 1972

SEP 26 1972

MAY 3 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3112
Local Reg. No. 517
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 15 10 12 AM '72

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian (rural)
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Jeffery; b. (Middle) Paul; c. (Last) Harris

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 13, 1956

9. AGE (In years last birthday): 15
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Concord, California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gordon M. Harris
BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: Mary Angela Reinhart
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-70-5839

17. INFORMANT'S OWN SIGNATURE: Gordon M. Harris
ADDRESS: Rt. # 2 Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral hemmorage and stem damage
INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Autobomile accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) Boise, (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): 7-21-72 5:10 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:05p m., from the causes and on the date stated above.

23a. SIGNATURE: Steve Jablonski 583 (Degree or title) 4
23b. ADDRESS: Deputy Coroner 1214 Ada, Boise, Idaho
23c. DATE SIGNED: 8-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1972
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county): Meridian (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 14, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Mary A Cowger
LICENSE NO.: M-526
FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
AUG 10 1972
Bureau of Vital Statistics

State File No. 3113
Local Reg. No. 508
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (In this place): Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 2209 North 23rd. Street

3. NAME OF DECEASED (Type or Print)	a. (First): Rosetta	b. (Middle): Burgess	c. (Last): Rutherford	4. DATE OF DEATH (Month) (Day) (Year): July 21, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 4, 1896	9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Harrison, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jesse Matlock	BIRTHPLACE: Arkansas	14. MOTHER'S MAIDEN NAME: Mary Forgey	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-14-7478-B	17. INFORMANT'S OWN SIGNATURE: David H. Rutherford	ADDRESS: 2209 N. 23 St. Boise, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7880

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	METABOLIC ACIDOSIS PROBABLY LACTIC ACIDOSIS 7880	5 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ASHD SEVERE	YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 18 Feb 1972 *to* 21 July 1972, *that I last saw the deceased alive on* 21 July 1972, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph B. Fournier 1016 (Degree or title)	23b. ADDRESS: 6003 Overland Rd	23c. DATE SIGNED: 28 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 25, 1972	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county): Meridian (State): Idaho
DATE REC'D BY LOCAL REG.: Aug. 9, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Gary A. Cowger	LICENSE NO.: M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

JUN 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 13 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3114
Local Reg. No. 491
Reg. Dist. No. 270

BIRTH NO.

RECEIVED
AUG 8 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 200 N. 3rd. St.

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) L. c. (Last) GIVENS
4. DATE OF DEATH (Month) July (Day) 22, (Year) 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 9, 1884
9. AGE (In years last birthday) 88 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supreme Court Justice
10b. KIND OF BUSINESS OR INDUSTRY Law
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John W. Givens BIRTHPLACE Calif.
14. MOTHER'S MAIDEN NAME Ellen E. Luelling BIRTHPLACE Calif.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-44-7856
17. INFORMANT'S OWN SIGNATURE Margaret Givens ADDRESS 200 N. 3rd. St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)
5302
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aspiration Pneumonia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Esophageal Stricture & diverticulum
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Degeneration of Spinal Cord. With paralysis both legs.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1972, to July 22, 1972, that I last saw the deceased alive on July 22, 1972, and that death occurred at 8:05p m., from the causes and on the date stated above.

23a. SIGNATURE C. C. Johnson 261 (Degree or title) MD
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 7.25.72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July25,1972
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) Boise, (State) Idaho

DATE REC'D BY LOCAL REG. Aug 4 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Robert J. Clifford
LICENSE NO. M-554
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DEC - 3 1985

SEP 12 2016

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3115

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 120
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE LENGTH OF STAY (In this place): 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO	d. STREET ADDRESS (If rural, give location): 4805 EDSON STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	ARISTA	GILTZOW	JULY 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	MARCH 9, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC 4	SAME	NEW YORK	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM GILTZOW	NEW YORK	LOUISE HARRISON	NEW YORK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	141-09-4877	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

1569

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malignancy of Biliary system (presumptive) — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. [illegible] attended the deceased from JULY 21, 19 72, to JULY 22, 19 72 [illegible], and that death occurred at 10:30AM from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
M.O. STROMBERG, M.D. 597 (Degree or title)	VA CENTER, BOISE, IDAHO	7-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	7/25/72	CLOVERDALE MEMORIAL PARK	BOISE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 2 1972	Myrtle Palmer	G. W. WATERS [signature]	M-461

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: CLOVERDALE FUNERAL HOME

SEP 16 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3116
Local Reg. No. 468
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp.	d. STREET ADDRESS (If rural, give location): 3204 Hansen Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) Marian	c. (Last) Pomeroy	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 1, 1910	9. AGE (In years last birthday): 62; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Diesel Mechanic	10b. KIND OF BUSINESS OR INDUSTRY: Sales & Servic	11. BIRTHPLACE (State or foreign country): Nez Perce, Ida.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Charles Willaim Pomeroy	BIRTHPLACE: Hillsboro, Ore.	14. MOTHER'S MAIDEN NAME: Inez L. Shawley	BIRTHPLACE: Etna, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 700-18-0789	17. INFORMANT'S OWN SIGNATURE: Harold W Pomeroy	ADDRESS: Boise	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ACUTE MYOCARDIAL INFARCTION	12 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CORONARY ARTERY DISEASE	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic OBSTRUCTIVE PULMONARY DISEASE	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20-72, 19__, *to* 7-22-, 1972, *that I last saw the deceased alive on* 7-22-72, 19__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald [signature] (Degree or title) MD	23b. ADDRESS: Boise, Idaho	23c. DATE SIGNED: 7-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-25-72	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho		
DATE REC'D BY LOCAL REG.: July 28, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]
LICENSE NO.: M-549		

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

AUG 28 1972
SEP 6 1972
FEB 2 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3117
Local Reg. No. 465
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (in this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Alphonsus	d. STREET ADDRESS (If rural, give location): 1925 Broadmoor Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Glenn	Vern	Vail	July	22,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 21, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Superintendent	Gas Compresser Stn.	Alva, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Vail	Mansfield, Ohio	Mattie Strother	Corydon, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Unk	569-03-8930	Doris L. Vail	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosis, Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* as Coroner only, 19__, to did not see alive, 19__ ~~XXX XXXXXXXXXXXXXXXXXX~~ *of* ~~XXXXXXXXXXXXXXXXX

JUL 26 1972
SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 24 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 2 1972 Bureau of Vital Statistics

State File No. 3118
Local Reg. No. 476
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (In this place): 2 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 3105 Sycamore Drive

3. NAME OF DECEASED (Type or Print) a. (First): Christian	b. (Middle):	c. (Last): Goehring	4. DATE OF DEATH (Month) (Day) (Year): July 22, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Feb. 13. 1907	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Wilheimstall Ukrain Russia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Christian C. Goehring	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Dorothy Quenzer	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 728-07-0275A	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS: 2326 Compass Drive Boise, Idaho	

5719

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hepatic Coma	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cirrhosis of Liver	Chronic
DUE TO (c)	Upper GI Bleeding	3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive heart Failure	2 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 July, 1972, *to* 22 July, 1972, *that I last saw the deceased alive on* 22 July, 1972, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1068 (Degree or title)	23b. ADDRESS: 6003 Overland Boise Id.	23c. DATE SIGNED: 26 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 26, 1972	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county): Meridian (State): Idaho
DATE REC'D BY LOCAL REG.: August 2, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer/JB	25. EMBALMER: Gary A. Cowger	LICENSE NO.: M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

AUG 10 1972 JUN 30 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3119
Local Reg. No. 492
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. ALPHONSUS HOSPITAL 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 400
a. STATE: IDAHO
b. COUNTY: SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHOSHONE
d. STREET ADDRESS (If rural, give location): RT. 1, BOX 126

3. NAME OF DECEASED (Type or Print): a. (First) CAROLINE b. (Middle) JANE c. (Last) TARDAGUILA

4. DATE OF DEATH (Month) (Day) (Year): JULY 22, 1972

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG. 29, 1928

9. AGE (In years last birthday): 43
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): CALIFORNIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK MOORE BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: MARIE HEBB BIRTHPLACE: MICHIGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 549-38-9899

17. INFORMANT'S OWN SIGNATURE: Marie H. Larsen, By Howard Peterson ADDRESS: BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3479

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) INCREASED INTRACRANIAL PRESSURE — INTERVAL BETWEEN ONSET AND DEATH: 2-3 MOS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: PULMONARY EDEMA — 3hrs.

19a. DATE OF OPERATION: JULY 22, 1972

19b. MAJOR FINDINGS OF OPERATION: COLLAPSE & SHIFT OF RIGHT LATERAL VENTRICLE TO LEFT

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 19, 1972 to JULY 22, 1972, that I last saw the deceased alive on JULY 22, 1972, and that death occurred at 8:00 pm from the causes and on the date stated above.

23a. SIGNATURE: Thomas E. Henson MD (Degree or title) 1066

23b. ADDRESS: 401 [redacted] St. Boise Ida

23c. DATE SIGNED: July 25, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 7-25-72

24c. NAME OF CEMETERY OR CREMATORY: LINCOLN DISTRICT CEMETERY

24d. LOCATION (City, town, or county) (State): LINCOLN, CALIF.

DATE REC'D BY LOCAL REG.: Aug. 4 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Robert J. Clifford

LICENSE NO.: M-554

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Copy

Received Aug 8, 1972

AUG 14 1972

Certificate of Death
STATE OF IDAHO

State File No. 3120
Local Reg. No. 496
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Oneida 360

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 17 days

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

d. STREET ADDRESS (If rural, give location): 441 No. 400 West St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HEBER	JONES	EVANS	July	22	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 8, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Probate Judge	Oneida County, Idh	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BENJAMIN DAVIS EVANS	Wales	MARY JANE JONES	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-	518-09-6067	Heber Grant Evans	Covina, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — Several years
DUE TO (c) Pneumonia, R. lower lobe — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7 July, 1972, to 22 July, 1972, that I last saw the deceased alive on 22 July, 1972, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George B Pfoertner	M.D.	Boise, Idaho	?

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	26 July 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7 Aug 1972	Myrtle Palmer	Conway Grant	M-478

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY, Boise, Idaho

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 17 10 48 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Heber Jones Evans (Name on Original Certificate) who died (Was Born or Died) on July 22, 1972 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #8 birthdate	August 4, 1893	April 8, 1893
~~Social Sec. No.~~	~~510-09-6067~~	~~510-09-0067~~
item 2d. st. address (cont. below)	omitted	441 No. 400 West

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Eldon Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
L. Conway Grant, 19 72

L. Conway Grant
Notary Public, residing at Boise, Idaho
My commission expires March 1, 1976
(Seal)

Signed [signature]
(Signature of Any Credible Person)

707 So. Owyhee, Boise, Idaho
(Street Address, City, State)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #20	yes	No
item #23b	omitted	
item #23c	omitted	

Certificate of Death

STATE OF IDAHO

State File No. _____
Local Reg. No. 496
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. ALPHONSUS HOSPITAL
c. LENGTH OF STAY (In this place) 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ONEIDA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MALAD
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HEBER b. (Middle) JONES c. (Last) EVANS

4. DATE OF DEATH (Month) JULY (Day) 22 (Year) 1972

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUG. 4, 1893
9. AGE (In years last birthday) 79
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROBATE JUDGE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MALAD IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BENJAMIN DAVIS EVANS BIRTHPLACE WALES
14. MOTHER'S MAIDEN NAME MARY JANE JONES BIRTHPLACE SALT LAKE CITY, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-6067
17. INFORMANT'S OWN SIGNATURE x Helen Grant Evans ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CARDIAC ARREST	10 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	DIABETES MELLITUS	SEVERAL YRS
DUE TO (c)	PNEUMONIA, 12 LOWER LOBE	3 DAYS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1972, to 22 July, 1972, that I last saw the deceased alive on 22 July, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph B Jensen MD (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 26, 1972
24c. NAME OF CEMETERY OR CREMATORY MALAD CITY CEMTERY
24d. LOCATION (City, town, or county) MALAD (State) IDAHO

DATE REC'D BY LOCAL REG. Aug. 7 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Conway Heart
LICENSE NO. 478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972 AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 10 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3121
Local Reg. No. 509
Reg. Dist. No. 370

RECEIVED AUG 10 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3½ weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location): 2601 Boise Ave.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Verda C. Wollburg			4. DATE OF DEATH (Month) (Day) (Year): July 23, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 27, 1911	9. AGE (In years last birthday): 60 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Omaha, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Eicke	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Emma Christianson	BIRTHPLACE: New Jersey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 508-28-4604	17. INFORMANT'S OWN SIGNATURE: Wm H Wollburg	ADDRESS: Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): CVA -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis
DUE TO (c): & diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Post amputation of Rt leg for gangrene.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1972 *to* July 23, 1972, *that I last saw the deceased alive on* July 23, 1972, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ardeon J Edger (Degree or title) 944	23b. ADDRESS: 2121 College Blvd.	23c. DATE SIGNED: 8/8/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 9 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Lowell K Kemasy	LICENSE NO.: M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 23 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 2 1972 Bureau of Vital Statistics

State File No. 3122
Local Reg. No. 118
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: GEM 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT
d. STREET ADDRESS (If rural, give location): ROUTE 2, BOX 192

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	M.	GORDY	JULY 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	MAY 16, 1892	80	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LEVI A. GORDY	KANSAS	OLIVE BOONE	NEVADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
YES	WWI	530-12-8709	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4412

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ruptured abdominal aortic aneurism.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis of Aorta
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I, [signature], attended the deceased from JULY 18, 1972, to JULY 23, 1972, that I last saw the deceased alive [illegible], and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] R. J. HUBBARD, M.D.		VA CENTER, BOISE, IDAHO	7-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 26, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Myrtle Palmer	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 12 1939

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3123
Local Reg. No. 463
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2515 NORTH 29TH

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) WILLIAM c. (Last) MARCROFT, JR.

4. DATE OF DEATH (Month) (Day) (Year): JULY 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	APRIL 4, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BRIDGE ENGINEER	HIGHWAY DEPT.	SALT LAKE CITY, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R. W. MARCROFT, SR.	SALT LAKE CITY, UTAH	ISABELLE ANDERSEN	SALT LAKE CITY, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	529-03-5908	x Robert Brian Marcroft	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4410

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Leaking, Dissecting Thoracic Aortic Aneurysm,

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Systemic Arterial Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-23-72	As above	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-22, 1972, to 7-23, 1972, that I last saw the deceased alive on 7-23, 1972, and that death occurred at 4:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodney H. Hein MD	173 E Idaho St	7-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	JULY 28, 1972		Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Myrtle Palmer	Eldon T. Pearson	A-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 19 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 07 1995

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED

Certificate of Death
STATE OF IDAHO

State File No. 3124
Local Reg. No. 469
Reg. Dist. No. 370

BIRTH NO. JUL 31 1972

1. PLACE OF DEATH
a. COUNTY Ada 011
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 410 Rose Lane

3. NAME OF DECEASED (Type or Print) a. (First) Allen b. (Middle) Henry c. (Last) McIntire
4. DATE OF DEATH (Month) (Day) (Year) July 23, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 29, 1900
9. AGE (In years last birthday) 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Maintenance
10b. KIND OF BUSINESS OR INDUSTRY Postal Ser.
11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Harvey H. McIntire BIRTHPLACE Sedalia, Mo.
14. MOTHER'S MAIDEN NAME Florence Talbott BIRTHPLACE Durango, Colo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 541-05-1354
17. INFORMANT'S OWN SIGNATURE Allen H McIntire ADDRESS Boise

18. CAUSE OF DEATH 2050
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myelocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9, 1972 *to* 7-23, 1972, *that I last saw the deceased alive on* 7-23-72, 1972, *and that death occurred at* 7:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh Atterbury 014 (Degree or title) MD
23b. ADDRESS 401 Idaho Boise Idaho
23c. DATE SIGNED 28/July 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/26/1972
24c. NAME OF CEMETERY OR CREMATORY Star Cemetery
24d. LOCATION (City, town, or county) (State) Star, Idaho

DATE REC'D BY LOCAL REG. July 31, 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Emil Waggoner
LICENSE NO. M-422

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

AUG 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 12 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 16 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 5 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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BUREAU OF VITAL STATISTICS
AUG 15 10 12 STATE OF IDAHO

Certificate of Death

State File No. 3125
Local Reg. No. 518
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3998 HILL ROAD

3. NAME OF DECEASED (Type or Print): a. (First) KENNETH b. (Middle) A. c. (Last) POE

4. DATE OF DEATH: (Month) JULY (Day) 24, (Year) 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAR. 12, 1923

9. AGE (In years last birthday): 49
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DEMOLITION CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WENDELL, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PERCY S. POE
BIRTHPLACE: AULT, COLORADO

14. MOTHER'S MAIDEN NAME: ETHEL LARSON
BIRTHPLACE: GOLDEN, COLO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-16-7074

17. INFORMANT'S OWN SIGNATURE: Mrs. Katherine Poe
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2050

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myelocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 16 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 26 Apr, 1971, to 24 July, 1972 that I last saw the deceased alive on 24 July, 1972, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 401 Idaho ST Boise Ida

23c. DATE SIGNED: 7 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 27, 1972

24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE CEMETERY

24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Aug. 14, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson

LICENSE NO.: M-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 24 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3126
Local Reg. No. 475
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 332

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2510 N 31st

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ted		INLOES	July 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 2, 1893	78	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Lamar, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Inloes	Unknown	Missouri Grimes	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	509-12-2078A	Mrs Ted Inloes	Boise, Idaho

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): cerebral infarction due to cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 wk.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 17 Aug, 1970, to 24 July, 1972, that I last saw the deceased alive on 23 July, 1972, and that death occurred at 7 00 p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	401 Idaho St Boise Idaho	28 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal-Burial	July 27, 1972	Park View Cemetery	New Plymouth	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 1, 1972	Myrtle Palmer	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
APR 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3127
Local Reg. No. 480
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) 1 year	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Nursing Home 235	d. STREET ADDRESS (If rural, give location) 3115 Sycamore Drive

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Enking	c. (Last) Clark	4. DATE OF DEATH (Month) July (Day) 24 (Year) 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3 1879	9. AGE (In years last birthday) 92 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Idaho Treasurer	11. BIRTHPLACE (State or foreign country) Avon, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ira Powell	BIRTHPLACE Avon, Ill.	14. MOTHER'S MAIDEN NAME Margaret Kearney	BIRTHPLACE Avon, Ill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-62-6934	17. INFORMANT'S OWN SIGNATURE x C. H. Enking	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

401X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Anemia	2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Anemia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1 *19*71 *, to* 7/24 *, 19*72 *, that I last saw the deceased alive on* 7/19 *, 19*72 *, and that death occurred at* 830 *m. from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS Boise Ida	23c. DATE SIGNED 8/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27 1972	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) Gooding, Idaho (State)
DATE REC'D BY LOCAL REG. Aug. 3, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Daniel G. Gibson [signature]	LICENSE NO. 400

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 1 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 5 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3128.
Local Reg. No. 479
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): ROUTE #5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	B.	ARCHER	JULY 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR.: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	FEB. 24, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BUILDING CONTRACTOR	CONSTRUCTION	SONORA, TEXAS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE WESLEY ARCHER	TEXAS	ELLA BURLESON	TEXAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WW II	452-28-0633	Mrs. Dona Archer	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stroke

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-15, 1972, *to* 7-25, 1972, *that I last saw the deceased alive on* 7-25, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. H. Kingsdale MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JULY 28, 1972	DRY CREEK CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 3, 1972	Myrtle Palmer	L. Conway Heap	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

AUG 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3129
Local Reg. No. 483
Reg. Dist. No. 370

BIRTH NO. 72-7126 RECEIVED AUG4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 32 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2403 So. Kimball

3. NAME OF DECEASED (Type or Print): a. (First) Brent b. (Middle) Scott c. (Last) Andrae

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 23, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 2 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Brent G. Andrae BIRTHPLACE: Caldwell, Idaho

14. MOTHER'S MAIDEN NAME: Susan Keller BIRTHPLACE: Longview, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Brent S Andrae ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7761

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Septicemia of newborn — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration pneumonia — birth
DUE TO (c) Prematurity-Hyaline Memb. Dis. — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Small intraventricular hemorrhage — "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July, 1972, to 25 July, 1972, that I last saw the deceased alive on 25 July, 1972, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE: J Noble M.D. 945 (Degree or title)
23b. ADDRESS: 620 W. Hays St. Boise, Idaho 83702
23c. DATE SIGNED: 29 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-27-1972
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Aug. 2 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Thomas C. Flahiff
LICENSE NO.: E-481
NAME AND ADDRESS: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3130
Local Reg. No. 119
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 009

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3105 NORTH 32ND

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	P.	HOFF	JULY 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	8-6-24	47	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WELDER	WELDING	MC CALL, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PETER J. HOFF	IDAHO	ROSELLA PARRISH	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	519-12-1182	Claudia Renee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	5710 Laennec's cirrhosis c ascites	10 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic alcoholism	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic brain syndrome	10 years
	Cerebellar ataxia	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from JULY 15, 1972, to JULY 25, 1972, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D.	VA CENTER, BOISE, IDAHO	7-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 29, 1972	Alpha	Valley County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	LICENSE NO.
July 31 1972	Myrtle	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972
AUG 20 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 13 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 17 1999

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3131
Local Reg. No. 506
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 229 Smith

3. NAME OF DECEASED (Type or Print): a. (First) VERLON; b. (Middle) JOE; c. (Last) CHANDLER

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 17, 1919

9. AGE (In years last birthday): 53
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postal Dept.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Hot Springs, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sugg Chandler
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Winnie Phillips
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.: 316-07-4823

17. INFORMANT'S OWN SIGNATURE: Leroy Lee Chandler
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

706X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fall From House
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-25, 19 72, *to* 7-25, 19 72, *that I last saw the deceased alive on* 7-25, 19 72, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. H. Kendall (Degree or title): M.D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/28/72

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens

24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Aug. 7 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Leo G. Alsip

LICENSE NO.: M438

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 12 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 20 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 30 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3132
Local Reg. No. 477
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL 092	d. STREET ADDRESS (If rural, give location): 2852 PARKE CIRCLE DR.

3. NAME OF DECEASED (Type or Print): a. (First) ALLEN b. (Middle) R. c. (Last) CUTLER III			4. DATE OF DEATH (Month) (Day) (Year): JULY 25, 1972	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: JUNE 13, 1918	9. AGE (In years last birthday): 54 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DENTIST	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): PRESTON, IDAHO	12. CITIZEN OF WHAT COUNTRY? UUSA
13. FATHER'S NAME: ALLEN RILEY CUTLER II	BIRTHPLACE: SALT LAKE CITY, Utah		14. MOTHER'S MAIDEN NAME: BLANCHE LAVERNE BELNAP	BIRTHPLACE: LOGAN, UTAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT'S OWN SIGNATURE: Mrs. Allen R. Cutler	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

398X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerbral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 24, 1972, to July 25, 1972, that I last saw the deceased alive on July 25, 1972, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Paul F. Miner (Degree or title) MD	23b. ADDRESS: 1333 W. Jefferson St Boise, Idaho	23c. DATE SIGNED: 8/1/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: JULY 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE	24d. LOCATION (City, town, or county) (State): BOISE, IDAHO
DATE REC'D BY LOCAL REG.: Aug. 2, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Eldon T. Pearson	LICENSE NO.: M-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

SEP 1 1 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 2 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 21 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 10 1972 Bureau of Vital Statistics

State File No. 3133
Local Reg. No. 122
Reg. Dist. No. 371
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
LENGTH OF STAY (In this place): 159 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: MINIDOKA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUPERT
d. STREET ADDRESS (If rural, give location): 109 3RD STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL	MORTIMER	DAY	JULY 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	MARCH 20, 1895	77	--- / ---	--- / ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SECTION MAN	RAILROAD	UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DANIEL DAY	UTAH	JANET WARNER	UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES WWI	712-07-6342	Samuel Bentley	VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinomatosis, undifferentiated neoplasm	4 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lymphosarcoma	4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I, VA, attended the deceased from FEBRUARY 18, 19 72 to JULY 26, 19 72, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
FRED B. HINE, M.D. Fred B. Hine MD	VA CENTER, BOISE, IDAHO	7-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	July 29, 1972	Riverside Cemetery	Heyburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 4 1972	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972
SEP 8 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 14 1972 Bureau of Vital Statistics

State File No. 3134
Local Reg. No. 516
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location): 6207 Butte

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day) (Year)
	WAYNE	A.	JACOBS		July	26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Sept. 16, 1905	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	LIVE, Inc.	Carter Co., Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Jacobs	Kentucky	Betty Hall	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-1785	Arnold J. Jacobs	6207 Butte

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural caused		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX	21f. HOW DID INJURY OCCUR?
7-26-72 10:38a.m.		Natural causes

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski Deputy Coroner	1214 Ada, Boise, Idaho	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-29-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 14 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 2 7 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED

Certificate of Death
STATE OF IDAHO

State File No. 3135
Local Reg. No. 510
Reg. Dist. No. 370

BIRTH NO.

AUG 10 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Harney 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 79 Industrial Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Keenan	D'Wayne	Miller	July	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Feb. 18, 1958	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 4	School	Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey E. Miller	--------	Peggy Jean Armitage	----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		--------	Harvey E. Miller By Phone	Burns, Ore,

9229

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemmorage	Two Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gun shot wound in the skull	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident at home residence		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7---27--72 10:00 m.P.M.		Accidental discharge .22cal. pistol

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven J. Blonski	Deputy Coroner	1214 Ada, Boise Idaho	8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REmoval	7-28-72	Burns Cemetery	Burns Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 9 1972	Myrtle Palmer	Roweed Ferguson	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3136
Local Reg. No. 499
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 1 mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Lukes Hospital	d. STREET ADDRESS (If rural, give location): 4334 E. Mtn. Village

3. NAME OF DECEASED (Type or Print)	a. (First): RONALD	b. (Middle):	c. (Last): CASWELL	4. DATE OF DEATH (Month) (Day) (Year): July 27, 1972
5. SEX: Male	6. COLOR OR RACE: Negroe	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Sept. 3, 1970	9. AGE (In years last birthday): 1 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------	10b. KIND OF BUSINESS OR INDUSTRY: ----------	11. BIRTHPLACE (State or foreign country): Mtn. Home, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Willie J. Caswell	BIRTHPLACE: Florida	14. MOTHER'S MAIDEN NAME: Amanda Greenwade	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: ----------	17. INFORMANT'S OWN SIGNATURE: Amanda E. Caswell	ADDRESS: Mountain Home, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

0039

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Salmonella Meningitis and septicemia	6 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Salmonella enteritis	8 weeks
DUE TO (c)	Immunoglobulin deficiency	birth
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonia and empyema	4 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 13 June, 1972, *to* 27 July, 1972, *that I last saw the deceased alive on* 27 July, 1972, *and that death occurred at* 9:00am *from the causes and on the date stated above.*

23a. SIGNATURE: Hoble, MD. 945 (Degree or title)	23b. ADDRESS: 620 W. Hays St. Boise, Idaho 83702	23c. DATE SIGNED: 6 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: West Hill Cemetery	24d. LOCATION (City, town, or county) (State): Sherman, Texas
DATE REC'D BY LOCAL REG.: Aug. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert J. Clifford	LICENSE NO.: M-554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Summers Funeral Home

AUG 8 1972

OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3137
Local Reg. No. 493
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2303 Smith Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHESTER	A.	MARCH	July 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 13, 1881	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Brick Maker	Masonry	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William March	Illinois	Jerimiah Yoho	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-01-5469	Mrs Dolly Marlatt	2510 N. 24th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-22-, 1965 *to* 7-27-, 1972 *that I last saw the deceased alive on* 7-28, 1972 *and that death occurred at* 1:21a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Tommy	M.D.	425 Bannock Bldg	7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 31, 1972	Dry Creek	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 4 1972	Myrtle Palmer	Robert G. Summers	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 1 5 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3138
Local Reg. No. 481
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2801 Agate St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	F.	Wilson	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 20, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber - Carpenter	Construction	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank G. Wilson	Ohio	Bertha Bunker	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No ----------	518 07 6150	X Jack A. Wilson	Boise, Idaho

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	3 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Emphysema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 10, 1959, to July 27, 1972, that I last saw the deceased alive on July 27, 19 72, and that death occurred at 8:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Boise Idaho	31 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	7-31-1972	Dry Creek Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 3, 1972	Myrtle Palmer		M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 25 1987

SEP 1 0 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3139
Local Reg. No. 487
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2018 N. 33rd St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lemuel	C	Bates	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Feb. 28, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardening & lawn care	Same	Oakley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Lawrence Bates	Ibapah, Utah	Katie M. Chapman	Placerville, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-32-9038	William C Bates	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Postsurgical Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 18, 1972, to July 28, 1972, that I last saw the deceased alive on July 27, 1972, and that death occurred at 3:15 P m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	808 LaCassia Dr. Boise	8/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/31/72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 4, 1972	Myrtle Palmer	[signature]	M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 4 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3140
Local Reg. No. 478
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TREASURE VALLEY MANOR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 108 EAST 37TH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLADYS	BONNING		JULY 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	SEPT. 18, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BOISE, ADA CO. IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES OBENCHAIN	GREELEY, COLORADO	LYDIA ZEMMER	LIBERAL, KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	720-03-8995	Guy F. Obenchain	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular thrombosis	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute pneumonitis	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 21, 1971, to July 28, 1972, that I last saw the deceased alive on July 27, 1972, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	808 LaCassa Dr. Boise	7/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JULY 31-1972	MORRIS HILL	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 2 1972	Myrtle Palmer	Eldon T. Pearson	M-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3141
Local Reg. No. 532
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2267 Division

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2267 Division

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MRS. BESSIE	ETHEL	EDGAR	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
remale	White	Widowed	Aug. 6, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Republic City, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Meeker	Illinois	Mary Etta Callahan	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Etta M. Nelson	2267 Division Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 794X Senile degeneration — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fract Hip —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1965, to July 28, 1972, that I last saw the deceased alive on May, 1972, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise Idaho	8/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/1/72	Mtn. View Cemetery	Mtn. Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1972	Myrtle Palmer	[signature]	M-509

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3142
Local Reg. No. 500
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2001 N. 18th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLAYTON	L.	LICK	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 18, 1888	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Barber	Barber	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathaniel Lick	Unknown	Sarah Woods	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-07-9175	Clara Lick	2001 N. 18th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 25, 1972, to July 28, 1972, that I last saw the deceased alive on July 28, 1972, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ward E. Hickey	MD	100 Warm Springs Boise	Aug 2, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 1, 1972	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 8, 1972	Myrtle Palmer	Robert L. G. Summers	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3143
Local Reg. No. 494
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7701 Ustick Road

3. NAME OF DECEASED (Type or Print): a. (First) OLIVER b. (Middle) J. c. (Last) HILL
4. DATE OF DEATH: (Month) (Day) (Year) July 28, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 5, 1893
9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 700-10-9219
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 3300 Mt. View Dr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 15 Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PhlebeThrombosis of Leg Veins — ?
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Gastroin Testinal Hemorrhage Secondary To Acute Duodenal Ulcer — 7 days

19a. DATE OF OPERATION: 7/25/72
19b. MAJOR FINDINGS OF OPERATION: Acute Duodenal Ulcer
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1972, *to* July 28, 1972, *that I last saw the deceased alive on* July 27, 1972, *and that death occurred at* 7:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Jacobsen, M.D. (Degree or title)
23b. ADDRESS: 6613 Ustick Road Boise, Idaho 83704
23c. DATE SIGNED: 7/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 1, 1972
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cem.
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Aug. 4, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert J. Clifford
LICENSE NO.: M-554
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3144

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 486
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 4 9 01 AM '72

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at 415 Avenue C.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 415 Avenue C.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLAUDE	M.	ROBERTSON	July 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 3, 1888	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Manager 2	Telephone	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph B. Robertson	Kansas	Elizabeth Holliday	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-07-2554	Irene M Robertson	8370S 510 GROVER ST

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Did Not See, 19 July 18, 19_____, that I last saw the deceased alive on July 29, 1972, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stephen N Cook	Deputy Coroner	1214 Add Boise Idaho	7-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1972	Dry Creek	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 4 1972	Myrtle Palmer	Robert G Lee	M-497

FIRM NAME: SUMMERS' FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 6 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3145
Local Reg. No. 497
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 320 Collins Rd.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) E.; c. (Last) Eklund

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 6, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Eklund
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Magarata Benson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: P 422 02 0689

17. INFORMANT'S OWN SIGNATURE: U.A. Records
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic Brain Syndrome

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-28, 19 72, *to* 7-29, 19 72, *that I last saw the deceased alive on* 7-29, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 933 (Degree or title)

23b. ADDRESS: 808 La Cassa Dr Boise Ida

23c. DATE SIGNED: 8/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal

24b. DATE: 7-31-1972

24c. NAME OF CEMETERY OR CREMATORY: Burley Cemetery

24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Aug. 7 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 8 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3146
Local Reg. No. 513
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): DOA d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise d. STREET ADDRESS (If rural, give location): 520 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILBURN	S.	McHENRY	July 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 2, 1920	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Same	Proctor, W. Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ula P. McHenry	West Virginia	Grace O'Neil	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	233-09-3828	x Emma M. McHenry	520 Warm Springs, Boise Ida

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occulsion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7	29	72	11:50 P.M.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:56 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski - Deputy Coroner	1214 Ada-Boise Idaho	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8-2-72	Mtn. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 11, 1972	Myrtle Palmer	Robert G. Rose	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 11 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3147
Local Reg. No. 482
Reg. Dist. No. 370

RECEIVED AUG 4 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): ½ day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3400 Hawthorne

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Allen	Scott	Nichols	July 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	--	5-28-70	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--	--	Oklahoma City, Okla.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clayton R. Nichols	Oklahoma	Sue Whittlesey	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
--	--	3400 Hawthorne address Clayton R. Nichols Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7419

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Meningoencephalitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 26, 19 72 *to* July 29, 19 72, *that I last saw the deceased alive on* July 29, 19 72 *and that death occurred at* 8:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	704	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7-31-72	Mt'n. View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 1, 1972	Myrtle Palmer	[signature]	M-527

FIRM NAME: Mountain View Funeral Home
P.O. Box 7212 83707

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3148
Local Reg. No. 498
Reg. Dist. No. 370

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA AUG 8 1972 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOISE VALLEY SUNSET NURSING HOME 035	d. STREET ADDRESS (If rural, give location): 110 W. 35TH

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): ERBIE MAYBELLE CONDRA				4. DATE OF DEATH (Month) (Day) (Year): JULY 31, 1972	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: MARCH 15, 1881	9. AGE (In years last birthday): 91	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): INDIANA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: JAMES MCPHERSON		BIRTHPLACE:	14. MOTHER'S MAIDEN NAME: ABBIGAIL TEAGLE	BIRTHPLACE:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 519-07-0227-D	17. INFORMANT'S OWN SIGNATURE: x L. L. Domer	ADDRESS:	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 7/31, 1972, *and that death occurred at* 1:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: Boise Ida	23c. DATE SIGNED: 8/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: AUG. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY: MERIDIAN CEMETERY	24d. LOCATION (City, town, or county) (State): MERIDIAN, IDAHO
DATE REC'D BY LOCAL REG.: Aug. 7 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Conway Grant	LICENSE NO.: M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RUSSELL RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3149
Local Reg. No. 501
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 5 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293	d. STREET ADDRESS (If rural, give location): 1905 N. 31st. St.

3. NAME OF DECEASED (Type or Print)	a. (First) EARL	b. (Middle) C.	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug. 9, 1899.	9. AGE (In years last birthday): 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fireman 6	10b. KIND OF BUSINESS OR INDUSTRY: Fireman	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John W. Martin	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Margaret Poindexter	BIRTHPLACE: Tennessee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W.W. I	16. SOCIAL SECURITY NO.: 542-22-3881	17. INFORMANT'S OWN SIGNATURE: x Albert M. Helean	ADDRESS: 6125 Everett Boise, Idaho

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral-vascular hemorrhage	4 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis & Arteriosclerotic heart disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis, severe	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/31, 1956, *to* 7/31, 1972, *that I last saw the deceased alive on* 7/27, 1972, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard O. Dyerstad Mal 545 (Degree or title) 1	23b. ADDRESS: 201 E. Bannock Boise	23c. DATE SIGNED: 8/3/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 3, 1972	24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery	24d. LOCATION (City, town, or county) (State): Star, Idaho
DATE REC'D BY LOCAL REG.: Aug. 8, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3150
Local Reg. No. 502
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7701 Ustick Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Seibert c. (Last) Sr.

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 15, 1896

9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Nagytevel, Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Seibert
BIRTHPLACE: Hungary

14. MOTHER'S MAIDEN NAME: Elizabeth Seibert
BIRTHPLACE: Hungary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 345-10-2477A

17. INFORMANT'S OWN SIGNATURE: Anna P. Seibert
ADDRESS: 7701 Ustick Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction — Interval between onset and death: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — Interval between onset and death: Yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-31, 19 57, *to* 7-31, 19 72, *that I last saw the deceased alive on* 7-31, 19 72, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Young 173 M.D.

23b. ADDRESS: 425 Bannock Boise

23c. DATE SIGNED: 8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-3-72

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Ada Idaho

DATE REC'D BY LOCAL REG.: Aug. 8, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Roland G. Summers

LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3151
Local Reg. No. 503
Reg. Dist. No. 370

BIRTH NO. 72-5389

RECEIVED AUG 9 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and township): Boise
c. LENGTH OF STAY (In this place): Months
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3606 Berry Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3606 Berry Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MICHAEL	THOMAS	STEPHENSON	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never-Married	May 6, 1972		2 / 25	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	---	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert M. Stephenson	Idaho	Dorene Peterson	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	Robert M Stephenson	3606 Berry Drive Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7514

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Inversion distal point of colon. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemmoragic shock from arterial constriction
DUE TO (c) Congenital birth defect

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK	NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
7	31	72	@2:00A.M.	[ ]	[X]	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski Deputy Coroner	1214 Ada Boise Idaho	8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-3-72	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 9 1972	Myrtle Palmer	Robert G. Rose	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3152
Local Reg. No. 123
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA — AUG 10 1972 — 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMIN CENTER, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO — b. COUNTY: ADA — 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1601 1/2 HOWE STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HYRUM	D.	ANDERSON	JULY 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	MARCH 21, 1911	61	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPING AIDE	VETERANS ADMINISTRATION	OGDEN, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HANS CHRISTIAN ANDERSON	NORWAY	ELMA C. ANDERSON	SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
YES WWII	529-34-6911	[signature] VETERANS ADMIN. CENTER RECORDS BOISE, IDA.

423X

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Perforation of ascending aorta	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hemopericardium	
DUE TO (c)	Cardiac tamponade	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 31, 1972, to July 31, 19 72, [redacted], *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. N. BYRD, JR. M.D.	VA CENTER, BOISE, IDAHO	8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 4, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 9 1972	Myrtle Palmer	Geo. Jarred	M-366

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972
MAR 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3153
Local Reg. No. 507
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada AUG 10 1972 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Statistics c. LENGTH OF STAY (In this place): 2 Weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 521 Grove St.

3. NAME OF DECEASED (Type or Print) a. (First): JOSE	b. (Middle): DOMINGO	c. (Last): ERQUIAGA	4. DATE OF DEATH (Month) (Day) (Year): July 31, 1972	
5. SEX: MALE	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: November 9, 1892	9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shepherd	10b. KIND OF BUSINESS OR INDUSTRY: Sheep Ranch	11. BIRTHPLACE (State or foreign country): Spain	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Carlos Erquiaga	BIRTHPLACE: Spain	14. MOTHER'S MAIDEN NAME: Eustaquia	BIRTHPLACE: Spain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 519 22 7073 A	17. INFORMANT'S OWN SIGNATURE: x Juanita Totorica	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia R lower lobe	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes mellitus	several yrs
DUE TO (c)	Chronic renal failure	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 July *19*72 *to* 31 July *, 19*72 *, that I last saw the deceased alive on* 31 July *19*72 *, and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1016 (Degree or title)	23b. ADDRESS: 6003 Overland Rd	23c. DATE SIGNED: 3 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-3-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Aug. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3154
Local Reg. No. 124
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Meridian
c. LENGTH OF STAY (In this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lake Hazel Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624 17th Avenue South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRTLE	HELEN	MADISON	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	September 30, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Fairmont, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey E. Brackett	St. George, Canada	Bessie Farder	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-56-6204	X Elaine M. Connell	Rt 3 Meridian Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia hypostatic 342X	7-17-72
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Parkinsonism	1969
DUE TO (c)	Cerebral arteriosclerosis	1969
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-26, 19 71, *to* 7-31, 19 72, *that I last saw the deceased alive on* 7-17, 19 72, *and that death occurred at* 11 m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
468 (Degree or title) M.D.		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or County)	(State)
Burial	8/4/72	Cloverdale Memorial Park	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 10 1972	Myrtle Palmer	G. W. Waters	M-461

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 10 1972

JUN 24 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3155
Local Reg. No. 512
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1717 W. Jefferson St.
d. STREET ADDRESS (If rural, give location): Boise, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mildred	E.	Swanson	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 4, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Sutton, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Deines	Germany	Lena Schleiker	Germeny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	58-22-7285	Jean D. Swanson by Lowell Conway	2713 Chitway Way Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	209X Anemia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myelofibrosis	20 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia	3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 3, 1964, *to* July 31, 1972, *that I last saw the deceased alive on* July 31, 1972, *and that death occurred at* 7:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Palmer, MD	121 E. Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-5-72	Clay Center Cemetery	Clay County, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 10, 1972	Myrtle Palmer	Lowell Conway	M.509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 22 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3156
Local Reg. No. 127
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Mores Creek Bridge
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1913 North 13th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LYNN	RAY	HAUSER	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never-Married	March 31, 1955	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Boise High School	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glen L. Hauser	Iowa	Olive M. Marshall	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-70-6872	Glen L. Hauser	1913 N. 13th St. Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9100

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASPIRATION OF FLUID INTO LUNGS — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DROWNING
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	LUCKY PEAK RESERVOIR	13 Mile	ADA	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7-31-72 Approx. 4:00 P.M.		Drowned while engaged in recreation

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski	DEPUTY CORONER	1214 Ada, Boise, Idaho	8-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-15-72	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1972	Myrtle Palmer	Howard Summers	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 13 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3157
Local Reg. No. 8
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Adams 020	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington 440
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council LENGTH OF STAY (In this place): 3 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital 017	d. STREET ADDRESS (If rural, give location): Box 114

3. NAME OF DECEASED (Type or Print)	a. (First): MARY	b. (Middle): PATRICIA	c. (Last): BROWN	4. DATE OF DEATH (Month) (Day) (Year): June 21, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 4, 1935	9. AGE (In years last birthday): 37 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accounting Clerk, Telephone Co. 3	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Deer Lodge, Montana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: E. M. Pat Keeley	BIRTHPLACE: Deer Lodge, Mont.	14. MOTHER'S MAIDEN NAME: Rosemary	BIRTHPLACE: Montana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): 1953-1955	16. SOCIAL SECURITY NO.: 546-48-2722	17. INFORMANT'S OWN SIGNATURE: Robert E. Brown	ADDRESS: Cambridge, Ida.

481X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Lobar pneumonia, bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus with metabolic acidosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1972, *to* June 21, 1972, *that I last saw the deceased alive on* June 21, 1972, *and that death occurred at* 6:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 87-1	23b. ADDRESS: Council, Idaho	23c. DATE SIGNED: 7-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: June 23, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 7-7-72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Marshall S. Dickerson	LICENSE NO.: M464

FIRM NAME: NORTHAM-JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972
SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3158
Local Reg. No. 11
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JUL 14 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): N.E. of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DR. JOHN	A.	EDWARDS, M.D.	July 2 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 14, 1919	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician	Medicine	Washington D.C.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Edwards	Vermont	Irene Wood	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	579-28-5476	Mary Edwards	Council, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, severe — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 5, 1972	Severe Myocardial Infarction	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 2, 1972 *to* July 2, 1972, *that I last saw the deceased alive on* July 2, 1972 *and that death occurred at* 4:17 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Council, Idaho	7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6, 1972	I.O.O.F. Cemetery	Council Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-72	[signature]	R. Dale Thomason	M 388

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

JUL 24 1972
JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
JUL 28 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
AUG 18 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 5 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
FEB 23 1973
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.
DEC 15 1983

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3159
Local Reg. No. 10
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JUL 14 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Hiway 95

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	ELTON	BOLES	7	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	3/2/1919	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Parts Man 3	Automobile	Tonasket, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles E. Boles	--	Pearl Clonts	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Vera E. Boles	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Infarction one wk prior
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 1, 1972, to July 9, 1972, *that I last saw the deceased alive on* July 9, 1972, *and that death occurred at* 6:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Council, Idaho	7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	7/12/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-72	[signature]	T. Lee Thomason	M 388

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

JUL 19 1972
JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 30 1975
JUL 1 1981
DEC 18 1984

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3160
Local Reg. No. 12
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Adams 020 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council c. LENGTH OF STAY (In this place): d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Council Community Hospital 017	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Adams 020 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARENCE	FRANCIS	SCHROFF	7	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	widowed	7/27/1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	agriculture	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter A. Schroff	--	Wilhelmina Schmidt	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I		Mrs. Eugene Nelson	Council

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Cerebro Vascular Accident — 10days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-3-72, 19____, *to* 7-24-72, 19____, *that I last saw the deceased alive on* 7-24-72, 19____, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Council, Idaho	7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/27/72	Hornet Creek Cemetery	Adams Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-27-72		L. Lee Thomas	M 388

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG9 1972 Bureau of Vital Statistics

State File No. 3161
Local Reg. No. 13
Reg. Dist. No. 300
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 940
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE		BUMGARNER	July 31 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 19, 1907	64	7 / 12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Joseph, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. M. Fruitts	----	----	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		James Bumgarner	Cambridge, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myo cardial Infarction	4 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 31 *19* 72 *, to* July 31 *, 19* 72 *, that I last saw the deceased alive on* July 31 *19* 72 *, and that death occurred at* 11:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Council, Idaho	July 31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 4, 1972	Cambridge Cemetery	Cambridge Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	[signature]	T. Dale Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3162
Local Reg. No. 221
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 225 Northgate

3. NAME OF DECEASED (Type or Print): a. (First) MELVINA b. (Middle) LARSEN c. (Last) BRIGHT

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov.5,1900

9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Burnside
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah Ann Mottishaw
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Melvina L. Bright
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4330

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized atherosclerosis & cerebro vascular thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Hypertension

INTERVAL BETWEEN ONSET AND DEATH
Approx 1 wk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1972 to 6-29, 1972, that I last saw the deceased alive on 6-29, 1972, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE: M. Worona, M.D. 774 (Degree or title)

23b. ADDRESS: Kasiska Bldg

23c. DATE SIGNED: 7-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jul.3,1972

24c. NAME OF CEMETERY OR CREMATORY: Darby Cemetery

24d. LOCATION (City, town, or county) (State): Darby, Idaho

DATE REC'D BY LOCAL REG.: JUL 11 1972

REGISTRAR'S SIGNATURE: Gloria Dopita

25. EMBALMER: Theron Miller

LICENSE NO.: M-554

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3163

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 25 1972 Bureau of Vital Statistics

State File No. 3163
Local Reg. No. 225
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 255 Warren

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) SCOTT	c. (Last) WHEELER	4. DATE OF DEATH (Month) June (Day) 30, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Oct.19,1907	9. AGE (In years last birthday): 64 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder	10b. KIND OF BUSINESS OR INDUSTRY: Welding	11. BIRTHPLACE (State or foreign country): Mapleton, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: David Wheeler	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Ida Weiermann	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Vera Whitworth	ADDRESS: Pocatello, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro vascular accident	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized atherosclerosis	Approx 2 wks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1972, *to* 6-30, 1972, *that I last saw the deceased alive on* 6-30, 1972, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Woman 774 (Degree or title)	23b. ADDRESS: Kasiska Bldg	23c. DATE SIGNED: 7-10-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jul.3,1972	24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Idaho		
DATE REC'D BY LOCAL REG.: JUL 21 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller
LICENSE NO.: M-524		

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3164
Local Reg. No. 218
Reg. Dist. No. 5/a

BIRTH NO.

RECEIVED JUL 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 03/	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hillcrest Haven Nurs. Home 294	d. STREET ADDRESS (If rural, give location): 1009 No. Hayes Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ADA		THERKILDSEN	July	4	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 2, 1899	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary 3	Electrical	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Purdie	Unknown	Fredericka Lallatin	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs. Lloyd Furniss	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) a-s Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 Feb, 1972 to July 4, 1972, that I last saw the deceased alive on July 1, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Pocatello Ida	7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7 July 1972	Mountainview	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 10 1972	Blanche Dopita	John P. Thomas	M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3165
Local Reg. No. 222
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 551 Jensen Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	RICHARD	LEWIS	SPRAKER	July	6	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 26, 1936	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 5	Telephone Co.	Pocatello Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emmette H. Spraker		Wenoma Behlmer	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	518-34-8829	Mrs. Rose M. Spraker	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarct — 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypercholesterimia ? ? — ? ?
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 6, 19__, *to* July 6, 19 72, *that I last saw the deceased alive on* July 6, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Howard MD 248	Pocatello, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 8, 1972	Mountainview Cemetery	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 14 1972	Gloria Arpita	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3166
Local Reg. No. 226
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000	d. STREET ADDRESS (If rural, give location): 310 Randolph

3. NAME OF DECEASED (Type or Print)	a. (First) IMOGENE	b. (Middle)	c. (Last) WINTERS	4. DATE OF DEATH (Month) (Day) (Year) July 6, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 4, 1925	9. AGE (In years last birthday): 46 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Basin, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Porteious D. Dayley	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Bertie Fairchild	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) SEVERE ATHEROSCLEROSIS, LOST Coronary with THROMBOSIS and NECROSIS CARDIAC MUSCLE

INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Fatty Metamorphosis of LIVER

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* — *, 19*____*, to* — *, 19*____*, that I last saw the deceased* dead *on* 7-6-72 *, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H J Em 583 (Degree or title) Coroner 4	23b. ADDRESS: Bannock Co. Ida	23c. DATE SIGNED: 7-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jul. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.: JUL 21 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972
OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3167
Local Reg. No. 230
Reg. Dist. No. 511

RECEIVED JUL 31 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): Depot Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NORMAN	WESTON	CROWTHER	July 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married	July 8, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Flour Mill	Laketown, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Crowther	England	Mary Weston	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-	519-01-2759	N. Crowther	Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease with congestive heart failure	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteoporosis and metastatic melanoma	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 7, 1967 *to* July 7, 1972 *that I last saw the deceased alive on* July 7, 1972 *and that death occurred at* 7:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D.	M.D.	Box 852, Pocatello, Id.	7/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Malad City Cemetery	Malad City Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 28 1972	Gloria Dopita	Rayford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, Malad, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

MAY 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 25 1972 Bureau of Vital Statistics

State File No. 3168
Local Reg. No. 227
Reg. Dist. No. 518

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello d. STREET ADDRESS (If rural, give location): 208 Cottonwood

3. NAME OF DECEASED (Type or Print)	a. (First) EANIS	b. (Middle) MABEL	c. (Last) LIDAY	4. DATE OF DEATH (Month) (Day) (Year)	July 9, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: Sept.21,1899	9. AGE (In years last birthday): 72	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator--Mt. States 3	10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.	11. BIRTHPLACE (State or foreign country): Salt Lake City,Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: John Arthur Liday	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Mable Rushton	BIRTHPLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: John A Liday Jr.	ADDRESS: Pocatello		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) primary site undetermined. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-15-72	19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma, omentum	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 8-18, 1966, *to* 7-6, 1972, *that I last saw the deceased alive on* July 6, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin M. Graves, MD 187 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jul.12,1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Sherman Miller	LICENSE NO.: M-554

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 25 1972 Vital Statistics

State File No. 3169
Local Reg. No. 228
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Hall
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) KATHERINE	c. (Last) OSBORNE	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972
5. SEX Female	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Apr. 28, 1913	9. AGE (In years last birthday) 59 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher's Aid -- Public School	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Osborne	BIRTHPLACE Nevada	14. MOTHER'S MAIDEN NAME Louise Ovary	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Elva K. Gonzales	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Cervix

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

180X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Gen D Ratcliff MD (Degree or title) 1024	23b. ADDRESS	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jul.15,1972	24c. NAME OF CEMETERY OR CREMATORY Ross Fork Cemetery	24d. LOCATION (City, town, or county) (State) Fort Hall, Idaho
DATE REC'D BY LOCAL REG. JUL 21 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 1 1972 Bureau of Vital Statistics

State File No. 3170
Local Reg. No. 235
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
(If outside corporate limits, write RURAL and give township) (If non-resident, give usual residence) (If hospital or institution, give length of stay) (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 416 West Lewis

3. NAME OF DECEASED (Type or Print) a. (First) NETTIE b. (Middle) L. c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 24, 1906

9. AGE (In years last birthday) 66
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook-Manager 2

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Eagle Rock, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Claude Watson Wells
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Vella Kimpton
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) xxxx

16. SOCIAL SECURITY NO. 557090963

17. INFORMANT'S OWN SIGNATURE Donald C. Rice ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Pulmonary emphysema, Asthma & Bronchitis, with Terminal Pulmonary failure — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease & Chronic heart failure — months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1970, 19__, to 7-12-, 1972, that I last saw the deceased alive on 7-12-, 1972 and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE David C. Miller, M.D. (Degree or title)

23b. ADDRESS Pocatello Idaho

23c. DATE SIGNED 7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jul. 14, 1972

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. JUL 31 1972

REGISTRAR'S SIGNATURE Gloria Dopita

25. EMBALMER Theron Smiller

LICENSE NO. M-524

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3171
Local Reg. No. 229
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 25 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and the township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 536 East Hayden Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	DAVID		ARMSTRONG	July	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	October 10, 1888	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - Union Pacific Railroad		Galveston, Texas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jake Armstrong		Lucinda (no data)	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****		(s) Ellen Armstrong	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolism	0
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Old Right hip fracture	6 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Post Operative Hip Replacement	2 wks.

9467

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* July 13, 19 72, *that I last saw the deceased alive on* July 13, 19 72 *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ellen L. Carter MD	Pocatello, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 18, 1972	Mountainview Cemetery	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 21 1972	Linda Ainsworth Deputy	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

MAY 1 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3172
Local Reg. No. 224
Reg. Dist. No. 510

RECEIVED JUL 21 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 019	d. STREET ADDRESS (If rural, give location): 141 North Ninth Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) JAY	b. (Middle) H.	c. (Last) GARRISON	4. DATE OF DEATH (Month) July (Day) 14 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: September 12, 1881	9. AGE (In years last birthday): 90 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 5 Union	10b. KIND OF BUSINESS OR INDUSTRY: Pacific Railroad	11. BIRTHPLACE (State or foreign country): Williamson Co. Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Lemual Garrison	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Elizabeth Frye	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: 519-22-3169	17. INFORMANT'S OWN SIGNATURE: Mamie L Geiger	ADDRESS: Pocatello, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral thrombosis	1 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Sept *, 19*71*, to* July 14 *, 19*72*, that I last saw the deceased alive on* July 14 *, 19*72*, and that death occurred at* 6:15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: V C Kendall 113 (Degree or title) MD	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 17, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: JUL 20 1972	REGISTRAR'S SIGNATURE: Linda Ainsworth, Deputy	25. EMBALMER: Jack Henderson	LICENSE NO.: M - 349

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3173
Local Reg. No. 223
Reg. Dist. No. 510

RECEIVED JUL 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place) 3 wks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Comm. Hospital 019	d. STREET ADDRESS (If rural, give location) 158 Fairway Drive

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) L	c. (Last) MC CONNELL	4. DATE OF DEATH (Month) July	(Day) 16	(Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1900	9. AGE (In years last birthday) 71	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper 3	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Nevada	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles R. McConnell	BIRTHPLACE Penna.	14. MOTHER'S MAIDEN NAME Harriette Stinson	BIRTHPLACE Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Mrs. J. L. McConnell Sex	ADDRESS Pocatello		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ca of prostate — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Feb, 1972, *to* 7-16, 1972, *that I last saw the deceased alive on* 7-16, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 113 (Degree or title) MD	23b. ADDRESS 804 E Center Pocatello Idaho	23c. DATE SIGNED 7-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 19 July 72	24c. NAME OF CEMETERY OR CREMATORY Mountain View	24d. LOCATION (City, town, or county) Reno (State) Nevada
DATE REC'D BY LOCAL REG. JUL 18 1972	REGISTRAR'S SIGNATURE Linda Ainsworth, Deputy	25. EMBALMER George W. Knopp	LICENSE NO. M 409

FIRM NAME Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972
SEP 1 0 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED

Certificate of Death
STATE OF IDAHO

State File No. 3174
Local Reg. No. 234
Reg. Dist. No. 511

BIRTH NO. JUL 31 1972

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey c. LENGTH OF STAY (In this place) 4hrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) BRENT	b. (Middle)	c. (Last) GREAVES	4. DATE OF DEATH (Month) (Day) (Year) July 17, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 17, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 9	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Downey, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Paul Rand Greaves	BIRTHPLACE Preston, Idaho	14. MOTHER'S MAIDEN NAME Penelope Garrison	BIRTHPLACE Clovis, New Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Paul C. Greaves	ADDRESS Preston, Ida.	

7761

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Prematurity Lung Condition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Possibly Hyaline Membrane Disease

DUE TO (c) Premature Twins

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1972, *to* July 17, 1972, *that I last saw the deceased alive on* July 17, 1972, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Earl G. Burkett	070 (Degree or title)	23b. ADDRESS Downey Id	23c. DATE SIGNED 7-21-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Downey Cemetery	24d. LOCATION (City, town, or county) (State) Downey, Idaho
DATE REC'D BY LOCAL REG. 7-25-72	REGISTRAR'S SIGNATURE Ila Mae Cunningham	25. EMBALMER Douglas S. Webb	LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3175
Local Reg. No. 237
Reg. Dist. No. 310

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics 031

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 224 North Ninth Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 224 North Ninth Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CECIL	WILLIAM	ROOSMA	July	18	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 10, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Clerk 3 U.	S.Government	Audkirk, Netherlands, Holland	U. S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm.Cecil Roosma	Audkirk, Holland	Reintje Williams de Boar	Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	519-28-8456	Vera L. Roosma	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: chronic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 12, 19 71 *to* July 18, 19 72, *that I last saw the deceased alive on* May 18, 19 72, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Martin D. Petersen, M.D.	Pocatello, Idaho	7/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 21, 1972	Restlawn Memorial Garden	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 4 1972	Gloria Lopita	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
JUL 31 1972
Bureau of Vital Statistics

State File No. 3176
Local Reg. No. 232
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LEGAL STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 77 Westello Blvd.	d. STREET ADDRESS (If rural, give location): 77 Westello Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First) MARTIN	b. (Middle) ARNOLD	c. (Last) NAYLOR	4. DATE OF DEATH (Month) July (Day) 20 (Year) 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 12, 1916	9. AGE (In years last birthday): 56	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dir. Data Process. 2	10b. KIND OF BUSINESS OR INDUSTRY: Trucking	11. BIRTHPLACE (State or foreign country): Tulsa, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Quincy C. Naylor	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Lucy Hayslip	BIRTHPLACE: Ohio			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 443-03-5015	17. INFORMANT'S OWN SIGNATURE: Mrs. M. A. Naylor SLK	ADDRESS: Pocatello, Id.			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1541

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Rectum with abd. metastases

INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1971	19b. MAJOR FINDINGS OF OPERATION: Ca of Rectum	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 7-20-, 1972, *that I last saw the deceased alive on* 7-20-, 1972, *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, Mrs. 362 (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 7-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 24 Jul 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: JUL 25 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knoff	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED

BIRTH NO. JUL 31 1972

Certificate of Death
STATE OF IDAHO

State File No. 3177
Local Reg. No. 231
Reg. Dist. No. 54

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY Bureau of Vital Statistics Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 015 St. Anthony Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 789 West Sexton

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) GEORGE c. (Last) DeKAY

4. DATE OF DEATH (Month) July (Day) 20, (Year) 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 10, 1895

9. AGE (In years last birthday) 76 IF UNDER 1 YR. Months 10 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY Feed, Coal, & Grain

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank E. DeKay BIRTHPLACE Utica, Michigan

14. MOTHER'S MAIDEN NAME Kate Cameron McCloud BIRTHPLACE Pana, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1917-1919

16. SOCIAL SECURITY NO. 519-01-1520

17. INFORMANT'S OWN SIGNATURE Jane K. DeKay ADDRESS Steamboat Springs, Colorado

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4442

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infarction of 3 foot segment of small intestine.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric vascular occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis heart disease with atrial fibrillation.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 3 ft. segment of necrotic small intestine

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1972, *to* July 20, 1972, *that I last saw the deceased alive on* July 20, 1972, *and that death occurred at* 2:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED July 24, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-22-72

24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery

24d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG. JUL 26 1972

REGISTRAR'S SIGNATURE Gloria Donita

25. EMBALMER Howard Packham

LICENSE NO. M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 31 1972
AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 7 1972 031

State File No. 3178
Local Reg. No. 237
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Bann
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 031
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) E. c. (Last) OLMSTED

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 17, 1908

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months: 7 Days: 3
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hulett, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Logan Wright
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Rosia Mae Taylor
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 508-12-6148

17. INFORMANT'S OWN SIGNATURE: Rosedell Branch Lower
ADDRESS: Seattle

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1538 Ca of colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from June 18, 1972 to July 20, 1972, that I last saw the deceased alive on July 20, 1972; and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 113 (Degree or title) MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 24, 1972

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county): Weiser
(State): Idaho

DATE REC'D BY LOCAL REG.: AUG 1 1972

REGISTRAR'S SIGNATURE: Gloria Coppin

25. EMBALMER: K. Dale Thomason

LICENSE NO.: M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DEC 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 22 1972 Bureau of Vital Statistics

State File No. 3179
Local Reg. No. 256
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019	d. STREET ADDRESS (If rural, give location): 212 South 12th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) RUEL	b. (Middle) D.	c. (Last) MERRILL	4. DATE OF DEATH (Month) July (Day) 21, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan.24,1893	9. AGE (In years last birthday): 79 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney	10b. KIND OF BUSINESS OR INDUSTRY: Law	11. BIRTHPLACE (State or foreign country): Richmond, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Alma Merrill	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Rebecca Hendricks	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs. R. D. Merrill	ADDRESS: Pocatello, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarct	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Disease 1954?	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	mild diabetes	1954

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1954, 19__, *to* July 21, 1972, *that I last saw the deceased alive on* July 21, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Pocatello 248 (Degree or title)	23b. ADDRESS: Pocatello	23c. DATE SIGNED: 8-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jul.24,1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.: AUG 21 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972
SEP 25 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 7 1972 Bureau of Vital Statistics

State File No. 3180
Local Reg. No. 239
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	1. EXACT TOWN OR CITY (In this place)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000	d. STREET ADDRESS (If rural, give location): 336 South 8th Avenue

3. NAME OF DECEASED (Type or Print) a. (First): HAIRELD	b. (Middle): HANS	c. (Last): CHRISTENSEN	4. DATE OF DEATH (Month) (Day) (Year): July 22, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 29, 1899	9. AGE (In years last birthday): 73 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner--Truck Stop 2	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Chester, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Christian Christensen	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Juliaette Nicolena Nielsen	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): XXXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Hairelde Tamar Christensen	ADDRESS: Pocatello

492X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Emphysema	11 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic obstructive broncho-spastic disease.	11 yrs.
DUE TO (c)	Cigarette smoking.	50 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1967, *to* July 22, 1972, *that I last saw the deceased alive on* 22 July, 1972, *and that death occurred at* 1PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Ostler MD (Degree or title) 400	23b. ADDRESS: 246 No. 18th Pocatello, Idaho	23c. DATE SIGNED: 7/28/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jul. 26, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho		
DATE REC'D BY LOCAL REG.: AUG 3 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller
LICENSE NO.: M-534		

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3181

Certificate of Death
STATE OF IDAHO

State File No. 3181
Local Reg. No. 247
Reg. Dist. No. 511

RECEIVED AUG 15 1972 Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): A.
c. (Last): TARBET

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 19, 1886
9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Spinnamore, England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Wilson
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Emma
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Blanche P. Robbins
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Dehydration & diabetic acidosis — INTERVAL BETWEEN ONSET AND DEATH: sev. hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — " Year Jr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19, 1968 *to* July 22, 1972, *that I last saw the deceased alive on* July 22, 1972 *and that death occurred at* 8:47 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Comstock, M.D. 101 John E. Comstock, M.D. (Degree or title)
23b. ADDRESS: Box 852, Pocatello, Id.
23c. DATE SIGNED: 8/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 25, 1972
24c. NAME OF CEMETERY OR CREMATORY: Arimo Cemetery
24d. LOCATION (City, town, or county) (State): Arimo, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 14 1972
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: Theron Miller
LICENSE NO.: 151-554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972
AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3182
Local Reg. No. 236
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
AUG1 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Interstate Trailer Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Interstate Trailer Court

3. NAME OF DECEASED (Type or Print): a. (First) RAYMOND b. (Middle) c. (Last) REDD

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 17, 1915

9. AGE (In years last birthday): 57
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 6

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Oregon City, Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Florence Frye BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ruth Redd ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19— , *to* — , 19— , *that I last saw the deceased alive on* 7-23, 1972 *and that death occurred at* 7 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. Joby 583 (Degree or title) Colonel

23b. ADDRESS: Bannock Co., Ida.

23c. DATE SIGNED: 7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Jul. 24, 1972

24c. NAME OF CEMETERY OR CREMATORY: Aultorest Mem. Corp.

24d. LOCATION (City, town, or county) (State): Ogden, Weber, Utah

DATE REC'D BY LOCAL REG.: JUL 31 1972

REGISTRAR'S SIGNATURE: Gloria Dopita

25. EMBALMER: Theron Miller LICENSE NO.: M-554

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 31 1972 Bureau of Vital Statistics

State File No. 3183
Local Reg. No. 233
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Arizona 03 b. COUNTY: Maricopa 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Pocatello; STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tempe
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4245 Yellowstone Ave. 000	d. STREET ADDRESS (If rural, give location): 1224 W. 9th St.

3. NAME OF DECEASED (Type or Print) a. (First): MURRAY	b. (Middle): D	c. (Last): WEST	4. DATE OF DEATH (Month): July	(Day): 24	(Year): 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 10, 1916	9. AGE (In years last birthday): 56	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 3	10b. KIND OF BUSINESS OR INDUSTRY: Auto	11. BIRTHPLACE (State or foreign country): Richmond, Texas	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: MacWillis West	BIRTHPLACE: Arkansas	14. MOTHER'S MAIDEN NAME: Nancy Cherry	BIRTHPLACE: Arkansas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW II	16. SOCIAL SECURITY NO.: 455-16-0260	17. INFORMANT'S OWN SIGNATURE: Mrs. M. D. West SAK	ADDRESS: Tempe, Ariz	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack	?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~last~~ saw the deceased ~~alive~~ dead on* 7-24-*, 19*72*, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. John 583	(Degree or title) Coroner 4	23b. ADDRESS: Bannock Co. Ida.	23c. DATE SIGNED: 7-25-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 25 Jul 72	24c. NAME OF CEMETERY OR CREMATORY: Tempe	24d. LOCATION (City, town, or county): Tempe (State): Arizona
DATE REC'D BY LOCAL REG.: JUL 28 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knoff	LICENSE NO.: M-409

Federal Security Agency
United States Public Health Service
JUL 25 1972
FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3184
Local Reg. No. 248
Reg. Dist. No. 511

RECEIVED AUG 15 1972 Bureau of Vital Statistics 030

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): LOTTIE	b. (Middle):	c. (Last): GILBERT	4. DATE OF DEATH (Month) (Day) (Year): July 24, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Apr. 21, 1890	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Fairview, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ether Rawlings	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Laurett Inglet	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs. Mavis Kirkman	ADDRESS	

3959

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Aortic stenosis & regurgitation	5 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1967, 19__, *to* June 23, 1972, *that I last saw the deceased alive on* June 23, 1972, *and that death occurred at* 5 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Ostler MD (Degree or title) R.E. Ostler, M.D. 400	23b. ADDRESS: 246 No. 18th Pocatello	23c. DATE SIGNED: 8/8/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jul. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Fairview, Idaho		
DATE REC'D BY LOCAL REG.: AUG 14 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller
LICENSE NO.: [illegible]		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Born: 10:11 AM
Died: 5:05 PM
Baby A

Certificate of Death
STATE OF IDAHO

State File No. 3185
Local Reg. No. 251
Reg. Dist. No. 54

BIRTH NO. 72-6794 RECEIVED AUG 22 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): 031
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 061
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 521 North Schilling

3. NAME OF DECEASED (Type or Print): a. (First) REX b. (Middle) CHAVEZ c. (Last)
4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 28, 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months: Days: IF UNDER 24 HRS. Hours: 6 Min.: 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9
10b. KIND OF BUSINESS OR INDUSTRY: xxx
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Forest Chavez BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Janice Thompson BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxxx
17. INFORMANT'S OWN SIGNATURE: Elaine Thompson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 7 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1972, to 28 July, 1972, that I last saw the deceased alive on 28 July, 1972, and that death occurred at 5:05 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M D
23b. ADDRESS 527 So 12th Pocatello
23c. DATE SIGNED 1st Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 1 8 1972
REGISTRAR'S SIGNATURE: Elona Dopta
25. EMBALMER: Theron Miller
LICENSE NO.: M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Born: 10:14 AM
Died: 5:15 PM
Baby B

Certificate of Death
STATE OF IDAHO

State File No. 3186
Local Reg. No. 252
Reg. Dist. No. 511

BIRTH NO. 72-6795

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 031
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 061
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 521 North Schilling

3. NAME OF DECEASED (Type or Print): a. (First) L E E b. (Middle) C H A V E Z c. (Last)

4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 28,1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours 7 / Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9

10b. KIND OF BUSINESS OR INDUSTRY: xxx

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Forest Chavez
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Janice Thompson
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx

16. SOCIAL SECURITY NO.: xxx

17. INFORMANT'S OWN SIGNATURE: Irene Thompson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7762

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 7 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 July, 1972 *to* 28 July, 1972, *that I last saw the deceased alive on* 28 July, 1972, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: 5075 So 12th Pocatello
23c. DATE SIGNED: 14 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31,1972
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 1 8 1972
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Theron Spiller
LICENSE NO.: M-534

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 9 1972 Bureau of Vital Statistics

State File No. 3187
Local Reg. No. 240
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 209 Mingo Lane

3. NAME OF DECEASED (Type or Print)	a. (First) F	b. (Middle) SPENCER	c. (Last) ABSHER	4. DATE OF DEATH (Month) July (Day) 28 (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Apr. 17, 1903	9. AGE (In years last birthday): 69	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 5	10b. KIND OF BUSINESS OR INDUSTRY: Ordnance	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Lundy Absher	BIRTHPLACE: No. Carolina	14. MOTHER'S MAIDEN NAME: Roxie Miller	BIRTHPLACE: No. Carolina		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1922-1923	16. SOCIAL SECURITY NO.: 578-05-9758	17. INFORMANT'S OWN SIGNATURE: Mrs Fern Absher SEK	ADDRESS: Pocatello		

491X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): PULMONARY EMPHYSEMA & CHRONIC OBSTRUCTIVE BRONCHITIS, SEVERE, WITH COR PULMONALE & POSSIBLE MULTIPLE PULMONARY EMBOLIZATION

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 22, 1972, *to* July 27, 1972, *that I last saw the deceased alive on* July 28, 1972, *and that death occurred at* 1:24A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L Henderson MD 007 (Degree or title) 1	23b. ADDRESS: 1448 E Center, Pocatello	23c. DATE SIGNED: 8-01-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 1 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: AUG 7 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knopp	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 9 1972 Bureau of Vital Statistics

State File No. 3188
Local Reg. No. 241
Reg. Dist. No. 511
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 365 Bannock Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	RICHARD	HAWKINS	July	31	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Oct. 22, 1912	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
EPHRAIM THORPE HAWKINS	Samaria, Idaho	RACHAEL GRIFFITHS	Malad City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	519-24-0978	Thelma Hawkins	Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic obstructive pulmonary emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Recent 3rd degree burns left leg.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 July, 1972, to 31 July, 1972, that I last saw the deceased alive on 31 July, 1972, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. McRobertson, M.D.	Pocatello Idaho	8/4/74

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 4 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 8 1972	Gloria Dopita	Raiford G. Benson / Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

FEB 07 2011

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3189
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location): 137 So. 5th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	Henry	Hauck	July	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 4, 1877	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	U.P.R.R.	Deweyville, Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Hauck	Germany	Deseret Burbank	Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-05-3209	Phyllis Hauck Unbedacht	Renton Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	1 yr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Uremia, Osteomyelitis	16 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-19, 1963, to 7-11, 1972, that I last saw the deceased alive on 7-6, 1972, and that death occurred at 10 00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul [illegible] Davies M.D.	Montpelier, Ida.	7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 17, 1972	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-20-72	Ruby Gotcinsky	Nile Matthews	E 359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3190
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital 024

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location): 222 No. 4th St.

3. NAME OF DECEASED (Type or Print): a. (First) BERTRAND b. (Middle) OSCAR c. (Last) ORR

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 28, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Moroni, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Charles Orr	England	Caroline Derricott	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-54-1388	Leora Orr	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-11-59, 19__, *to* 7-23-, 19 72, *that I last saw the deceased alive on* 7-23-72, 19__, *and that death occurred at* 12:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Orlander M.D.	455 Washington Montpelier, Idaho	8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1972	Sharon Cemetery	Sharon, Bear Lake, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-4-72	Ruby Gotcinsky	Leonard H. Matthews	M-542

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Matthews Mortuary, Inc.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3191
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fish Haven
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fish Haven Canyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bliane 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 419 2nd Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) PETER b. (Middle) CORNELIOUS c. (Last) BROWN
4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 5, 1914
9. AGE (In years last birthday): 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brown Brothers Co. t. 2
10b. KIND OF BUSINESS OR INDUSTRY: Logging-minning Excavation
11. BIRTHPLACE (State or foreign country): Bellevue, Ida
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Tim Brown BIRTHPLACE: Diamond, Utah
14. MOTHER'S MAIDEN NAME: Lona Keltner BIRTHPLACE: Keltner, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-9724
17. INFORMANT'S OWN SIGNATURE: Mrs Pete Brown ADDRESS: Hailey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9167

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Death was due

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to a log rolling off a truck
DUE TO (c) struck this Man on the head on the right side

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: he died instantly.
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Fish Haven Canyon
21c. (CITY, TOWN, OR TOWNSHIP): Fish Haven (COUNTY): Bear Lake (STATE): Idaho
21d. TIME OF INJURY: (Month) July (Day) 24 (Year) 1972 (Hour) 5:30 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: While logging, log fell on his head

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Dale Matthews (Degree or title): Coroner 583
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: July 26 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 7/24/72
24c. NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery
24d. LOCATION (City, town, or county): Bellevue, Bliane Co., Ida (State)

DATE REC'D BY LOCAL REG.: 7-31-72
REGISTRAR'S SIGNATURE: Ruby Gotcinsky
25. EMBALMER: Leonard E. Matthews
LICENSE NO.: E-342
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-6021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3192
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 64 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA at Bear Lake Memorial Hosp. 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 040
a. STATE: Idaho
b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Geneva
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Melvin	Harold	Tueller	July	26	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Sep. 20, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Geneva, Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Tueller	Switzerland	Eliza Gigy	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-24-0088	Gordon M. Tueller	Afton, Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3988

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 4, 1972, *to* July 26, 1972, *that I last saw the deceased alive on* July 26, 1972 *and that death occurred at* 1230 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Peter, MD 1154	Afton, Wyo	8/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	July 29, 1972	Geneva Cemetery	Geneva	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-7-72	Ruby Gorticinsky	Nile Matthews	E 359

Federal Security Agency
United States Public Health Service FORM DH-6300

FIRM NAME: Matthews Mortuary

AUG 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3193
Local Reg. No. 35
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 423 11th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Richard	Roddy	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	12-15-1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Logging	Oconto, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Roddy	Ireland	Elizabeth Mungovan	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	519-22-9522	[signature]	St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1739

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Squamous cell Carcinoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	N/A	
DUE TO (c)	N/A	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	N/A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
N/A	N/A	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
N/A		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
N/A m.		

22. I hereby certify that I attended the deceased from 2 July, 1972, to Some, 19____, that I last saw the deceased alive on 2 July, 1972, and that death occurred at 8:55 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	1036 M.D	St Maries, Ida	5 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	7-5-1972	Woodlawn Cemetery	St. Maries, Idaho	M. J. O'Connor Browning Funeral Home	M-543

DATE REC'D BY LOCAL REG. July 6, 1972

REGISTRAR'S SIGNATURE Donna Brown

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3194
Local Reg. No. 36
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Rt. 1, Plummer (Rocky Point)
c. LENGTH OF STAY (In this place) Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Plummer (Rocky Point)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington
b. COUNTY Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) 2432 N. Hogan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	J.	ALEXANDER, JR.	July 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Indian	Never Married	August 12, 1956	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Alexander, Sr.	Keller, Washington	Lovinia Michael	Tekoa, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-60-1136	Lovinia A Alexander	Spokane 2432 N. Hogan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Asphyxia due to drowning — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chip fracture cervical vertebra

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP / (COUNTY)	(STATE)
Accident - Lake -	Rocky Pt.	Chatcolet, Benewah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7-5-72 5P m.		Fell in lake

22. I hereby certify that I attended the deceased from DOA, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. A. Rapp M.D. 425	St. Maries, Idaho	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	St. Michael's Cemetery	Worley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Donna Brown	Melton Schanzenbach	QI689

FIRM NAME: Schanzenbach Funeral Home, Fairfield, Wa.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3195
Local Reg. No. 37
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 256 Coeur d'Alene Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Leroy	Lowry	July 15 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 4, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager-Operator 2	Grain Elevator	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Lowry	Missouri	Samantha Copenhaver	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-5418	Myrtle Lowry	St. Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C V A (Cerebral Vascular Accident)	72 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 July 72, 19__, *to* 15 July, 19 72, *that I last saw the deceased alive on* 15 July, 19 72, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.J. Thornton	535 MD	St Maries, Ida	17 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 18, 1972	Woodlawn	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Donna Brown	Gerald E. Browning	M-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 28 1972

State File No. 3196
Local Reg. No. 38
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 057
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: 205 North 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 057
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 205 North 13th

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Phillip; c. (Last) Nuxoll

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-25-1924

9. AGE (In years last birthday): 48
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Nuxoll's Plumbing

11. BIRTHPLACE (State or foreign country): Greencreek, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank W. Nuxoll — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Anna Koepl — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: 543-26-5895

17. INFORMANT'S OWN SIGNATURE: Mrs Robert P. Nuxoll — ADDRESS: St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Astrocytoma, Brain — INTERVAL BETWEEN ONSET AND DEATH: 9 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-24-72

19b. MAJOR FINDINGS OF OPERATION: Astrocytoma, rt temporal lobe

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1971, to 17 July 1972, that I last saw the deceased alive on 17 July 1972, and that death occurred at 105 P m., from the causes and on the date stated above.

23a. SIGNATURE: W. J. Thurston MD (Degree or title)

23b. ADDRESS: St Maries, Ida

23c. DATE SIGNED: 19 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-20-1972

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: July 25, 1972

REGISTRAR'S SIGNATURE: Donna Brown

25. EMBALMER: M. D. Browning

LICENSE NO.: M-543

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3197
Local Reg. No. 39
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUL 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (In this place) 3½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION Valley Vista Conv. Center 352

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) P.O. Box 35

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Maud	Addline	Shultz	July 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	4-9-1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Bellwood, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jewett J. Smith	Unknown	Sarah Hollenback	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	518-34-5711	Margie Davis	St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	426 X Cardiac decompensation	2 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	severe kyphs - scoliosis of dorsal spine	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Emphysema	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 19 72, to July 23, 19 72, that I last saw the deceased alive on 7-23, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. A. Rapp 425 M.D.	St. Maries	7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-26-1972	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 25, 1972	Donna Brown		M-543

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Browning Funeral Home
Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3198
Local Reg. No. 40
Reg. Dist. No. 130

BIRTH NO.

INFORMANT, FUNERAL DIRECTOR, REGISTRAR AND MEDICAL ATTENDANT. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Benewah 057
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
LENGTH OF STAY (In this place): 13 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley Vista Conv. Center 352

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) S.; c. (Last) Suenkel

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-20-1894

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher-Proffessor

10b. KIND OF BUSINESS OR INDUSTRY: N.I.J.C.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 518-20-9354

17. INFORMANT'S OWN SIGNATURE: x W. Douglas Suenkel
ADDRESS: Coeur d'Alene Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 July, 1972, *to* 23 July, 1972, *that I last saw the deceased alive on* 21 July, 1972, *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.D. Thurston MD (Degree or title) 533
23b. ADDRESS: St Maries Idaho
23c. DATE SIGNED: 24 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-27-1972
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: July 25, 1972
REGISTRAR'S SIGNATURE: Donna Brown
25. EMBALMER: W. D. Browning
LICENSE NO.: M-543
FIRM NAME: Browning funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 1 1972 Bureau of Vital Statistics

State File No. 3199
Local Reg. No. 89
Reg. Dist. No. 600

BIRTH NO. 71-12233

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Blackfoot
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In an automobile driving through Blackfoot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 506 7th. Ave. West

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Jacob c. (Last) Lambert

4. DATE OF DEATH (Month) (Day) (Year) June 10, 1972

5. SEX Male

6. COLOR OR RACE Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Nov. 6, 1971

9. AGE (In years last birthday) IF UNDER 1 YR. Months 8 Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME no record BIRTHPLACE no record

14. MOTHER'S MAIDEN NAME Anna Louise Lambert BIRTHPLACE Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE X Helen Lambert ADDRESS 506 7th. Ave. W. Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aspirated gastric contents into lungs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) lungs already congested with
DUE TO (c) respiratory disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Blackfoot (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from last seen person 19 alive, 19, that I last saw the deceased alive on, 19, and that death occurred at approx 11p. m., from the causes and on the date stated above.

23a. SIGNATURE Carl Storey, Coroner (Degree or title) 4

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED 6-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE June 14, 1972

24c. NAME OF CEMETERY OR CREMATORY Fort Kipp Cemetery

24d. LOCATION (City, town, or county) (State) Roosevelt Co., Montana

DATE REC'D BY LOCAL REG. JUN 12 1972

REGISTRAR'S SIGNATURE Dorothy Jo Jones

25. EMBALMER W. L. Hove

LICENSE NO. M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3200
Local Reg. No. 81
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 95 Goodwin Drive, Blackfoot	d. STREET ADDRESS (If rural, give location): 95 Goodwin Drive, Blackfoot, Idaho

3. NAME OF DECEASED (Type or Print) a. (First): Helene	b. (Middle):	c. (Last): Maughan	4. DATE OF DEATH (Month) July (Day) 1 (Year) 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 16, 1918	9. AGE (In years last birthday): 54; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Moscow, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Roberta A. Wilson	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Elva Burnham	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Harvey Maughan	ADDRESS: Blackfoot, Idaho	

MEDICAL CERTIFICATION

873X

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fainted or stumbled ~~[illegible]~~ self inconsciousness

DUE TO (c): when trying to open garage door.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Started car then went to open garage door

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 01	21c. (CITY, TOWN, OR TOWNSHIP) 13-061 (COUNTY) Blackfoot Bingham	(STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* I did not see person alive *, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl [illegible] 583	(Degree or title) 4 Coroner	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED: July 6, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 5, 1972	24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery	24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho
DATE REC'D BY LOCAL REG.: JUL 14 1972	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: R. Dean Hill	LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3201
Local Reg. No. 80
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 20 Court Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 20 Court Street

3. NAME OF DECEASED (Type or Print): a. (First) DAVID; b. (Middle) ALBERT; c. (Last) BANKS

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 27, 1888

9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tax accountan 2

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David A. Banks
BIRTHPLACE: Spanish Fork, Utah

14. MOTHER'S MAIDEN NAME: Barbara C. Creer
BIRTHPLACE: Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-28-9660 A

17. INFORMANT'S OWN SIGNATURE: Ines Simonson
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CEREBRO VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS — 5 YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Feb, 1972 *to* July 1, 1972 *that I last saw the deceased alive on* June 30, 1972 *and that death occurred at* 7:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry K. Haddock 901 (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: July 3, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 5, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 14 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Alan Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 17 1972 Bureau of Vital Statistics

State File No. 3202
Local Reg. No. 82
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree (Rural)
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pingree 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree (Rural)
d. STREET ADDRESS (If rural, give location): Pingree

3. NAME OF DECEASED (Type or Print): a. (First) Leva b. (Middle) Barbara c. (Last) Gutting Rich

4. DATE OF DEATH: (Month) (Day) (Year) July 3, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 15, 1890
9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife X
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Lima, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel A. Gutting BIRTHPLACE: Patterson, New Jersey
14. MOTHER'S MAIDEN NAME: Ella K. Halvorsen BIRTHPLACE: Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-9855-D
17. INFORMANT'S OWN SIGNATURE: ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 50, to 3 July 72, that I last saw the deceased alive on 2 July 72, and that death occurred at 6:30a m., from the causes and on the date stated above.

23a. SIGNATURE: Walter L Hoge 334 (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: July 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1972
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Bingham county, Idaho

DATE REC'D BY LOCAL REG.: JUL 14 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jensen
25. EMBALMER: Alan Hill
LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 12 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-6823

RECEIVED JUL 17 1972 Bureau of Vital Statistics

State File No. 3203
Local Reg. No. 83
Reg. Dist. No. 600

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) Foster

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1972

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 1, 1972

9. AGE (In years last birthday) | IF UNDER 1 YR. Months | Days: 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank G. Foster BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Lee Brown BIRTHPLACE: Los Angelos, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Frank Foster ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7469 Congenital heart deformity — 1 day — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: July 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 5, 1972

24c. NAME OF CEMETERY OR CREMATORY: Riversie-Thomas cemetery

24d. LOCATION (City, town, or county) (State): Bingham county, Idaho

DATE REC'D BY LOCAL REG.: JUL 14 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: C. Dean Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3204
Local Reg. No. 84
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1yr-3mo.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route #4 Box 202

3. NAME OF DECEASED (Type or Print): a. (First) BYRON b. (Middle) c. (Last) JACKMAN
4. DATE OF DEATH: (Month) 5 (Day) July (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 22 May 1901
9. AGE (In years last birthday): 71 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: 7
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sylvester M. Jackman BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Ann Hyatt BIRTHPLACE: N. Carolina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-28-3843
17. INFORMANT'S OWN SIGNATURE ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation Recurrent — 1½ year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 April, 19 72 *to* 5 July, 19 72, *that I last saw the deceased alive on* 5 July, 19 72 *and that death occurred at* 10:10 Pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard C. Bowlishaw, M.D.
23b. ADDRESS State Hospital South-Blackfoot, Idaho
23c. DATE SIGNED 7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 10, 1972
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) Blackfoot (State) Idaho

DATE REC'D BY LOCAL REG. JUL 14 1972
REGISTRAR'S SIGNATURE Dorothy J. Jensen
25. EMBALMER C. Dean Hill
LICENSE NO. M-466

Federal Security Agency
United States Public Health Service FORM DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3205
Local Reg. No. 85
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree (Rural)
d. STREET ADDRESS (If rural, give location): Pingree

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle):
c. (Last): Spackman

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1972

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-24-1895
9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Farmington, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E. Spackman
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Agnes Coombs
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-9638
17. INFORMANT'S OWN SIGNATURE: Lee J. Spackman
ADDRESS: Pingree, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Metastatic carcinoma, primary source undetermined.
INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1953, *to* 6 July, 1972, *that I last saw the deceased alive on* 6 July, 1972, *and that death occurred at* 7:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge 234 (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: July 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1972
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county): Bingham County (State): Idaho

DATE REC'D BY LOCAL REG.: JUL 14 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: C. Dean Hill
LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Hoge

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3206
Local Reg. No. 90
Reg. Dist. No. 601

BIRTH NO. 72-2502

RECEIVED
AUG 1 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
c. LENGTH OF STAY (In this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route 2 (Riverside)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 2 (Riverside)

3. NAME OF DECEASED (Type or Print): a. (First) CHRISTINA b. (Middle) KAY c. (Last) BLAIR

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: March 17, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 3 Days 20; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Earl Blair BIRTHPLACE: Salmon, Idaho

14. MOTHER'S MAIDEN NAME: Linda Dutton BIRTHPLACE: Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Harvey Blair ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7969

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crib death — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unexplained
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Blackfoot (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* [illegible] July 7, 1972, [illegible] *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583 (Degree or title) Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 11, 1972

24c. NAME OF CEMETERY OR CREMATORY: Moreland cemetery

24d. LOCATION (City, town, or county) (State): Bingham county Idaho

DATE REC'D BY LOCAL REG.: 31 July 72

REGISTRAR'S SIGNATURE: Dorothy L. Jensen

25. EMBALMER: Dean Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3207
Local Reg. No. 86
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Moreland, Blackfoot, (Rt. #4, Box 79)
d. STREET ADDRESS (If rural, give location): Rt. #4, Box 79 (Moreland)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew	Ferdinand	Anderson	July 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 17, 1895	76	8	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 7	Own Farm	Smithfield, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew N. Anderson	Sweden	Rachel Henriksen	Odensa, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-24-9504	Mary Anderson	Rt. #4 Blfft.

403X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	UREMIA	1 WEEK
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	NEPHROSCLEROSIS	UNKNOWN
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ASTHMATIC BRONCHITIS	2 WEEKS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 30, 1972, to July 8, 1972, *that I last saw the deceased alive on* July 8, 1972, *and that death occurred at* 8:55a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harry K. Haddock M.D.	625 West Pacific Blackfoot, Idaho	7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-11-72	Richmond Cemetery	Richmond, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 13 1972	Dorothy Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3208
Local Reg. No. 88
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bingham 060	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot; c. LENGTH OF STAY (In this place): 55 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #1, Box 225 (Wapello) 000	d. STREET ADDRESS (If rural, give location): Rt. #1 Box 225 (Wapello)

3. NAME OF DECEASED (Type or Print)	a. (First) M.	b. (Middle) Dee	c. (Last) Stone	4. DATE OF DEATH (Month) (Day) (Year): July 10, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 18, 1900	9. AGE (In years last birthday): 72; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 2	10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store	11. BIRTHPLACE (State or foreign country): Salem, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Quincy Stone	BIRTHPLACE: Surry Cty, N. Carolina	14. MOTHER'S MAIDEN NAME: Matilda Beddoes	BIRTHPLACE: Staffordshire, England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 530-05-7842A	17. INFORMANT'S OWN SIGNATURE: La Vern Stone	ADDRESS: Blackfoot, Idaho	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	several days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Empyema	years
DUE TO (c)	E. Coli	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see him alive *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:40p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 533 (Degree or title) 4 Coron	23b. ADDRESS: 321 E. Walker St. Blackfoot, Idaho	23c. DATE SIGNED: 7-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-14-72	24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery	24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho
DATE REC'D BY LOCAL REG.: JUL 13 1972	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: Howard Packham	LICENSE NO.: M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 3 1977
MAR 1 1 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3209

State File No.
Local Reg. No. 87
Reg. Dist. No. 601

BIRTH NO.

RECEIVED JUL 17 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF STAY (In this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pingree

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Pingree

3. NAME OF DECEASED (Type or Print): a. (First) Herbert; b. (Middle); c. (Last) Hahn

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 28 June 1903

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months: 0 Days: 22
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Cattleman

10b. KIND OF BUSINESS OR INDUSTRY: Own Ranch

11. BIRTHPLACE (State or foreign country): Fulton, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Marion Hahn
BIRTHPLACE: Carlyle, Illinois

14. MOTHER'S MAIDEN NAME: Alta Jane Renberger
BIRTHPLACE: Fulton, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-0286A

17. INFORMANT'S OWN SIGNATURE: Lucy Hahn
ADDRESS: Pingree, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2509 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 Years
DUE TO (c) Diabetes Mellitus — 12 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1972, to July 10, 1972, that I last saw the deceased alive on July 6, 1972, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Gary K. Haddock M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-13-72

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.

24d. LOCATION (City, town, or county): Blackfoot Rt. #5, (State): Idaho

DATE REC'D BY LOCAL REG.: JUL 13 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham

LICENSE NO.: M-338

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 25 1972

FEB 0 8 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3210
Local Reg. No. 91
Reg. Dist. No. 601

BIRTH NO.

RECEIVED AUG 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (In this place) 19 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Potlatch
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) a. (First) LOYAL b. (Middle) HEDGES c. (Last) GOSSELIN

4. DATE OF DEATH (Month) July (Day) 12 (Year) 72

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 27 April 36

9. AGE (In years last birthday) 36 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs 8

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lewis L. Gosselin BIRTHPLACE Louiseana

14. MOTHER'S MAIDEN NAME Ella Fitch BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-14-6329

17. INFORMANT'S OWN SIGNATURE Mary Haynes ADDRESS Med. Records - State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5900

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pyelonephritis — 5 YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Schizophrenia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1972, *to* July 12, 1972, *that I last saw the deceased alive on* July 12, 1972, *and that death occurred at* 11:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Gary K. Hallock (Degree or title) M.D.

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED July 14, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 14, 1972

24c. NAME OF CEMETERY OR CREMATORY State Hospital South

24d. LOCATION (City, town, or county) Blackfoot (State) Idaho

DATE REC'D BY LOCAL REG. JUL 28 1972

REGISTRAR'S SIGNATURE Dorothy L. Jones

25. EMBALMER

LICENSE NO. M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3211
Local Reg. No. 93
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 1020 - 4th Street

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) EVERETT c. (Last) SEAMAN
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 60
9. AGE (In years last birthday): IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: George H. Seaman BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Bertha Alice Hulton BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-0476HA
17. INFORMANT'S OWN SIGNATURE: Mary Lyon ADDRESS: Med. Records - State Hospital South

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — 3 yrs
DUE TO (c) Cirrhosis of Liver & Cardiac decompensation (more than) — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 July, 1972, *to* 16 July, 1972, *that I last saw the deceased alive on* 16 July, 1972, *and that death occurred at* 4:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Howard Bowlishaw, M.D.
23b. ADDRESS: State Hospital South-Blackfoot, Idaho
23c. DATE SIGNED: 7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19 1972
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: AUG 3 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Robert E. Walk
LICENSE NO.: M 294
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 2 2 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

State File No. 3212
Local Reg. No. 93
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham AUG 1 1972 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. #1, Blackfoot, Idaho
c. LENGTH OF STAY (In this place) 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. #1 060

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. #1, Blackfoot, Idaho
d. STREET ADDRESS (If rural, give location) Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) Irving b. (Middle) Peter c. (Last) Anderson

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: October 28, 1898

9. AGE (In years last birthday): 73

IF UNDER 1 YR. Months 8 Days 18

IF UNDER 24 HRS. Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Peter Anderson BIRTHPLACE: BearRiver, Utah

14. MOTHER'S MAIDEN NAME: Wilhelminia Marie Peterson BIRTHPLACE: Mink Creek Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-40-8313

17. INFORMANT'S OWN SIGNATURE ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5932 Chronic intrinsic Renal insufficiency

INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic cardio-vascular disease with recent stroke and myocardial infarction 1½ yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960 19__, to 7-17- 19 72, *that I last saw the deceased alive on* 7-14-72 19__, *and that death occurred at* 6:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) David C. Miller, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 7/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-20-72

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: JUL 20 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham

LICENSE NO.: M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3213
Local Reg. No. 94
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 56 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Blackfoot (Rural)

3. NAME OF DECEASED (Type or Print): a. (First) D.A. b. (Middle) c. (Last) Gordon

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1972

5. SEX: Male

6. COLOR OR RACE: caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1915

9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 7

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lawrence A. Gordon
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Edith Brewer
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-24-0263

17. INFORMANT'S OWN SIGNATURE: Laura Gordon
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30, 19 72, *to* 7-30, 19 72, *that I last saw the deceased alive on* 7-30, 19 72, *and that death occurred at* 7:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. D. Thueson, M.D. (Degree or title)

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Aug. 1, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Bingham Idaho

DATE REC'D BY LOCAL REG.: AUG 4 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jensen

25. EMBALMER: C. Dean Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3214
Local Reg. No. 22
Reg. Dist. No. 410

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUL 7 1 56 PM '72

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carey
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Church, Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	ELIZABETH	ELDREDGE	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Dec. 7, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Bristol, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas E. McGreal	Irland	Rebecca Phillips	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	566-30-6924	James Lee Eldredge	Carey Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* — , 19— , *to* — , 19— , *that I last saw the deceased alive on* — , 19— , *and that death occurred at* 12:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin H. Gavin MD	Box 637 Hailey	7/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/5/72	Carey Cemetery	Carey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 6-1972	Cynthia B. Wright	Keith Bird Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3215
Local Reg. No. 23
Reg. Dist. No. 410

BIRTH NO. Amended 1-7-76

RECEIVED JUL 6 1972 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2116 North 18th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ROBERTA	KOPPES	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 3, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Loan Officer - Small	Business Adm.	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert R. Bowman	Minnesotta	Mary A. CAWSE	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-07-1355	Herman M Koppes	2116 N. 18th, Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M Swinney MD (Coroner)	Box 637 Hailey	7/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-5-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 6-1972	Cynthia P. Wright	Kirk Bird	M-373

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 7 11 35 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72-3215

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Mary Roberta Koppes (Name on Original Certificate) who died (Was Born or Died) on July 2, 1972 (Date of Event)

in Sun Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 14	Mary Anderson	Mary A. Cawse

Subscribed and sworn to before me this 5th day of January, 1976

Notary Public, residing at Boise

My commission expires Sept 10, 1977

(Seal)

Signed Robert G. Koppes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2109 N. Raymond, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1976

Notary Public, residing at Boise

My commission expires Sept 10, 1977

(Seal)

Signed Dale M. McMullen
(Signature of Any Credible Person)

3214 Crescent Rim, Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

JAN 7 1976

Certificate of Death
STATE OF IDAHO

State File No. 3216
Local Reg. No. 410
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Blaine 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Montana 27 b. COUNTY: Ravalli 553
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley Hospital c. LENGTH OF STAY (In this place): 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stevensville
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036	d. STREET ADDRESS (If rural, give location): Box 358

3. NAME OF DECEASED (Type or Print)	a. (First): John	b. (Middle): Clay	c. (Last): Chilcott	4. DATE OF DEATH (Month) July (Day) 15 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: Wht	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: June 26, 1952	9. AGE (In years last birthday): 20 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Stevensville Mont.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George A. Chilcott	BIRTHPLACE: Stevensville Mont.	14. MOTHER'S MAIDEN NAME: Barbara Bass	BIRTHPLACE: Missoula Mont.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: George A Chilcott	ADDRESS	

8136

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral concussion and contusion — INTERVAL BETWEEN ONSET AND DEATH: July 14 '72

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture left leg — July 14 '72

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Bicycle-car-Highway accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06

21c. (CITY, TOWN, OR TOWNSHIP) 13-19 (COUNTY) Custer (STATE) IDAHO.

21d. TIME OF INJURY (Month) July (Day) 14 (Year) 1972 (Hour) 9P. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car hit patient while riding bicycle on highway

22. *I hereby certify that I attended the deceased from* July 14, 1972 *to* July 15, 1972, *that I last saw the deceased alive on* July 15, 1972, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B.L. Kuilbamp M.D. 295 (Degree or title)	23b. ADDRESS: Sun Valley Idaho	23c. DATE SIGNED: 7-15-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 7-15-72	24c. NAME OF CEMETERY OR CREMATORY: Riverview
24d. LOCATION (City, town, or county) (State): Stevensville, Montana		
DATE REC'D BY LOCAL REG.: July 15-1972	REGISTRAR'S SIGNATURE: Cynthia B. Wright	25. EMBALMER: Ruth Bird
LICENSE NO.: M. 373		

FIRM NAME: Bird Funeral Home - Hailey

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972
AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 18 1972 Bureau of Vital Statistics

State File No. 3217
Local Reg. No. 27
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hwy Hailey mi No. of [illegible]
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy 93 6mi. No. of Hailey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Edward	Stricker	July 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Wht	Never Married	Oct. 11, 1954	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Wendell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward W. Stricker	Scottsbluff Neb.	Darlene DeLapp	Salem, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-66-5248	Edward W. Stricker	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 26	Blaine Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7/16/72 9:30 P.m.		Auto accident

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph L. Gwinn MD	Burf 637 Hailey	7/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	July 20, 1972	Jerome Cemetery	Jerome	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 18-1972	Cynthia B. Wright	Kirk Bird	M-373

FIRM NAME: Bird Funeral Home Hailey

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3218
Local Reg. No. 28
Reg. Dist. No. 410

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Blaine	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Carey Idaho c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) near dam at little Wood Resevoier	d. STREET ADDRESS (If rural, give location) 924 6th street

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Boyd	c. (Last) Stewart	4. DATE OF DEATH (Month) (Day) (Year) July 16 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 22 1940	9. AGE (In years last birthday) 32 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Equipment operater	10b. KIND OF BUSINESS OR INDUSTRY 5	11. BIRTHPLACE (State or foreign country) Greenville South Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Watson Stewart	BIRTHPLACE South Carolina	14. MOTHER'S MAIDEN NAME Jewell Marie Riddle	BIRTHPLACE South Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 540 46 1298	17. INFORMANT'S OWN SIGNATURE x Mrs William Stewart	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Drowning — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Little Wood River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Blaine Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/16/72 5:30 P m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell into river while fishing	

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 5:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE Robert M. Gwinner M.D. (Degree or title)	23b. ADDRESS Box 637 Hailey	23c. DATE SIGNED 7-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 16 1972	24c. NAME OF CEMETERY OR CREMATORY Alsea Cemetery ~~Rupert Cemetery~~	24d. LOCATION (City, town, or county) (State) Alsea, Oregon ~~Rupert Idaho~~
DATE REC'D BY LOCAL REG. July 20-1972	REGISTRAR'S SIGNATURE Cynthia B. Wright	25. EMBALMER Keith Bird	LICENSE NO. M 373

FIRM NAME: Bird Funeral Home - Hailey

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 26 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3219
Local Reg. No. 29
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Blaine 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey c. LENGTH OF STAY (In this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baline County Hosp. 031	d. STREET ADDRESS (If rural, give location) 2720 Rose Hill

3. NAME OF DECEASED (Type or Print) a. (First) DAVID	b. (Middle) ARTHUR	c. (Last) STAYNER	4. DATE OF DEATH (Month) (Day) (Year) July 23, 1972	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Sept. 10.1908	9. AGE (In years last birthday) 63 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker 6	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Malad City, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Arthur Stayner	BIRTHPLACE Salt Lake City, Ut.	14. MOTHER'S MAIDEN NAME Jane Thomas	BIRTHPLACE Malad, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 518-07-4016	17. INFORMANT'S OWN SIGNATURE Maud Thomas and Hospital Recorders	ADDRESS Rt. Malad, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary occlusion	-2 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary edema & pneumonitis	3-4 day
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gastric bleeding	2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 7/22/72, 19 p, *to* 7/23/72, 19 ____, *that I last saw the deceased alive on* 7/23/72, 19 ____, *and that death occurred at* 9:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert A. Gwinner (Degree or title)	23b. ADDRESS Box 637 Hailey	23c. DATE SIGNED 7/24/72
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7/24/72	24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery
24d. LOCATION (City, town, or county) (State) St. John, Oneida Co., Idaho		
DATE REC'D BY LOCAL REG. July 24-1972	REGISTRAR'S SIGNATURE Cynthia B. Wright	25. EMBALMER Keith Bird Keith Bird
LICENSE NO. M-373		

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3220
Local Reg. No. 30
Reg. Dist. No. 410

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 2 2 47 PM '72

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (In this place) 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California 05 b. COUNTY Los Angeles 53
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Covina
d. STREET ADDRESS (If rural, give location) 1710 W. Alisal St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	ALFRED	LOCKETT	July 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	July 6, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mgr	General Telephone	Midvale, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Archie F Lockett	Kty.	Laura Stiener	Midvale, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	528-07-6357	Mrs W. A. Lockett	West Covina, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5400

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	OVERWHELMING SEPSIS	5 DAYS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	RUPTURED APPENDIX	≅10 DAYS
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	PERITONITIS.	≅10 DAYS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-18-72	RUPTURED APPENDIX & SEVERE PERITONITIS	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-18-72, 19__, *to* 7-29-72, 19__, *that I last saw the deceased alive on* 7-29-72, 19__, *and that death occurred at* 2:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alden M Parker MD	Hailey, Idaho	7/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	7/30/72	Oakdale Mem. Park	Glendora, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31-1972	Cynthia B. Wright	Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3221
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
c. LENGTH OF STAY (In this place): residence
d. FULL NAME OF HOSPITAL OR INSTITUTION: 401 1st. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boise 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): 401 1st. Street

3. NAME OF DECEASED (Type or Print): a. (First) RALPH b. (Middle) O. c. (Last) SARGENT

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 27, 1902

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Minning

11. BIRTHPLACE (State or foreign country): Phoenix, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Sargent
BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Lizzy Crichlow
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 518 09 2406 A

17. INFORMANT'S OWN SIGNATURE: Oliver S Sargent
ADDRESS: Salem, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard H. Hanley (Degree or title) Coroner

23b. ADDRESS: Garden Valley Idaho

23c. DATE SIGNED: 8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-11-1972

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE RECD BY LOCAL REG.: 8/10/72

REGISTRAR'S SIGNATURE: Evelyn A. Craig

25. EMBALMER: Daniel D. Gibson

LICENSE NO.: M-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 14 1972 Bureau of Vital Statistics

State File No. 3222

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BOISE 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMPING TRIP
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 8 MILES ABOVE LOWMAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 5209 PIERCE LANE

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) C c. (Last) MC KAY

4. DATE OF DEATH: (Month) (Day) (Year) JULY 29, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 26, 1906

9. AGE (In years last birthday): 65
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker 5

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IRWIN, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WM. EDGAR MC KAY BIRTHPLACE: ELMO, MO.

14. MOTHER'S MAIDEN NAME: NELLIE FLEMING BIRTHPLACE: WELLINGTON, KANS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Mildred McKay ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable A.S.H.D.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not diagnosed
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard H. Hanley (Degree or title): Coroner

23b. ADDRESS: Boise Co. Garden Valley Idaho

23c. DATE SIGNED: 8-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8/11/72

REGISTRAR'S SIGNATURE: Evelyn A. Craig

25. EMBALMER: L. Conway Grant

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 8 1972

MAY 6 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 1 9 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3223
Local Reg. No. 73
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 27 1972 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonner 090 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 5 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2 Box 134 F	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint d. STREET ADDRESS (If rural, give location): Route 2 Box 134 F

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWARD	WILLIAM	DAVIS	June	28	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	separated	May 28, 1909	63	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
heavy equip. operator	construction	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William J. Davis	Canada	Myrtle Ella Henry	South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.II	518-01-3627	L. J. Davis	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 SPO Ca Colon — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
- - - - m.	[ ] / [ ]	-

22. I hereby certify that I attended the deceased from 5/7, 19 72 to 6/28, 19 72, that I last saw the deceased alive on 6/26, 19 72 and that death occurred at 5p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James K. Arthur MD.	502 N 2nd Ave	7/24/72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1972	Lakeview Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 28 1972

JUL 31 1972

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 15 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 17 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 19 1972

DEC 1 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3224
Local Reg. No. #69
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 14 1972 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Priest Lake
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Creek Bay 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Priest River
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Norman	Victor	Doolittle	July	5	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Oct. 15, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberman	Logging	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Doolittle	Vermont	Anna LeJeune	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 1944-1945	518-05-1886-A	Robert Doolittle	Priest River ID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-8, 19 61, *to* 7-5, 19 72, *that I last saw the deceased alive on* 4-11, 19 72, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Carthus Towns M.D.	Newport, Wn.	7-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/10/72	Evergreen	Priest River Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1972	Ramona Spickelmire	R. D. Sherman	QL749

FIRM NAME: Sherman Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

FEB 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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BUREAU OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3225
Local Reg. No. #71
Reg. Dist. No.

BIRTH NO. JUL 25 3 23 PM '72

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho - b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Jane c. (Last) Goodwin
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 30, 1883
9. AGE (In years last birthday): 88 IF UNDER 1 YR. Months 11 Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Wesley Scobee BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Louisa Brown BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-3993-D
17. INFORMANT'S OWN SIGNATURE: Mamie Bonnar ADDRESS: Star Rt. Box 60 Sandpoint Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4103 (a) TERMINAL pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (3) and CHF — 10 Hours
DUE TO (c) (2) Respiratory arrest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASHD + Arteriosclerosis Moss — yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1965, 19__, to July 4, 1972, that I last saw the deceased alive on July 5, 1972 and that death occurred at 3:05 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) RN
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 7/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-Burial
24b. DATE: July 10, 1972
24c. NAME OF CEMETERY OR CREMATORY: Pines Cemetery
24d. LOCATION (City, town, or county) (State): Opportunity Washington

DATE REC'D BY LOCAL REG.: July 24, 1972
REGISTRAR'S SIGNATURE: Ramona Spickelmier
25. EMBALMER: Dale G. Coffelt
LICENSE NO.: E-501
FIRM NAME: Coffelt Funeral Service, Inc

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3226
Local Reg. No. 74
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 701 Division

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARION	ELIZABETH	SMITH	July 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 14, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Cambridge, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar M. Etter	New York	Mary A. Tee	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	519 10 2363D	Earl O. Smith Jr.	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4519 Cardio Respiratory Collapse.	5 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombophlebitis, Chronic	10 YRS.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid Arthritis.	40 YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	m.		- - - -

22. *I hereby certify that I attended the deceased from* 5/20 *, 19* 72 *, to* 7/10 *, 19* 72. *, that I last saw the deceased alive on* 6/9 *, 19* 72 *, and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James K. Stevens MD.	502 N 2ND. Ave	7/24/72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1972	Pinecrest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Ramona Spickelmire	Dale G. Coffelt	E - 501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BUREAU OF VITAL STATISTICS
JUL 25 3 23 PM '72

Certificate of Death
STATE OF IDAHO

State File No. 3227
Local Reg. No. 72
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 8 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Lakeside Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	LAWRENCE	LAUDERDALE	July 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Oct. 1, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
teacher	education	Seattle, Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert A. Lauderdale	Missouri	Erstelle Dunlap	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	542 22 8611A	Lawrence A. Lauderdale	Eugene Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4274

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atrial fibrillation & Tachycardia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	m.		-

22. I hereby certify that I attended the deceased from April 26, 1971, to July 15, 1972, that I last saw the deceased alive on 7/15/72., 19___, and that death occurred at 4:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James L. Jackson MD	502 N 2nd Ave	7/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Burial	July 18, 1972	Mountain View Cemetery	Oregon City, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 24, 1972	Ramona Spickelmire	Dale G. Coffelt	E - 501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BUREAU OF
VITAL STA

Certificate of Death
STATE OF IDAHO

State File No. 3228
Local Reg. No. 70
Reg. Dist. No.

BIRTH NO. JUL 25 3 23 PM '72

1. PLACE OF DEATH a. COUNTY Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint c. LENGTH OF STAY (In this place) 11 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital 039	d. STREET ADDRESS (If rural, give location) 714 Poplar Street

3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH	b. (Middle) JURYEN	c. (Last) DYKSTRA	4. DATE OF DEATH (Month) (Day) (Year) July 17, 1972	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 24, 1888	9. AGE (In years last birthday) 84 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missionary	10b. KIND OF BUSINESS OR INDUSTRY religion	11. BIRTHPLACE (State or foreign country) Springfield, So. Dak.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Juryen Dykstra	BIRTHPLACE Holland	14. MOTHER'S MAIDEN NAME Grace DeRoos	BIRTHPLACE Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) ---------	16. SOCIAL SECURITY NO. 535 24 9652	17. INFORMANT'S OWN SIGNATURE Ida M. Dykstra	ADDRESS Sandpoint 714 Poplar St.

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 1/2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - -

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* Sept 1969, *to* July 17, 1972, *that I last saw the deceased alive on* July 17, 1972, *and that death occurred at* 1:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE James R. Arthurs (Degree or title) MD	23b. ADDRESS 502 N 2nd Ave	23c. DATE SIGNED 7/19/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Lakeview Cemetery	24d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG. July 24, 1972	REGISTRAR'S SIGNATURE Ramona Spickelmire	25. EMBALMER Dale G. Coffelt	LICENSE NO. E - 501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3229
Local Reg. No. 75
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039	d. STREET ADDRESS (If rural, give location): Box 182

3. NAME OF DECEASED (Type or Print) a. (First): WILLIAM	b. (Middle): M.	c. (Last): CHAMBERS	4. DATE OF DEATH (Month) (Day) (Year): July 19, 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: March 5, 1897	9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 5	10b. KIND OF BUSINESS OR INDUSTRY: Lumber	11. BIRTHPLACE (State or foreign country): Lake Park, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph F. Chambers	BIRTHPLACE: Canada	14. MOTHER'S MAIDEN NAME: Cecelia Jones	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 1	16. SOCIAL SECURITY NO.: 539 32 9738	17. INFORMANT'S OWN SIGNATURE: Lyle E Chambers Libby	ADDRESS: Montana	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5193

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Renal failure & Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Chronic Lung Disease

DUE TO (c): Myocardial disease / gastric disease — 10 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* July 7/72 *19*__, *to* July 19, *19*72, *that I last saw the deceased alive on* July 19, *19*72, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles G. [illegible] (Degree or title) 742	23b. ADDRESS: 514 Bird Sandpoint Idaho	23c. DATE SIGNED: 9-25/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery	24d. LOCATION (City, town, or county) (State): Priest River, Idaho
DATE REC'D BY LOCAL REG.: July 31, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E - 501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3230
Local Reg. No. 76
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG2 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonner General Hospital D.O.A. 300
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): Box 492

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) DAVID c. (Last) STEIGNER SR.

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 25, 1899

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months - Days -
IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.A. Navy (ret)

10b. KIND OF BUSINESS OR INDUSTRY: Navy

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harry Steigner
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Bertha Manely
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.I and W.W.II

16. SOCIAL SECURITY NO.: 541-14-5157

17. INFORMANT'S OWN SIGNATURE: Meadella J. Hooker
ADDRESS: P.O. Box 492 Sandpoint Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Disease — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): -
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - -

22. *I hereby certify that I attended the deceased from* Sept, 19 67, *to* July, 19 72, *that I last saw the deceased alive on* June 9, 19 72, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 337 (Degree or Title) MD
23b. ADDRESS: Sandpoint
23c. DATE SIGNED: 7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1972
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: July 31, 1972
REGISTRAR'S SIGNATURE: Ramona Spickelmire
25. EMBALMER: Dale G. Coffelt
LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 8 1972

AUG 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 15 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 25 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 2 1972 Bureau of Vital Statistics

State File No. 3231
Local Reg. No. 77
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California 05 b. COUNTY: Kern 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope	c. LENGTH OF STAY (In this place): 5 weeks
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgecrest	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trestle Creek-Kamloops Resort	d. STREET ADDRESS (If rural, give location): 207 Toro Street

3. NAME OF DECEASED (Type or Print)	a. (First): THOMAS	b. (Middle): WILLIAM	c. (Last): MULLIN	4. DATE OF DEATH (Month) July (Day) 21 (Year) 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 27, 1910	9. AGE (In years last birthday): 62	IF UNDER 1 YR. Months - Days - IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leadingman Painter 5	10b. KIND OF BUSINESS OR INDUSTRY: Naval Weapons Center	11. BIRTHPLACE (State or foreign country): Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Thomas H. Mullin	BIRTHPLACE: Europe	14. MOTHER'S MAIDEN NAME: Elsie Ryerson	BIRTHPLACE: Illinois		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): W.W.II	16. SOCIAL SECURITY NO.: 548-26-4252	17. INFORMANT'S OWN SIGNATURE: Mrs F. Marion Mullin	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	coronary artery disease	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) -

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* July 5, 1972, *to* July 21, 1972, *that I last saw the deceased alive on* July 5, 1972, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 322 (Degree or title)	23b. ADDRESS: Sandpoint, Idaho	23c. DATE SIGNED: 7-24-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park	24d. LOCATION (City, town, or county): Sandpoint (State): Idaho
DATE REC'D BY LOCAL REG.: July 31, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972
AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3232
Local Reg. No. 81
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington 48
b. COUNTY: Pend o Reille
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ione
d. STREET ADDRESS (If rural, give location): in city

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ORVAL	NMN	FRASIER	July	28	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	Feb. 3, 1900	72	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rock driller 5	rock quarry	Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Frasier	Nebraska	Rose Odegaard	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	533-01-7329	Phyllis F. Siegel	Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Prostatic Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-		m.		-

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Sandpoint Ida	7/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 31, 1972	Pinecrest Memorial Park	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 15, 1972	Ramona Spickelmier	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3233
Local Reg. No. 78
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Priest River
c. LENGTH OF STAY (In this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, Rt. 6, Priest River ID

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Priest River
d. STREET ADDRESS (If rural, give location): Home, Rt. 6, Priest River

3. NAME OF DECEASED (Type or Print): a. (First) Tina; b. (Middle) Justine; c. (Last) Bowen

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 28, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 2 Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ronnie Bowen
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lora Jeffers
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ronnie Bowen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7969 Crib Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA *19___, to ___, 19___, that I last saw the deceased alive on ___, 19___ and that death occurred at 3:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles Coleman (Degree or title) MD
23b. ADDRESS: Newport Wn.
23c. DATE SIGNED: 7-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-72
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county): Priest River
(State): Idaho

DATE REC'D BY LOCAL REG.: August 2, 1972
REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: R. D. Sherman
LICENSE NO.: QL749
FIRM NAME: Sherman Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3234
Local Reg. No. 80
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) PERRY; b. (Middle) CURTIS; c. (Last) JANSEN

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 22, 1894

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Rockwell City, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gerritt Jansen
BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Elizabeth Swallum
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 540 28 2340 A

17. INFORMANT'S OWN SIGNATURE: Mrs L. L. Copeland
ADDRESS: Glendale, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebr Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from July 16, 1972, to July 31, 1972, that I last saw the deceased alive on July 30, 1972, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 337 (Degree or Title) MD

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug 14, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmier

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E - 501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3235
Local Reg. No. 245
Reg. Dist. No. 610

BIRTH NO.

RECF JUL 25 1972 (Statistics)

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. HOSPITAL 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) BILLY b. (Middle) c. (Last) McBROOM

4. DATE OF DEATH: (Month) (Day) (Year) May 31, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: July 30, 1928

9. AGE (In years last birthday): 42
IF UNDER 1 YR. Months: 10 Days: 1
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Emery, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Mc Broom
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Maggie White
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): War II; Korean

16. SOCIAL SECURITY NO.: 528-24-2705

17. INFORMANT'S OWN SIGNATURE: Billie L Meyer
ADDRESS: PO Box 344 Idanha, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8179

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive pulmonary Contusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest
DUE TO (c) Car accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Shock
Compound frac. left femur

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP): 13 [illegible] (COUNTY): (STATE): Idaho

21d. TIME OF INJURY: (Month) 5 (Day) 31 (Year) 72 (Hour) 7:00 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY Ooccur? Car Accident.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 31 May, 1972, and that death occurred at 8:35A m., from the causes and on the date stated above.

23a. SIGNATURE: Sam O. Johnson (Degree or title) MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 21 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Idaho Falls, (State): Idaho

DATE REC'D BY LOCAL REG.: July 22-'72
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: David O. Hansen
LICENSE NO.: M-510
FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 2000 JUL 26 1972
SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 2 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3236
Local Reg. No. 240
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): rural area

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Laura	Alice	Atchley	June 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Oct 26, 1880	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Sevier County, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Caswell Baker	unknown	Mary Jane Layman	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE + Caroline Strange	ADDRESS: St Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart Disease	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 6/8, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Idaho Falls, Idaho	7/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 12, 1972	Shults Cemetery	Fremont Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20-'72	Lena Bridges	[signature]	M1-456

FIRM NAME: Robert Bean funeral HOme

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 26 1972 Bureau of Vital Statistics

State File No. 3237
Local Reg. No. 141
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 East 24th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 112 East 24th Street

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Daniels

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 22, 1895

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Romania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nick Daniels
BIRTHPLACE: Romania

14. MOTHER'S MAIDEN NAME: Not Available
BIRTHPLACE: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 18 4153

17. INFORMANT'S OWN SIGNATURE: [signature] Idaho Fall
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic — 2 years
DUE TO (c): Heart dis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1950, 19[illegible], *to* 6-28, 1972, *that I last saw the deceased alive on* 6-28, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 1010 Normal Idaho Falls Idaho

23c. DATE SIGNED: 7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/3/72

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county): Ammon (State): Idaho

DATE REC'D BY LOCAL REG.: July 26-72

REGISTRAR'S SIGNATURE: Irma Bridges

25. EMBALMER: Ralph M. Wood [signature]

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 18 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3238
Local Reg. No. 229
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location): 930 Austin

3. NAME OF DECEASED (Type or Print) a. (First): RITA	b. (Middle): JANE	c. (Last): NICHOLS	4. DATE OF DEATH (Month) (Day) (Year): July 2, 1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 4, 1934	9. AGE (In years last birthday): 38 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles Benner	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Anna Gerber	BIRTHPLACE: Colorado	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Yes	17. INFORMANT'S OWN SIGNATURE: Van R. Nichols	ADDRESS: Ida Falls, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

180 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title)	23b. ADDRESS: 26 St 17th Ida Falls	23c. DATE SIGNED: 7/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 5, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemetery	24d. LOCATION (City, town, or county): Rigby, (State): Idaho
DATE REC'D BY LOCAL REG.: July 11-1972	REGISTRAR'S SIGNATURE: [signature]	25. BALMER: [signature]	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-6918

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3239
Local Reg. No. 234
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 3250 Rawson

3. NAME OF DECEASED (Type or Print)
a. (First): Terri
b. (Middle): Lyn
c. (Last): Adamson

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 3, 1972
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 9
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Farrell K. Adamson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elaine Browning — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Farrell K. Adamson — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

777X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack R. Carey MD 078
23b. ADDRESS: Idaho Falls Ida.
23c. DATE SIGNED: 7/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 14-72
REGISTRAR'S SIGNATURE: Anna Bredgen
25. FUNERAL DIRECTOR: David O. Hansen — ADDRESS: M-510

Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3240
Local Reg. No. 232
Reg. Dist. No. 610

RECEIVED JUL 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 142 2nd St. OOR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 142 2nd St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS	BERKLEY	JEPHSON	July 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc	Widowed	Sept. 5, 1899	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman (Ret.) 6	City	New Zealand	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW I Yes World War I	519-09-2701	Robert B. Jephson	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) arteriosclerotic Heart disease

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Idaho Falls	Bonne.	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
7 -3-72 6:00 p.m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vernal C. Bydalek Coroner	3824 E 17th	7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-'72	Irma Bridges		M387

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 19 1972

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3241
Local Reg. No. 239
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 11 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 175 So. 3rd West St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RHODA	IRENE	CALL	July 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 3, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Millcreek, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Casper	Millcreek, Ut.	Rhoda Ann Williams	Millcreek, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-40-7367D	Luella C. Waite	Shelley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized arteriosclerosis — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1972, to July 4, 1972, that I last saw the deceased alive on July 4, 1972, and that death occurred at 8:25 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harveya Hatch	M.D.	Idaho Falls, Idaho.	July 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 7, 1972	Rigby Pioneer	Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10-72	Emma Bridges	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3242
Local Reg. No. 233
Reg. Dist. No. 610

RECEIVED JUL 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location): 375 8th St.

3. NAME OF DECEASED (Type or Print) a. (First): DAN	b. (Middle): GUSTAF	c. (Last): JOHNSON	4. DATE OF DEATH (Month) (Day) (Year): July 5, 1972	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 25, 1896	9. AGE (In years last birthday): 76 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer 6	10b. KIND OF BUSINESS OR INDUSTRY: Trucking	11. BIRTHPLACE (State or foreign country): Lofthammar, Sweden	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Carl G. Johnson	BIRTHPLACE: Sweden	14. MOTHER'S MAIDEN NAME: Johanna Matilda	BIRTHPLACE: Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-09-2-41	17. INFORMANT'S OWN SIGNATURE: Mrs Kieth Park	ADDRESS: 1095 Ave. Idaho Falls	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1530

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): peritonitis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Cancer of Cecum

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: arteriosclerosis & hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, 1957, *to* 7-5, 1972, *that I last saw the deceased alive on* 7-5, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch 210 (Degree or title) MD	23b. ADDRESS: 1050 memorial Dr Idaho Falls Idaho	23c. DATE SIGNED: 7-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: July 14-72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Orland C. Buck	LICENSE NO.: M3-250

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972
MAY 2 9 2014

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3243
Local Reg. No. 224
Reg. Dist. No. 610

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUL 11 1972

Bureau of Vital Statistics

101

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital (DOA) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: Weber 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 1785 Lake St.

3. NAME OF DECEASED (Type or Print)
a. (First): Donna
b. (Middle): Lisa
c. (Last): Sanchez

4. DATE OF DEATH (Month) (Day) (Year): July 6 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 2, 1959
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Daniel B. Sanchez
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Joyce Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Daniel B. Sanchez, 1785 Lake St. Ogden, Utah

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed chest arrived DOA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Traumatic instant death
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX (Specify) SUICIDE HOMICIDE 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-100
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees M.D. 432
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Bur.
24b. DATE: July 10, 1972
24c. NAME OF CEMETERY OR CREMATORY: Washington Heights
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: July 7-72
REGISTRAR'S SIGNATURE: Anna Bridger
25. FUNERAL DIRECTOR / ADDRESS: W. Loyal Hall Co 268 Logan, Ut.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JUL 18 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of ..... Lic. No. ..... at ..... on .....

ADDITIONAL REMARKS by Physician Car accident. DOA.

Pronounced dead by Milton T. Ross MD

RECEIVED JUL 18 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3244
Local Reg. No. 235
Reg. Dist. No. 670

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) IDS Hospital 042	d. STREET ADDRESS (If rural, give location) 3220 Romrell

3. NAME OF DECEASED (Type or Print)	a. (First) NORMAN	b. (Middle)	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) July 6,1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 23,1927	9. AGE (In years last birthday) 45 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man 8	10b. KIND OF BUSINESS OR INDUSTRY City of Ammon	11. BIRTHPLACE (State or foreign country) Rigby,Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harold L. Baker	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Bessie Leona Hayes	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 26 1 977	17. INFORMANT'S OWN SIGNATURE Josephine Baker	ADDRESS Ammon,Idaho	

1608

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of sphenoid sinus with brain metastasis. — INTERVAL BETWEEN ONSET AND DEATH: 12 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Feb, 19 72, *to* 6 Jul, 19 72, *that I last saw the deceased alive on* 5 July, 19 72, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Philip D. Affleck MD. 776 (Degree or title)	23b. ADDRESS 2065 E. 17th Idaho Falls, Ida.	23c. DATE SIGNED 10 Jul 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/8/72	24c. NAME OF CEMETERY OR CREMATORY Pioneer Cemetery
24d. LOCATION (City, town, or county) (State) Rigby,Idaho		
DATE REC'D BY LOCAL REG. July 11-'72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Jack A. Wood, Jr.
LICENSE NO. 396		

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 19 1972

AUG 17 1972

JUN 29 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3245
Local Reg. No. 242
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 26 1972

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 23 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LDS Hospital 040

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 100
a. STATE Idaho
b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelton
d. STREET ADDRESS (If rural, give location) Rt # 2 Box 238 (Rigby)

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LORENZO c. (Last) BRADSHAW
4. DATE OF DEATH (Month) (Day) (Year) July 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 31, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming & Ranching	Agriculture	Shelley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel H. Bradshaw	USA	Annette Dorethea Olsen	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 42 9453A	L Bertha Bradshaw	Shelton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	1 wk.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchiogenic Carcinoma Left Lung	6 month+
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Needle Biopsy left lung	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/24/72	Broncho genic Carcinoma left lung	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Nov. 71, to 7 July 72, that I last saw the deceased alive on 7 July 72, and that death occurred at 3:30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall, M.D.	Rigby, Idaho	7/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/10/72	Hillcrest Cemetery	Shelley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 24 1972	Irma Burgess	Jack A. Wood, Jr.	396

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-6899

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3246
Local Reg. No. 237
Reg. Dist. No. 610

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls; c. LENGTH OF STAY (In this place) 19 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital 042	d. STREET ADDRESS (If rural, give location) 1225 Irving St.

3. NAME OF DECEASED (Type or Print)	a. (First) HOPE	b. (Middle) ELLEN	c. (Last) LOFFLAND	4. DATE OF DEATH (Month) (Day) (Year) July 7, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 18, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None- Infant 9	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ernest Harold Loffland	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME Willa Nibley	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Ernest H. Loffland	ADDRESS Idaho Falls	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7594

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Congenital Anomalies — INTERVAL BETWEEN ONSET AND DEATH 19 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trisomy E

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
1) Heart Defect, Congenital
2) Bilateral Cleft lip and palate
3) Meningomyelocoele
4) Intrauterine Dwarfism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 June, 1972, *to* 7 July, 1972, *that I last saw the deceased alive on* 7 July, 1972, *and that death occurred at* 7:22 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 164 (Degree or title)	23b. ADDRESS Idaho Falls Idaho	23c. DATE SIGNED 13 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/10/72	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. July 16-'72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Jack A. Wood, Jr. [signature]	LICENSE NO. 396

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WOOD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3247
Local Reg. No. 239
Reg. Dist. No. 670

RECEIVED JUL 26 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 242	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) LUE	b. (Middle) WILLIAM	c. (Last) KLINGLER	4. DATE OF DEATH (Month) July (Day) 10, (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1899	9. AGE (In years last birthday) 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Salem, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Gottlried Klingler	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Anna Martha Heizman	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-10-0564	17. INFORMANT'S OWN SIGNATURE Grant Klingler	ADDRESS Newdale, Idaho	

18. CAUSE OF DEATH 1579
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	hours.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cachexia	weeks
DUE TO (c)	Adenocarcinoma Pancreas	months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION April '72	19b. MAJOR FINDINGS OF OPERATION above - plus large @ Renal cyst	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29- *, 19*72*, to* 7-10 *, 19* 72*, that I last saw the deceased alive on* 7-10 *, 19*72*, and that death occurred at* 8:30 a.m.*, from the causes and on the date stated above.*

23a. SIGNATURE Thomas W. Higgs, M.D., F.A.C.S. (Degree or title) 230	23b. ADDRESS P. O. Box 2206 Idaho Falls, Idaho	23c. DATE SIGNED 7-15-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/12/72	24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) Idlaho Falls, (State) Idaho		
DATE REC'D BY LOCAL REG. July 17-1972	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Kenneth Flamm
LICENSE NO. M347		

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972
JAN 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 18 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3248
Local Reg. No. 236
Reg. Dist. No. 670

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls; c. LENGTH OF STAY (In this place) years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 102 West 19th St. 000	d. STREET ADDRESS (If rural, give location) 102 West 19th St.

3. NAME OF DECEASED (Type or Print)	a. (First) GOLDA	b. (Middle)	c. (Last) MCCLURG	4. DATE OF DEATH (Month) (Day) (Year) July 11,1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6,1895	9. AGE (In years last birthday) 77; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Marsh Center, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Treasure	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Ada Jane Wakley	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 528 01 0878-B	17. INFORMANT'S OWN SIGNATURE Earl J McClary	ADDRESS Idaho Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarct

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1966, *to* 7-11, 1972, *that I last saw the deceased alive on* 6-5, 1972, *and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE John S McMillan MD (Degree or title) 348	23b. ADDRESS 550-4th St, Idaho Falls, Ida	23c. DATE SIGNED 7-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/14/72	24c. NAME OF CEMETERY OR CREMATORY Downey Cemetery	24d. LOCATION (City, town, or county) (State) Downey, Idaho
DATE REC'D BY LOCAL REG. July 14-72	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Jack A. Wood, Jr.	LICENSE NO. 396

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 14 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 26 1972 Bureau of Vital Statistics

State File No. 3249
Local Reg. No. 242
Reg. Dist. No. 670

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location) 952 East 13th St.

3. NAME OF DECEASED (Type or Print)	a. (First) EKATERINA (CATHERINE)	b. (Middle) DMITRIEVNA	c. (Last) LAVROFF	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 28, 1897	9. AGE (In years last birthday) 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dimitri Wentzel	BIRTHPLACE Russia	14. MOTHER'S MAIDEN NAME Paraskowia ?	BIRTHPLACE Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 568 48 9012	17. INFORMANT'S OWN SIGNATURE Nina Drysdale	ADDRESS Idaho Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Diabetes Mellitus	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gram Negative Sepsis and shock secondary to Cholangitis and/or Diverticulitis	48 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11, 1972 *to* 7-12, 1972, *that I last saw the deceased alive on* 7-12, 1972, *and that death occurred at* 7 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE R K Albon MD (Degree or title) 1007	23b. ADDRESS 2525 So. Blvd. Idaho Falls Idaho	23c. DATE SIGNED 7-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14, 1972	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. July 25 '72	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Jack A. Wood, Jr.	LICENSE NO. 396

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WOOD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 26 1972 Bureau of Vital Statistics

State File No. 3250
Local Reg. No. 243
Reg. Dist. No. 6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 836 Whittier Apart. 2

3. NAME OF DECEASED (Type or Print): a. (First) Roy b. (Middle) John c. (Last) Porter Clay
4. DATE OF DEATH: July 13, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 28, 1970
9. AGE (In years last birthday): 2 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Henry Clay — BIRTHPLACE: Spokane, Washington
14. MOTHER'S MAIDEN NAME: Kathleen Annette Porter — BIRTHPLACE: Rexburg, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kathleen P. Bernard — ADDRESS: 836 Whittier Ap2 Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 9109 Drowning
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 13 1972 8:55 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 July, 1972 to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Dean O. Johnson (Degree or Title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 17 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17, 1972
24c. NAME OF CEMETERY OR CREMATORY: Rexburg, Cemetery
24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: July 20-'72
REGISTRAR'S SIGNATURE: Irma Bridges
25. EMBALMER: Jesse Flamm
LICENSE NO.: M 254
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended April 7, 1981

RECEIVED

Certificate of Death
STATE OF IDAHO

State File No. 3251
Local Reg. No. 253
Reg. Dist. No. 610

BIRTH NO.

AUG 8 1972

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home- 775 North Water Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 775 North Water Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULA	RACHEL	WADSWORTH	July 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 20, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Vernal, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward John Starkie	England	Tora Nielsen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 28 3554	Elsie Wadsworth	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis marked 17yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-24- 19 55 *to* 7-14- 19 72 *that I last saw the deceased alive on* 7-14- 19 72 *and that death occurred at* 9:10 p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	798 So. Blvd., Idaho Falls, Idaho	8/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/18/72	Taylor Cemetery	Taylor, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-31-'72	[signature]	Jack A. Wood, Jr.	396

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

MAR 19 4 32 PM '81

Certificate No. D 72-3251
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death

for Lula Wadsworth (Name on Original Certificate) who died (Was Born, Died, etc.) on July 14, 1972 (Date of Event)

in Idaho Falls (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
middle name of deceased	omitted	Rachel

Subscribed and sworn to before me this 16th day of March, 1981.

Notary Public, Charles R. Olson
Residing at ~~Rt 3 Box 159~~ [redacted]
My commission expires [redacted]
(Seal)

✓ Edis L. Thomson
Signature of Applicant
Rt 3 Box 159 Idaho Falls Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ✓)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1981.

Notary Public, Charles R. Olson
Residing at [redacted]
My commission expires [redacted]
(Seal)

✓ Shirley Wadsworth
Supporting Signature
Rt #3, Box 155, Idaho Falls, Idaho 83401
Street Address, City, State

Correction corresp. 3-11-81 (W) f c

APR 6 1981
JAN 1 8 1989

Certificate of Death

STATE OF IDAHO

State File No. 3252
Local Reg. No. 239
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ramada Inn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 551 Sykes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ora (Billy)	William	Perez Jr.	July	14	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	July 20, 1933	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Enertainer	Music	Gulf Port, Missippi	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ora Perez	Missippi	Katie Faye Harlan	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Jimmie Vermilion	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gun shot to head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Ramada Inn	Idaho Falls Bonne Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	14	72	? m.		Self inflicted Gun shot wound

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Verna Bydalek	583 Coroner	3824 E. 17th	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 18, 1972	Ririe Shelton Cemetery	Idaho Falls (Ririe) Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 18-72	Verna Bridges	David C. Hansen	M-510
		Williams Funeral Home	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 31 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 14 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3253
Local Reg. No. 246
Reg. Dist. No. 610

BIRTH NO.

RECF JUL 26 1972

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1153 Ada Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1153 Ada Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Wilma	Leonia	Galbraith	July	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single (NM)	November 5, 1918	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Lyman, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Galbraith	Idaho	Rebecca Simmons	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Wm E Galbraith	1153 Ada Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obesity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 13 July, 1972 *to* 16 July, 1972, *that I last saw the deceased alive on* 14 July, 1972 *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Oliver D. Smith M.D	250 W. 13th St. Idaho Falls Ida	20 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 18, 1972	Sutton Cemetery	Archer Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 22-72	Irma Bridges	David O. Hansen	M-510

Federal Security Agency
United States Public Health Service

Form DPH-48021

Williams Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3254
Local Reg. No. 248
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED
AUG 1 0 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 145 West Mian

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elnora	Jacobs	Skelton	July	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 18, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Logan, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lewis Jacobs	Logan, Utah	Elnora Flamm	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-36-5153B	Laura Skelton Fawson	670 Highland, Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-Vascular Accident — 5 weeks
DUE TO (c) Arteriosclerotic Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none performed	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/27, 1972, *to* 16 July, 1972, *that I last saw the deceased alive on* 16 July, 1972, *and that death occurred at* 10:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall, M.D.	Rigby, Idaho	7/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1972	Rexburg	Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-27-72	Emma Bridges	Russell Flamm	M 254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3255
Local Reg. No. 254
Reg. Dist. No. CR

RECEIVED AUG 8 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital 242

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 100
a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Iona
d. STREET ADDRESS (If rural, give location) Ririe Highway Rte. #1

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) c. (Last) PRICE
4. DATE OF DEATH (Month) (Day) (Year) July 16, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 16, 1906
9. AGE (In years last birthday) 66 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker X
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Annis, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George T. Lufkin BIRTHPLACE Nevada
14. MOTHER'S MAIDEN NAME Alice Ann Heaps BIRTHPLACE Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-22-4423
17. INFORMANT'S OWN SIGNATURE W. L. Price ADDRESS Rte. #1 Idaho Falls, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4369 C V A. (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14 , 1970 , *to* 7-16 , 1972 , *that I last saw the deceased alive on* 7-16 , 1972 , *and that death occurred at* 10:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE John S Haley (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho.
23c. DATE SIGNED 7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 1972
24c. NAME OF CEMETERY OR CREMATORY Little Butte
24d. LOCATION (City, town, or county) (State) Annis Jefferson Idaho

DATE REC'D BY LOCAL REG. July 31-72
REGISTRAR'S SIGNATURE Emma Bridgen
25. EMBALMER Bruce A. Eckersell
LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972 –
FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 28 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3256
Local Reg. No. 25
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG8 1972

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (If hospital or institution): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman
d. STREET ADDRESS (If rural, give location): Rte. #1 Thornton

3. NAME OF DECEASED (Type or Print): a. (First) LINEL b. (Middle) SUMMERS c. (Last) MEIKLE

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 3, 1897

9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Smithfield, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Meikle
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah Ann Summers
BIRTHPLACE: So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-22-0960

17. INFORMANT'S OWN SIGNATURE: Olga Meikle
ADDRESS: Rt. # 1 Thornton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina & Acute Myocardial Infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

4123

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 19 72 to July 19, 19 72, that I last saw the deceased alive on July 18, 19 72 and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho.

23c. DATE SIGNED: 7/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 22, 1972

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: Aug. 5-72

REGISTRAR'S SIGNATURE: Irma Bridges

25. EMBALMER: Bruce A. Eckersell

LICENSE NO.: M-404

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 26 1972 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3257
Local Reg. No. 244
Reg. Dist. No. 6-19

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (DOA) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2280 N. Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	William	Hughes	July	20,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 21, 1886	85	11	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Oil Worker	Branderburg, Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Washington Hughes	?	Stepleton	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	No war	563-03-6817A	Inez Hughes	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exact Etiology unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Idaho Falls	Bonne.	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7	19	72	12 noon		

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 7-20, 19 72, *and that death occurred at* 12 50 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vernal C. Bydalek	583 Coroner	3824 E. 17th	7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal & Bur.	July 24, 1972	Holton City Cemetery	Holton,	Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 26-72.	Lena Bridges	David C. Hanson	M-510

Federal Security Agency
United States Public Health Service
Form DPH-49021

Williams Funeral Home 555 E. Idaho. Falls

DUTIES:

AUG 2 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3258
Local Reg. No. 256
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 43 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 268 S. 1st. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmo	Reed	Webster	July	20	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 18, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired Teacher		Hibbard, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmo Smart Webster	Franklin, Idaho	Lavina Walker	Lewisville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	518-30-6680	Marie K. Webster

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2509 Diabetes mellitus, 20 years duration.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent fracture of hip.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7, 19 72, *to* July 20, 19 72, *that I last saw the deceased alive on* July 16, 19 72, *and that death occurred at* 6:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.O.	798 S. Blvd Idaho Falls Idaho	7/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1972	Rexburg	Rexburg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 1-1972	Lenna Bridges	Russell Flamm	M254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972
AUG 18 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3259
Local Reg. No. 257
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Latter-day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 438 Sykes Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Deloris	Irene	Thompson		July	21	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 31, 1903	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Ranching	Mackey, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harlen Solomonson	USA	Mary Jane Stodard	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-26-2215	x Helen Ranson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174X Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6 1967, 19__, *to* July 20, 1972, *that I last saw the deceased alive on* July 20, 1972, *and that death occurred at* a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rob Hanson M.D.	Idaho Falls Idaho	7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-25-72	Ucon Cemetery	Ucon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31-72	Anna Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG-31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 1 1972 Bureau of Vital Statistics

State File No. 3260
Local Reg. No. 251
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 271 W. 1 No.

3. NAME OF DECEASED (Type or Print): a. (First) Harriet b. (Middle) Howells c. (Last) Huskinson

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 31, 1900

9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Howells BIRTHPLACE: Paradise, Utah

14. MOTHER'S MAIDEN NAME: Ellen Smith BIRTHPLACE: Paradise, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-20-0031

17. INFORMANT'S OWN SIGNATURE: x Lola H. Stone ADDRESS: 65 S. 1 E. Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c) Diabetes mellitus — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease — 3 years

19a. DATE OF OPERATION: 1970

19b. MAJOR FINDINGS OF OPERATION: Rt Mastectomy - Carcinoma Rt Breast - mets stern -

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 May, 1972, to 23 July, 1972, that I last saw the deceased alive on 23 July, 1972, and that death occurred at 11:45 a m., from the causes and on the date stated above.

23a. SIGNATURE: Asael Hall, M.D. (Degree or title) 523

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 7/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Teton- Newdale Cemetery

24d. LOCATION (City, town, or county) (State): Teton, Madison, Idaho

DATE REC'D BY LOCAL REG.: July 29-72

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Kenneth W. Flamm LICENSE: M-347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3261
Local Reg. No. 249
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1272 Carson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Riley	Allen	Myers	July	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 12, 1900	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Stone Cutter
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ethan Allen Meyers — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Irene Willoughby — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 518-05-9226
17. INFORMANT'S OWN SIGNATURE: Mandell Myers — ADDRESS: Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction	1 mo.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	Days
DUE TO (c)	Renal artery occlusion	h
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pul. emphysema	yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/23/72 *to* 7/24/72, *that I last saw the deceased alive on* 7/24/72, *and that death occurred at* 12:22 *Am., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 825 S. Blvd.
23c. DATE SIGNED: 7/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1972	Taylor Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 27 72
REGISTRAR'S SIGNATURE: Linda Bridges
25. FUNERAL DIRECTOR: David A. Hansen — ADDRESS: M-510

Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 15 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 9 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

FEB 6 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3262
Local Reg. No. 250
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Idaho Falls
c. LENGTH OF STAY IN THIS PLACE: 12 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 676 Memorial Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 676 Memorial Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur		Brownell	July	26	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	February 2, 1890	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Distributor 3	Magazine	England (Liverpool)	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Brownell	England	Mary Jane Elizabeth Evans	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-32-1949-A	Kenneth Brownell	Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of prostate c metastases. — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* July 27, 1972, *that I last saw the deceased alive on* July 25, 1972, *and that death occurred at* 9:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch MD	Idaho Falls, Idaho	July 27, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 29, 1972	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-28-72	Irma Bridges	David O. Hansen M-510 Williams Funeral Home	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 15 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 28 19[illegible]

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3263
Local Reg. No. 458
Reg. Dist. No. 670

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) Irene c. (Last) Horne — Gideon

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 3, 1898

9. AGE (In years last birthday): 74
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Thornton, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Hyrum Clinton Horne — BIRTHPLACE: Scottsville, Kansas

14. MOTHER'S MAIDEN NAME: Irene Doretta Whel — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-42-9932 B

17. INFORMANT'S OWN SIGNATURE: Ross Gideon — ADDRESS: Thornton, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2810

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Spinal Cord Combind degeneration — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): pernicious Anemia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: ASHD

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1972, *to* July 27, 1972, *that I last saw the deceased alive on* July 25, 1972, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Byron Weeks (Degree or title) MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 31, 1972

24c. NAME OF CEMETERY OR CREMATORY: Little Butte Cemetery

24d. LOCATION (City, town, or county) (State): Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: Aug. 5-72

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: Russell Flamm

LICENSE NO.: E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3264
Local Reg. No. 265
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1330W. Bridge

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	U.	Sanchez	July	29,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Mexican	Divorced	Sept. 9, 1926	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 7	Agriculture	Corpus Christi, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesus Sanchez	Texas	Rebecca Urbina	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	460-36-7705	Frank Sanchez Jr.	Los Angelos Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Skull
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Idaho Falls Idaho	Idaho Falls 13 10	Bonne.	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
July	29	72	m.		Car accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Verne Rydalch 583 (Degree or title) Coroner	Idaho Falls, Idaho	Aug. 4, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	Aug. 3, 1972		Corpus Christi	Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 15-72	Emma Bridges	[signature]	M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3265
Local Reg. No. 266
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 6 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location): 520 G Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
ALICE		HART	July 30, 1972		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 25, 1893	79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Homemaker	Home	Samaria, Idaho.	U.S.A.		
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE		
Lewis Lapoleon Hamblin	Utah	Catherine Williams	Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS	
No / None		518-28-3952	Marilyn H. Hatch	Idaho Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c) (old Stroke 14 years ago)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
—	—	—		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from _____, 19__, to July 30, 1972, that I last saw the deceased alive on July 30, 1972, and that death occurred at 9:00P m., from the cause and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch 208 (Degree or title) M.D.	Idaho Falls, Idaho.	8/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Aug. 2, 1972	Little Butte	Annis Jefferson	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 15-'72	Verner Bridge	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 0 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3266
Local Reg. No. 259
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 3 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route 1 Box 371

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Latter day Saints Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles (Chuck)	Lloyd	Jenkins	July	30	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	June 6, 1954	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Concrete Finisher	Construction	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jay Charles Jenkins	Idaho	Beverly H. Johnson	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 68 9438	Jay C. Jenkins	Rt. # 1 Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8182

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage due to
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull multiple
DUE TO (c) Cerebral lacerations & contusions

INTERVAL BETWEEN ONSET AND DEATH: 4 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Highway 26	Bonneville Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
July 30 72 1 pm		Fell from motorcycle

22. *I hereby certify that I attended the deceased from* July 30 *on* 6 Aug. *, 19* 72 *and that death occurred at* 6:05 p *m., from the causes and on the date stated above.* *, 19* 72 *, to* *, 19* *, that I last saw the deceased alive*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Randy Lingel, Medic 359		549 4th Idaho Falls	8/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	8/3/72	Lincoln Cemetery	Lincoln	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7-'72	Anna Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3267

Certificate of Death
STATE OF IDAHO

State File No. 261
Local Reg. No. 261
Reg. Dist. No. 610

RECEIVED AUG 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Wyoming 51 b. COUNTY: Teton 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 10 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location): Box 987

3. NAME OF DECEASED (Type or Print) a. (First): MARTHA	b. (Middle): WHITE	c. (Last): GROSSE	4. DATE OF DEATH (Month) (Day) (Year): July 31, 1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan 13, 1918	9. AGE (In years last birthday): 54 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Temple, Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Daniel Dabney White	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 455-20-7522	17. INFORMANT'S OWN SIGNATURE: John W Grosse	ADDRESS: Jackson, Wyo.	

18. CAUSE OF DEATH 5512
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	SHOCK, Electrolyte disturbances	3 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Recent surgery Ventral hernia	10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	possible Cecal Volvulus	?

19a. DATE OF OPERATION: 7-21-72	19b. MAJOR FINDINGS OF OPERATION: Ventral hernia	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20, 1972, *to* 7-30, 1972, *that I last saw the deceased alive on* 7-30, 1972, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: 756 Oxford Idaho Falls	23c. DATE SIGNED: 8-3-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 8-72	24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho		
DATE REC'D BY LOCAL REG.: 8-10-72	REGISTRAR'S SIGNATURE: Anna Bridger	25. EMBALMER: Orland E. Buck
LICENSE NO.: M250		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1973
NOV 9 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3268
Local Reg. No. 27-72
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 111
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary 111
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #749

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARGARET	BOTTUM	WILSON	July 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 15, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Aberdeen, So. Dakota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roswell Bottum	Wisconsin	Ella Beardsley	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-46-6768	[signature]	Bonners Ferry, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Esophageal Varices

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible] 19[illegible], to 7/3, 19 72, that I last saw the deceased alive on 7/3, 19 72 and that death occurred at 3 19[illegible] p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Bonners Ferry, Idaho	7/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/7/72	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1972	[signature]	[signature]	M-453

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 27-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #749

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARGARET	BOTTUM	WILSON	July 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 15, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Aberdeen, South Dakota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roswell Bottum	Wisconsin	Ella Beardsley	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	Address
no	———	518-46-6768	[signature]	Bonners Ferry, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Chronic Cardiac

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19 68, to 7/5, 19 72, that I last saw the deceased alive on 7/3, 19 72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry Ida	7/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7/7/72	Grandview Cemetery	Bonners Ferry	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 6, 1972	Gwyn Stone	[signature]	M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972
JUL1 1 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3269

State File No. 3269
Local Reg. No. 28-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Boundary 110 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples LENGTH OF STAY (In this place): Minutes d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile North of Naples on B/N Railroad	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Boundary 110 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples d. STREET ADDRESS (If rural, give location): P. O. Box #39

3. NAME OF DECEASED (Type or Print)	a. (First) CONNIE	b. (Middle) LYNN	c. (Last) MULLER	4. DATE OF DEATH (Month) (Day) (Year)		
				July 6, 1972		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	Sept. 21, 1970	1yr10mo		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
None 9		None	Bonners Ferry, Idaho	US;		
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE			
Leonard L. Muller	Belfry, Montana	Beverly Neisess	Butte, Montana			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS		
no	—	None	Leonard L Muller	Box 39 Naples		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

8052

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Decapitation — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Trauma — Instant
DUE TO (c) Struck by railroad train

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-110 (COUNTY)	(STATE)	
Accident	B/N Railroad Tracks	Naples	Boundary	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?		
July 6, 1972 6:15P. m.		Struck by railroad train		

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19___ *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Michael J. LaBrosse	583 Acting Coroner 4	Bonners Ferry, Idaho	7/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7/10/72	MacArthur Cemetery	Naples	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 8, 1972	Virgie Stone	Clark Malone	M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3270
Local Reg. No. 29-72
Reg. Dist. No. 100

BIRTH NO. 72-7024 RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #776

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAURA	RENEE	HALVERSON	July 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	July 5, 1972		3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Bonners Ferry, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Greg Halverson	Bonners Ferry, Idaho	Evelyn R. Wilcox	Colorado Springs, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Greg Halverson	Bonners Ferry, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Premature Baby — Cord Constriction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

777X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7/5 1972 *to* 7/8 1972, *that I last saw the deceased alive on* 7/8 1972, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry Idaho	7/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/10/72	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1972	[signature]	[signature]	M-453

FIRM NAME: MALONE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 2 1972 Bureau of Vit.

State File No. 3271
Local Reg. No. 30-72
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Boundary 110	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry c. LENGTH OF STAY (In this place): 4 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home on Route #1 080	d. STREET ADDRESS (If rural, give location): Route #1, Box #486

3. NAME OF DECEASED (Type or Print)	a. (First): CHARLES	b. (Middle): WARWICK	c. (Last): SAUNDERS	4. DATE OF DEATH (Month) (Day) (Year): July 29, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 21, 1908	9. AGE (In years last birthday): 63 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY: Airplane Maintenance	11. BIRTHPLACE (State or foreign country): Bowling Green, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: James Saunders	BIRTHPLACE: Virginia	14. MOTHER'S MAIDEN NAME: Frances Welch	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —	16. SOCIAL SECURITY NO.: 552-01-6122	17. INFORMANT'S OWN SIGNATURE: Elizabeth I. Saunders	ADDRESS: Bonners Ferry, Id	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis and history of previous coronary attack
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Callahan 583 (Degree or title) Coroner 4	23b. ADDRESS: Bonners Ferry, Idaho	23c. DATE SIGNED: 7/31/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 8/3/72	24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Crematory	24d. LOCATION (City, town, or county) (State): Spokane, Washington
DATE REC'D BY LOCAL REG.: July 31, 1972	REGISTRAR'S SIGNATURE: Twyla Stone	25. EMBALMER: [signature]	LICENSE NO.: M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3272
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 24 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): 111 N. Front

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ATSO	ARMAS	PEKKALA	July 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Widowed	July 27, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipefitter 5	Construction	Seaside, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Pekkala	Finland	Anne Elizabeth (MNU)	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1942-1945	541-09-2676	[signature]	Information from Luce-Layton F.H.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cirrhosis of liver 5710	2-3 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Alcoholism	10 yrs
DUE TO (c)	Hypertension	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 20, 1970 to 7-17-1972, that I last saw the deceased alive on 7-17 1972 and that death occurred at 5:35a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. Barker MD 031 (Degree or title)	Arco, Idaho	7-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7-18-72	Greenwood	Astoria, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21-1972	Betty J. Marvel	[signature]	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3273
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

AUG 22 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer/90
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leslie
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) ELEAZER; b. (Middle); c. (Last) ASAY

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-rancher

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Monroe, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eleazer Asay — BIRTHPLACE: Trenton, New Jersey

14. MOTHER'S MAIDEN NAME: Emeline Zenetta Winsor — BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-40-2878

17. INFORMANT'S OWN SIGNATURE: Reed Z Asay — ADDRESS: Mackay, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Muscular dystrophy — 25 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/9, 1972, *to* 7/26, 1972, *that I last saw the deceased alive on* 7/26, 1972, *and that death occurred at* 9:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A Farr MD

23b. ADDRESS: Box 807 Arco

23c. DATE SIGNED: 7/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-29-72

24c. NAME OF CEMETERY OR CREMATORY: Leslie Cemetery

24d. LOCATION (City, town, or county) (State): Leslie, Idaho

DATE REC'D BY LOCAL REG.: Aug. 21-1972

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. EMBALMER

LICENSE NO.: M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 31 1975
APR 22 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 15 1985
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4 Doyle

RECEIVED JUL 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3274
Local Reg. No. 373
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #8

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Albert	Frerichs	6	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	2/27/1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Retired	Weyerts, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Frerichs	Unknown	Minnie Wickard	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	508-05-4623	X Molly Frerichs	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic bronchitis & emphysema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor pulmonale

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-27-71 *, 19__, to* 6-11-72 *, 19__, that I last saw the deceased alive on* 6-11-72 *, 19__, and that death occurred at* 9:55 A.M. *, from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mark Neal MD	379	222 East Elm, Caldwell, Idaho	7-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/14/1972	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 25, 1972	Bernice M. Skinner	Leonard C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1972
AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 6 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3275
Local Reg. No. 344
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 503 6th Street South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ADIN	BURNS	HALL	July 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 6, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman-Rancher 7	Cattle	Bennett Creek, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adin M. Hall	New York	Martha E. Burns	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War 1	519-36-0069	Celia Cecil Thompson	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Failure 1621

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/18, 1972 to 1 July, 1972 that I last saw the deceased alive on June 30, 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Cabe	MD	619 So. Canyon, Nampa, Idaho	7/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/5/72	Mtn. View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 11, 1972	Bernice M. Skinner	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 1 2 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3276
Local Reg. No. 343
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba — c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 Loomis Avenue 500	d. STREET ADDRESS (If rural, give location): 120 Loomis Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha	M.	Swank	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 14, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	at home	Osage, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adam Fehr	Iowa	Martha Houghy	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-48-6296A	Mrs. Vera Kauffman	Caldwell

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inspection & History, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 560	M. D. Coroner 4	Nampa, Idaho	7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 5, 1972	Melba Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10, 1972	Bernice M. Skinner	Hans E. Alsip	M-438

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3277
Local Reg. No. 340
Reg. Dist. No. 360

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon JUL 11 1972 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA Mercy Medical Center OOO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa (rural)
d. STREET ADDRESS (If rural, give location) Route 3, South Side Boulevard

3. NAME OF DECEASED (Type or Print) a. (First) LLOYD b. (Middle) EUGENE c. (Last) GOODMAN
4. DATE OF DEATH (Month) (Day) (Year) July 4, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 21, 1947
9. AGE (In years last birthday) 25 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance of Way Employee
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William L. Goodman BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Ella Virginia Carter BIRTHPLACE Wyoming
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 7/13/67-8/25-67
16. SOCIAL SECURITY NO. 518-54-6487-A
17. INFORMANT'S OWN SIGNATURE W L Goodman ADDRESS Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

929X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broken neck

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dived into a shallow canal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No autopsy but Xrays which showed a fractured 5th cervical vertebrae
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) So. side Blvd near Nampa, Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4 1972 about 6
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Dived into shallow water and broke his neck

22. I hereby certify that I attended the deceased from History and findings, 19, that I last saw the deceased alive on, 19, and that death occurred at Probably about 6 P. M. from the cause and on the date stated above.

23a. SIGNATURE Henry C. Wesche 560 (Degree or title) M. D. Coroner
23b. ADDRESS 1305 3rd St. So., Nampa, Idaho
23c. DATE SIGNED 7-6-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 7, 1972
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. July 10, 1972
REGISTRAR'S SIGNATURE Bernece M. Skinner
25. EMBALMER [redacted] L. Pierce
LICENSE NO. M-494
FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 12 1972
APR 22 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 12 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3278
Local Reg. No. 348
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 13 1972

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mountain View Terrace Nursing Home 360	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Hollie	b. (Middle)	c. (Last) Christopher	4. DATE OF DEATH (Month) (Day) (Year) July 4, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1930	9. AGE (In years last birthday) 41 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centralia, Washington	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Flannary	BIRTHPLACE Unkn own		14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-22-7380		17. INFORMANT'S OWN SIGNATURE X John Tucker	ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3949

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Valvular Disease — 35 yrs

DUE TO (c) with Prosthesis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1965	19b. MAJOR FINDINGS OF OPERATION Implantation (Star Valve) mitral	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1971, *to* 4 July, 1972, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Chaplin Crane Jr. 115 (Degree or title)	23b. ADDRESS Pampa Isla	23c. DATE SIGNED 7 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-7-72	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. July 12, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Rodney W. Dakan	LICENSE NO. M-508

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 23 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 18 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3279
Local Reg. No. 359
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1523 S. Kimball 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1523 So. Kimball

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Edward
c. (Last) Karsunky

4. DATE OF DEATH (Month) (Day) (Year) July 5, 1972

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 7, 1928
9. AGE (In years last birthday) 44
IF UNDER 1 YR. Months 1 Days 28
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) K-G Men's Store 3
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (State or foreign country) Seattle, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander R. Karsunky BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Delia Johnsen BIRTHPLACE Wilbur, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.1
16. SOCIAL SECURITY NO. 536-24-2294
17. INFORMANT'S OWN SIGNATURE X Moritz H Karsunky ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Drowning — INTERVAL BETWEEN ONSET AND DEATH Moment

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT/SUICIDE/HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell (3.14) (COUNTY) Canyon (STATE) Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jul 5 72 9a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in tub during perziosa

22. *I hereby certify that I attended the deceased from* Jul 5, 1972, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 570 (Degree or title) 4 act Arona
23b. ADDRESS Caldwell
23c. DATE SIGNED 7-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 7-8-1972
24c. NAME OF CEMETERY OR CREMATORY Mt. View
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. July 18, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER Leonard C. Flahiff
LICENSE NO. M-481
FIRM NAME Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972
OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3280
Local Reg. No. 353
Reg. Dist. No. 360

RECEIVED JUL 17 1972 Bureau of Vital Statistics 140

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba, c. LENGTH OF STAY (In this place): weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1, 000	d. STREET ADDRESS (If rural, give location): Rt. # 1,

3. NAME OF DECEASED (Type or Print)	a. (First) BERNICE	b. (Middle) A.	c. (Last) HUMPHRIES	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: June 7, 1911	9. AGE (In years last birthday): 61 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Incapacity 0	10b. KIND OF BUSINESS OR INDUSTRY: ---- at home---	11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Clifton L. Evans	BIRTHPLACE: Kansas	14. MOTHER'S MAIDEN NAME: Augusta Zylstra	BIRTHPLACE: No Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 533-07-3572	17. INFORMANT'S OWN SIGNATURE: x Jerry L. Roesbery	ADDRESS: Melba, Ida	

18. CAUSE OF DEATH 201X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27/ *, 19*69*, to* 7/5/ *, 19*72*, that I last saw the deceased alive on* 7/5/ *, 19*72*, and that death occurred at* 9:30p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard C. Dwyer M.D. 666 (Degree or title)	23b. ADDRESS: 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED: July 8, 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7/10/72	24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery	24d. LOCATION (City, town, or county) (State): Melba, Canyon, Idaho
DATE REC'D BY LOCAL REG.: July 14, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3281
Local Reg. No. 346
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada — Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Hospital 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho — b. COUNTY: Canyon — Ada 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VERNA	JANE	HIGGINSON	July	5,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	never married	6-28-1953	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Earl Higginson	Pocatello, Id.	Verna Grace Harris	Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Wm Earl Higginson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 7593

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) aspiration of gastric contents — 15 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Down's Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-5-72, 19___, *to* 7-5-72, 19___, *that I last saw the deceased alive on* 7-5, 1972, *and that death occurred at* 6a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Higginson (158)	Idaho State School and Hospital	7-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 72	Star	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 11, 1972	Bernice M. Skinner	D. Conway Grant	M478

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

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IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3282
Local Reg. No. 361
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 21 1972 141

1. PLACE OF DEATH a. COUNTY Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place) 31 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Mem. Hospital 051	d. STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print) a. (First) Daniel	b. (Middle) Noland	c. (Last) Porter	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1972			
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28, 1905	9. AGE (In years last birthday) 66	IF UNDER 1 YR. Months 11 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Osborne, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Reece Porter	BIRTHPLACE Ohio		14. MOTHER'S MAIDEN NAME Mary Chandler		BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 513-07-3168	17. INFORMANT'S OWN SIGNATURE x Naomi Jean Anderson		ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of left lung — INTERVAL BETWEEN ONSET AND DEATH about 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 7-5, 1972, *that I last saw the deceased alive on* 7-5, 1972, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Kemick	288 (Degree or title) MD	23b. ADDRESS	23c. DATE SIGNED 7-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-8-1972	24c. NAME OF CEMETERY OR CREMATORY Marsing-Homedale	24d. LOCATION (City, town, or county) (State) Marsing-Homedale, Idaho
DATE REC'D BY LOCAL REG. July 20, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Leonard C. Flahiff	LICENSE NO. M-481

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Homedale's Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3283
Local Reg. No. 354
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Naomi	Lucille K.	Sower	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 19, 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Furman Lee Keller	Iowa	Lucy E. Demet	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-44-4388D	William Sower	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD - hypertensive
DUE TO (c) neglected

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 60, to July 6, 72, that I last saw the deceased alive on 7-6, 72, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank M. [illegible] MD 166	Caldwell Ida	7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-10-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14, 1972	Berniece M. Skinner	Glenn Leon Johnson	M5-45

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3284
Local Reg. No. 355
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Caldwell Convalescent Center 354

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 511 Chicago St.

3. NAME OF DECEASED (Type or Print): a. (First) Ludeamey; b. (Middle); c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 30, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bradleyville, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harmon Lawson
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Barbars Bloomer
BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-26-9593A

17. INFORMANT'S OWN SIGNATURE: X T. Norman Taylor
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHD - Enlarged
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis - uremia Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 19 72, *to* 7-7, 19 72, *that I last saw the deceased alive on* 7-6, 19 72, *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 166

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-10-72

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: [signature]

LICENSE NO.: M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 14 1972 Bureau of Vital Statistics

State File No. 3285
Local Reg. No. 349
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa --Rural Route 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lasher's Nursing Home 358	d. STREET ADDRESS (If rural, give location): Route 4, Nampa

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lee	Everett	Moore	July 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
Male	White	Widowed	August 6, 1883	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher and merchant 7	mercantile	Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Moore	Ohio	Cora Parker	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-54-5272	N. E. Moore	523 So 8 Ave Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vascular Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) c̄ Hemiplegia
~~DUE TO~~ (c) Benign Prostatic Hypertrophy c̄ Stones

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Decubiti

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January, 1960, *to* July 7, 1972, *that I last saw the deceased alive on* July 7, 1972, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. R. Mangum	322	Nampa Idaho	9 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 11, 1972	Kohlerlawn Cemetery	Nampa	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1972	Berniece M. Skinner	Marvin R. Heikkila	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 17 1972 Bureau of Vital Statistics

State File No. 3286
Local Reg. No. 350
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #4, Missouri Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #4, Missouri Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARVIN	L.	BLANKSMA	July 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 25, 1928	44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Egbert Blanksma	Wisconsin	C. Bernice Selby	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - - -	518-44-5782	Iris M. Blanksma	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2381 Malignant Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/10/ 19 66, to 7/8/ 19 72, that I last saw the deceased alive on 7/8/ 19 72, and that death occurred at 9:00p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. C. Owen	M.D. 666	619 So. Canyon, Nampa, Idaho	July 11, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/11/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14, 1972	Bernice M. Skinner	Marvin R. Heikkila	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 21 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 7 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3287
Local Reg. No. 352
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics 142

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1723-8th Street South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willa	Grace	Hatfield	July	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 15, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	at home	Condon, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sloan	No Record	Maude Marsh	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 09 6764	Allen R. Hatfield	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection, 19, to history and autopsy, 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* 8:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche	M. D. Coroner	Nampa, Idaho	7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 13, 1972	Kohlerlawn Cemetery	Nampa	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14, 1972	Berniece M. Skinner	Marvin R. Fieldhouse	M-515

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3288
Local Reg. No. 363
Reg. Dist. No. 360

BIRTH NO. RECEIVED JUL 21 1972

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Nampa Bureau
c. LENGTH OF STAY (In this place): 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana 27
b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red Lodge,
d. STREET ADDRESS (If rural, give location): 317 So. Broadway

d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 050

3. NAME OF DECEASED (Type or Print): a. (First) ESTHER; b. (Middle) S.; c. (Last) LEVIN

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 15, 1896
9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Store Keeper 3
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (State or foreign country): Council Bluffs, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marcus Soloman — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516-36-7480-A
17. INFORMANT'S OWN SIGNATURE: Robert N Levin — ADDRESS: BOX 657 RED LODGE MT 59068

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Art Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinson syndrome — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fx Humerus — 2 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/20, 1969, *to* 7/10, 1972, *that I last saw the deceased alive on* 7/10, 1972, *and that death occurred at* 2pm m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard W Bowen MD (Degree or title)
23b. ADDRESS: 619 So Canyon
23c. DATE SIGNED: 7/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Trans-Burial
24b. DATE: 7/14/72
24c. NAME OF CEMETERY OR CREMATORY: Beth Aaron Cemetery
24d. LOCATION (City, town, or county) (State): Billings, Montana

DATE REC'D BY LOCAL REG.: July 20, 1972
REGISTRAR'S SIGNATURE: Berniece M. Skinner
25. EMBALMER: Marvin R Heikkila
LICENSE NO.: M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 6 1973
JAN - 2 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3289
Local Reg. No. 351
Reg. Dist. No. 360

BIRTH NO.

JUL 17 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 816 10th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CORA	LEVINA	CROWTHER	July 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 21, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Cumro, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Edmunds	Dowlais, So. Wales	Mary Ann Jones	Aberdare, So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	519-26-1988-A	Herman Blowther	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1967 to July 10, 1972, that I last saw the deceased alive on July 9, 1972 and that death occurred at 12:45 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin E Blough MD	Nampa Ida	12 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1972	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14, 1972	Bernice M. Skinner	Charles L. Pierce	M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972
JUL 21 1972

DUTIES:

DEC 9 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 20 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 27 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 08 1996

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3290
Local Reg. No. 357
Reg. Dist. No. 360

RECEIVED JUL 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 523-8th Ave. So. 000	d. STREET ADDRESS (If rural, give location): 523-8th Ave. So.

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Wendell	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year)	July 11, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 2,1909	9. AGE (In years last birthday): 63	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary-treasurer 3	10b. KIND OF BUSINESS OR INDUSTRY: Irrigation-District	11. BIRTHPLACE (State or foreign country): Feb. 2, 1909	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Lee Everett Moore	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Ersula Fox	BIRTHPLACE: Kansas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - - - -	16. SOCIAL SECURITY NO.: 514-07-9670	17. INFORMANT'S OWN SIGNATURE: Irene Moore	ADDRESS: Nampa, Idaho		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Coronary Occlusion

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease

~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1946, *to* 11 July, 1972, *that I last saw the deceased alive on* 11 July, 1972, *and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Mangum MM 322 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 14 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7/14/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: July 17, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Marvin R. Hakkila	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

OCT 29 1974

AUG 12 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 18 1972 Bureau of Vital Statistics

State File No. 3291
Local Reg. No. 358
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050	d. STREET ADDRESS (If rural, give location) 2303 Hird

3. NAME OF DECEASED (Type or Print)	a. (First) Leora	b. (Middle) Didericksen	c. (Last) Robb	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1906	9. AGE (In years last birthday) 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tremonton, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ernest Zesiger	BIRTHPLACE Switzerland	14. MOTHER'S MAIDEN NAME Jeanetta Layton	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-42-2893	17. INFORMANT'S OWN SIGNATURE + Mrs Leola Chadd	ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

174X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH 4 yr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1971, *to* July 12, 1972, *that I last saw the deceased alive on* July 12, 1972, *and that death occurred at* a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Marvin E. Slough 730 (Degree or title)	23b. ADDRESS Nampa Idaho	23c. DATE SIGNED 13 July 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-14-72	24c. NAME OF CEMETERY OR CREMATORY Weiser Cemetery	24d. LOCATION (City, town, or county) Weiser, Idaho (State)
DATE REC'D BY LOCAL REG. July 18, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER James R. Dakan — LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 25 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3292
Local Reg. No. 371
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 803 S. Wardwell St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	W.	Fosbinder	July 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 30, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Perkins, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Fosbinder	Wisconsin	Loretta Carley	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-9612	X Minnie Bell Fosbinder	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarct
DUE TO (b) Coronary sclerosis
DUE TO (c) Cerebral thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-6, 1972 *to* 7-12, 1972 *that I last saw the deceased alive on* 7-11, 1972, *and that death occurred at* 10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank M. [illegible] M.D. 166	Caldwell Idaho	7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-17-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 24, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 26 1972 Bureau of Vital Statistics

State File No. 3293
Local Reg. No. 372
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 14

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): P.O.Box 517

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital 051

3. NAME OF DECEASED (Type or Print): a. (First) Dale b. (Middle) E. c. (Last) Dickson

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 12,1918

9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months: 4 Days: 9
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Duty Mech. 4

10b. KIND OF BUSINESS OR INDUSTRY: So. Board of Cont.

11. BIRTHPLACE (State or foreign country): Gates, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hurbert Dickson BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Lucy Shettron BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 518-64-7043

17. INFORMANT'S OWN SIGNATURE: Betty J. Dickson ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 cerebral myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24-72, 19____, *to* 7-12-72, 19____, *that I last saw the deceased alive on* 7-12-72, 19____, *and that death occurred at* 6:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE X W. L. Hubler, M.D. (Degree or title) 338

23b. ADDRESS: 222 East Elm, Caldwell, Ida

23c. DATE SIGNED: 7-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-15-1972

24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale

24d. LOCATION (City, town, or county) (State): Near Marsing & Homedale

DATE REC'D BY LOCAL REG.: July 25, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Leonard P. Flahiff

LICENSE NO.: M-481

FIRM NAME: Homedales Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972
JUL 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3294
Local Reg. No. 364
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 223 Banner Street
d. STREET ADDRESS (If rural, give location): 223 Banner Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) c. (Last) SCHREINER

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 23, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired) 7

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Byran, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Schreiner
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Francis S. Berghammer
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 519-30-7250

17. INFORMANT'S SIGNATURE: Norbert Schreiner
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Inspection & History, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at about 7 P.M. from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title): Henry C Wesche M. D. Coroner
23b. ADDRESS: 1305 3rd St. So., Nampa, Ida.
23c. DATE SIGNED: 7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 20, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Charles A Parsons
LICENSE NO.: M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3295
Local Reg. No. 366
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): 10dy	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Nyssa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050	d. STREET ADDRESS (If rural, give location): RFD 2

3. NAME OF DECEASED (Type or Print)	a. (First) David	b. (Middle) Hubert	c. (Last) Christensen	4. DATE OF DEATH (Month) (Day) (Year) 7-13-1972
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 1-24-1909	9. AGE (In years last birthday): 63 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 7	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: David Christensen	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Mary L. Burton	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -	16. SOCIAL SECURITY NO.: 540-44-0974	17. INFORMANT'S OWN SIGNATURE: Leone Christensen RFD 2	ADDRESS: Nyssa Ore.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ca prostate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Possibly Ca bladder

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: several years Cared for By Dr Dole

19a. DATE OF OPERATION: 7-11-72	19b. MAJOR FINDINGS OF OPERATION: massive bleeding from prostate + bladder neck	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3-, 1972, *to* 7-13-, 1972, *that I last saw the deceased alive on* July 13, 1972, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles P. Bockenstette 983 (Degree or title) MD	23b. ADDRESS: 723 E Roosevelt Nampa	23c. DATE SIGNED: 7/	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-17-1972	24c. NAME OF CEMETERY OR CREMATORY: Nyssa	24d. LOCATION (City, town, or county) (State): Nyssa Oregon
DATE REC'D BY LOCAL REG.: July 21, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: B B Lienkaemper	LICENSE NO.: 408 Ore.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

JUL 24 1972

SEP 25 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JAN 0 9 2009
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3296
Local Reg. No. 370
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Convalescent Center 354

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 210 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) A. c. (Last) Krall

4. DATE OF DEATH (Month) (Day) (Year) July 14, 1972

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 1, 1883
9. AGE (In years last birthday) 89 IF UNDER 1 YR. Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apt. House Owner 2
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Bloomington, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hubert Allen BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Emily Small BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-60-2354 Tx
17. INFORMANT'S OWN SIGNATURE Mrs Irene A. Krall ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 5d.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SENILITY (~~CER~~ CEREBRAL ARTERIOSCLEROSIS 6 mos.
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1971, *to* July 14, 1972, *that I last saw the deceased alive on* June, 1972, *and that death occurred at* approx 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald D Price MD 424 (Degree or title)
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 7/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-18-1972
24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery
24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. July 21, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER [signature]
LICENSE NO. M-481

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Flaniff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

MAY 20 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3297
Local Reg. No. 362
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 651

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell,
d. STREET ADDRESS (If rural, give location): Rt. # 4,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CORA	B.	KLINGINSMITH	July 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 27, 1882	89	11 / 18	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	At Home	Corning, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Grammer	No Record	Rachel Ann Kelly	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-8211	Alice Lawrence	Caldwell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Intra abdominal Carcinoma, type undetermined, probably duct origin. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. A. S. H. D.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 15, 1965, *to* July 15, 1972, *that I last saw the deceased alive on* July 14, 1972 *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
253 Jackson, MD	222 East Logan	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/18/72	Cloverdale Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20, 1972	Bernice M. Skinner	Richard W. Meschuk	M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 6 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 21 1972

State File No. 3298
Local Reg. No. 360
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place) 8 Hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Mem. Hospital 051	d. STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First) Lawson	b. (Middle) Conrad	c. (Last) Burgett	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1972
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov, 12, 1893	9. AGE (In years last birthday) 78 — IF UNDER 1 YR. Months 8 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 7	10b. KIND OF BUSINESS OR INDUSTRY Semi-Retired	11. BIRTHPLACE (State or foreign country) Falls City, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John W. Burgett	BIRTHPLACE Dawson, Nebraska	14. MOTHER'S MAIDEN NAME Sarah Burnie	BIRTHPLACE Salem, Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 518-26-7722A	17. INFORMANT'S OWN SIGNATURE x Erma N. Kelly	ADDRESS	

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18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarct

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1972, *to* July 15, 1972, *that I last saw the deceased alive on* July 15, 1972 *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 166	23b. ADDRESS Caldwell, Ida	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 7-19-1972	24c. NAME OF CEMETERY OR CREMATORY Mt. View Mausoleum	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. July 20, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER [signature] FIRM NAME: Flahiff Funeral Chapel	LICENSE NO. M-481

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Lawson Conrad Burgett

now lying ~~buried~~ entombment in at Mtn View Mausoleum Cemetery, in the City or Town of Boise

County of Ada State of Idaho, who died on the 15th day of July, 1972, Aged 78 years ____ months

____ days, the cause of death being Myocardial infarct,coronary sclerosis and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. J. P. Finck attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Dry Creek Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Ada it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 26th day of July, A.D. 19 72.

Permit issued to:
Flahiff Funeral Chapel
P. O. Box 726
Caldwell, Idaho 83605

W. W. Benson
by Director, Division of Vital Statistics
Joyce B Foltz

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

Health Officer

FORM BH 56-019

DEC 15 1972

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes."

Certificate of Death
STATE OF IDAHO

State File No. 3299
Local Reg. No. 368
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 42
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Owyhee 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) Box 594

3. NAME OF DECEASED (Type or Print) a. (First) Doris b. (Middle) Elenor c. (Last) Ross
4. DATE OF DEATH (Month) (Day) (Year) July 15, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 25, 1899
9. AGE (In years last birthday) 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Big Timber, Montana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Levi Baker BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Christina E. Peterson BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-07-1531A
17. INFORMANT'S OWN SIGNATURE Hazel M. Wilks ADDRESS Homedale Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia, Viral — INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Regional Enteritis — 3 mos
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

5630

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10/72 *to* 7/15/72 *that I last saw the deceased alive on* 7/15/72 *and that death occurred at* 1065 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED 7/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-18-72
24c. NAME OF CEMETERY OR CREMATORY Marsing-Homedale Cemetery
24d. LOCATION (City, town, or county) Marsing, Idaho (State)

DATE REC'D BY LOCAL REG. July 21, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER James R. Dolan
LICENSE NO. M-485
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. 3300
Local Reg. No. 369
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): 10 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 324 SW Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Gilbert	c. (Last) STAFFORD	4. DATE OF DEATH (Month) July (Day) 16, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 4, 1900	9. AGE (In years last birthday): 71 — IF UNDER 1 YR. Months: - Days: - — IF UNDER 24 HRS. Hours: - Min.: -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY: Auto. Garage	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Lewis Stafford	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Lena Kennedy	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 519-05-2444	17. INFORMANT'S OWN SIGNATURE: Bessie Stafford	ADDRESS: New Plymouth, Ida.	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2-3-69

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2-68, 19__, *to* 7-16-72, 19__, *that I last saw the deceased alive on* 7-16-72, 19__, *and that death occurred at* 12:40A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Hubler	25c (Degree or title): M.D.	23b. ADDRESS: Caldwell, Idaho	23c. DATE SIGNED: 7-18-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial	24b. DATE: July 19,1972	24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery	24d. LOCATION (City, town, or county): New Plymouth (State): Idaho
DATE REC'D BY LOCAL REG.: July 21, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. 3301
Local Reg. No. 367
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 2, Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 2, Nampa 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 2, Box 2436

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	J.	Marshall	July 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 28, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer & Minister		Gillingham, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lambern Marshall	Wisconsin	Sarah Higgenbottom	Wiscpnsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-5751	X Marie B. Marshall	Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1890

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypernephroma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m		

22. I hereby certify that I attended the deceased from June, 1968, to July 16, 1972, that I last saw the deceased alive on July 7, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren Blough 730 MD	Nampa Idaho	18 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-20-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Bernice M. Skinner	Rodney Dolan	M 508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 26 1972
DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. 3302
Local Reg. No. 365
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa 215-15th A c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 215-15th Ave. South 1000	d. STREET ADDRESS (If rural, give location): 215-15th Ave. South

3. NAME OF DECEASED (Type or Print)	a. (First) Lionel	b. (Middle) John	c. (Last) Bushell	4. DATE OF DEATH (Month) July (Day) 16 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 16, 1911	9. AGE (In years last birthday): 60 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY: Trailer Industry	11. BIRTHPLACE (State or foreign country): Ogden, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Luke Bushell	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Flo Jordan	BIRTHPLACE: Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 516-12-6849	17. INFORMANT'S OWN SIGNATURE: Mrs. Lionel Bushell	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 7 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arterio sclerotic heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1972 *to* July 16, 1972, *that I last saw the deceased alive on* July 12, 1972, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Nannie E. Blough 730 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 18 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: July 18, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory	24d. LOCATION (City, town, or county): Ada County (State): Idaho
DATE REC'D BY LOCAL REG.: July 21, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3303
Local Reg. No. 374
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 26 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. # 5, Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Rt. # 5, Nampa 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Rt. # 5

3. NAME OF DECEASED (Type or Print)
a. (First) Preston
b. (Middle) Elbert
c. (Last) Gidley

4. DATE OF DEATH (Month) (Day) (Year) July 17, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 13, 1895
9. AGE (In years last birthday) 76
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Haviland, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Darwin Gidley
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Ella Pierce
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 465-32-6841
17. INFORMANT'S OWN SIGNATURE ADDRESS
X Marthella Beagley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4121

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure
DUE TO (b) Arteriosclerotic heart disease - myocardial weakness
DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH
7 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-72, 19__, to July 17, 19 72, that I last saw the deceased alive on 5-24, 1972, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 166
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-20-72
24c. NAME OF CEMETERY OR CREMATORY Old Ochiltree Cemetery
24d. LOCATION (City, town, or county) Perryton, Texas (State)

DATE REC'D BY LOCAL REG. July 25, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER Rodney W Dakan
LICENSE NO. M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 1 1972 Bureau of Vital Statistics

State File No. 3304
Local Reg. No. 377
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1424 Dearborn

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RUTH	M	EVANS	7	18	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	May 13, 1896	76	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fish Tackle Mfg.	Retired	Bradshaw, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amos Miller	Selma, Ohio	Virginia Howell	Selma, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-09-0951A	x Hank LaCavera	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Dysgerminoma Ovary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1969	Tumor of Ovary	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
–				

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1969, to 7/18, 1972, that I last saw the deceased alive on 7/18, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald Bauman M.D. 034	Caldwell Ida	7/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/22/72	Cremation	Mt. View Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Bernice M. Skinner	Leonard C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 14 1972

FEB 12 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
JUL 31 1972
Bureau of Vital Statistics

State File No. 3305
Local Reg. No. 376
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)	a. (First) ANNIE	b. (Middle) ESTEL	c. (Last) WELCH	4. DATE OF DEATH (Month) (Day) (Year) July 19, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 25, 1892	9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Berthoud, Colorado	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Robert S. Williamson	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Naomi Williamson Burch	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: x L. W. Welch	ADDRESS: Kuna, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Aneurysm Abdominal Aorta c̄ Rupture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~
~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13/ *, 19*68*, to* 7/19/ *, 19*72*, that I last saw the deceased alive on* 7/19/ *, 19*72*, and that death occurred at* 5:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jos Saltzer 454 (Degree or title) M.D.	23b. ADDRESS: 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED: 7/21/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7/24/72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho
DATE REC'D BY LOCAL REG.: July 28, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALSIP FUMERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3306
Local Reg. No. 375
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 140 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 5, Caldwell c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 5, Caldwell 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
U.	Carroll	Sparks	July 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 18, 1911	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Brandsville, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jim Sparks	Unknown	Nora Day	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-01-8906	x Mrs. Carroll Sparks	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inspection & History *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 560 (Degree or title) M. D. Coroner	Nampa, Idaho	7-24-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-24-72	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Berniece M. Skinner	Walter A. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3307
Local Reg. No. 379
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route 2, Box 2569 (Garrity Boulevard)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NANCY	MARIE	DUNN	July 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 17, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Glenwood, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Sherfey	Kentucky	Nora M. Sherfey	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - -	550-20-3279-B	Nancy Dunn	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1519 Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/12/ , 19 69 to 7/20/ , 19 72 , that I last saw the deceased alive on 7/20/ , 1972 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard C. Dwyer 666 M.D.	619 So. Canyon, Nampa, Idaho	July 21, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24, 1972	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 1, 1972	Bernice M. Skinner	Charles A. Parsons	M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3308
Local Reg. No. 385
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa,
d. STREET ADDRESS (If rural, give location): 327 1st St. No., Ext.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT		PARK	July 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 27, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired &	Highway Maint.	Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Park	No Record	Minnie Amos	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-2727	+ William L. Park	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-9-72 *, 19____, to* 7-20-72 *, 19____, that I last saw the deceased alive on* 7-20-72 *, 19____, and that death occurred at* 6:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Burba 350 /	222 East Elm, Caldwell, Idaho	7-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/24/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3, 1972	Berniece M. Skinner	Richard W. Meanbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3309
Local Reg. No. 380
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Orval	E.	Green	July 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 27, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Souix County, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Milton H. Green	Ohio	Fannie Mason	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I	540-44-0223A	Dale F. Green	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction — 30 min.
DUE TO (c) Atherosclerotic Heart Disease — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* — , 19— , *to* — , 19— , *that I last saw the deceased alive on* — , 19— , *and that death occurred at* 9:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 876	Caldwell	7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-25-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 1, 1972	Bernice M. Skinner	[signature] Dalton	M-508

FIRM NAME: Dalton Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

APR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 2 6 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG8 1972 Bureau of Vital Statistics

State File No. 3310
Local Reg. No. 390
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 511 Ninth Ave So.

3. NAME OF DECEASED (Type or Print): a. (First) Alpha; b. (Middle) Jewell; c. (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 29, 1892

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months: 6 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady 3

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Hale, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Lee Cox
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Josie Metcalf Union Co. Tenn.
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-18-1697

17. INFORMANT'S OWN SIGNATURE: x Joann Thurle
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) pulmonary edema & effusion — INTERVAL BETWEEN ONSET AND DEATH: 24 HR

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metast. adenoca to Rt. & Lt. Lung — 6 mo.
DUE TO (c) Adenoca Sigmoid — 2 1/2 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION: 21 JULY 72

19b. MAJOR FINDINGS OF OPERATION: Recurrent Adenocarcinoma Abd. scar & Sm. bowel

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 JAN, 1970, *to* 23 JULY, 1972, *that I last saw the deceased alive on* 23 JULY, 1972, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jh moritz MD (Degree or title) 367

23b. ADDRESS: Jh moritz MD 2230 E LOGAN

23c. DATE SIGNED: 2 AUG 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-27-1972

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: August 7, 1972

REGISTRAR'S SIGNATURE: Bernece M. Skinner

25. EMBALMER: Leonard C. Flahiff

LICENSE NO.: M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH—63021

AUG 2 1 1972

AUG 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3311
Local Reg. No. 394
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 10 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon (41)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital (051)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon (40)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 5, Caldwell
d. STREET ADDRESS (If rural, give location): Route 5, Caldwell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George		Hodges	July	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 9, 1877	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. farmer 7	farming	Millville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Hodges	England	Emma Stedder	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-3532	X Gladys Mendenhall	RT 5 Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute anterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old myocardial infarction, Bronchopneumonia, Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-7-72, 19____, *to* 7-24-72, 19____, *that I last saw the deceased alive on* 7-24-72, 19____, *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Cherly Reed MD 377 (Degree or title) /	222 East Elm, Caldwell, Idaho	7-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 24, 1972	Preston, Idaho	Preston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 9, 1972	Bernice M. Skinner	Carl E. Hastings	M438

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

AUG 8 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3312
Local Reg. No. 381
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School and Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 344 North 15th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TED	LEROY	LAYFIELD	July 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	April 23, 1961	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adrian Leroy Layfield	Idaho	Ramona Darling Nelson	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No - - -
16. SOCIAL SECURITY NO.: 519-74-7456
17. INFORMANT'S OWN SIGNATURE: Elizabeth Behrens R.N. ADDRESS: Idaho State School and Hospital

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident.	Near Cottage No 4 at State School	Nampa	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 24 1972 5:00 p.m.		Child ran into field and found drowned in irrigation ditch

22. I hereby certify that I attended the deceased from Inspection & history, 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at About 5.00 P.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M. D.	Coroner	Nampa, Idaho	7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	July 24, 1972	Mountain View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 1, 1972	Bernice M. Skinner	Charles A. Parsons	M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in ONLY handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 15 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3313
Local Reg. No. 398
Reg. Dist. No. 360

BIRTH NO.

AUG 14 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place) 8 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mtn. View Nursing Home 360	d. STREET ADDRESS (If rural, give location) 1422 South Kimball

3. NAME OF DECEASED (Type or Print)	a. (First) Lawrence	b. (Middle) Melvin	c. (Last) Porter	4. DATE OF DEATH (Month) (Day) (Year) July 25, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1886	9. AGE (In years last birthday) 86 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Engineer 5	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Pierre, So. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Porter	BIRTHPLACE Ohio	14. MOTHER'S MAIDEN NAME Mary Tuttle	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 518-36-0675A	17. INFORMANT'S OWN SIGNATURE Mrs Lawrence M Porter	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	MYOCARDIAL INFARCT.	unmed
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972, *to* 25 July 1972, *that I last saw the deceased alive on* 25 July, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald D Price 424 (Degree or title) MD	23b. ADDRESS Caldwell, Ida	23c. DATE SIGNED 8/3/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/31/72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) Caldwell (State) Idaho		
DATE REC'D BY LOCAL REG. August 10, 1972	REGISTRAR'S SIGNATURE Bernice M Skinner	25. EMBALMER Leonard C. Flahiff
LICENSE NO. M-481		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
DEC 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
MAR 29 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
JUL 12 1978
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.
JUL 16 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to
SEP 21 1994

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3314
Local Reg. No. 383
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 203 South Canyon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pearl	M.	Downey	July 26 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 14, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur R. Silver	Wisconsin	Iva M. Sims	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-32-4866B	Mrs Howard Floyd	Caldwel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 21, 1972, to June 26, 1972, that I last saw the deceased alive on July 21, 1972, and that death occurred at 3:20P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
766 (Degree or title)	Nampa, Idaho	7/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 31, 1972	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3, 1972	Bernice M. Skinner		11438

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3315
Local Reg. No. 382
Reg. Dist. No. 360

RECEIVED AUG 2 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 6, Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 6, Caldwell 000	d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print)	a. (First): Elsie	b. (Middle): Elizabeth	c. (Last): Stansell	4. DATE OF DEATH (Month) (Day) (Year): July 26, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 27, 1904	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Marble, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James M. Horine	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Myrtle H. Myres	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-38-3570	17. INFORMANT'S OWN SIGNATURE: M. H. Stansell	ADDRESS	

3959

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Aortic Stenosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection & History *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* Found dead about 12:30 P. M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche	560 (Degree or title) 4 M. D. Coroner	23b. ADDRESS: Nampa, Idaho	23c. DATE SIGNED: 7-28-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-1-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Aug. 1, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: James R. Dakan	LICENSE NO.: M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtainjng the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3316
Local Reg. No. 391
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1815 Wyoming

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Flora	C.	Eddy	July 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 26, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Holt County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert G. Cowan	Missouri	Martha Kunkel	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
	518-07-2908D	Mrs Leo Patrick

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5900

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) RENAL FAILURE, CHRONIC — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC PYELONEPHRITIS — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASHD & CHF — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1972, *to* July 27, 1972, *that I last saw the deceased alive on* July 26, 1972, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald D. Price MD	Caldwell, Ida	8/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-31-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 7, 1972	Bernice M. Skinner	James D. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3317
Local Reg. No. 389
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): 12 Wks.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Convalescent Center 396	d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First) RUTH	b. (Middle) PELTON	c. (Last) SIVERTS	4. DATE OF DEATH (Month) (Day) (Year) July 27, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 25, 1908	9. AGE (In years last birthday): 64 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher	10b. KIND OF BUSINESS OR INDUSTRY: Star Schools	11. BIRTHPLACE (State or foreign country): Werner, No. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Sam Pelton	BIRTHPLACE: No. Dakota	14. MOTHER'S MAIDEN NAME: Sophia Beuhner	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 518-30-0558	17. INFORMANT'S OWN SIGNATURE: Norman V Siverts	ADDRESS: Caldwell, I	

174X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	METASTATIC CARCINOMA of BREAST	2 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CARCINOMA of BREAST.	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1970, *to* July, 1972, *that I last saw the deceased alive on* approx June, 1972, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald D Price MD 424 (Degree or title)	23b. ADDRESS: Caldwell Ida	23c. DATE SIGNED: 8/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: July 30, 1972	24c. NAME OF CEMETERY OR CREMATORY: Werner Cemetery	24d. LOCATION (City, town, or county) (State): Dunn County, North Dakota
DATE REC'D BY LOCAL REG.: August 7, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Leonard P. Flahiff	LICENSE NO.: M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 2 1972 141 Bureau of Vital

State File No. 3318
Local Reg. No. 378
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell	c. LENGTH OF STAY (In this place): 10 da.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 314 W.Cherry St. Meridian

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) W	c. (Last) Doner	4. DATE OF DEATH (Month) (Day) (Year) July 27,1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 2-6-98	9. AGE (In years last birthday): 74 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Del. 6	10b. KIND OF BUSINESS OR INDUSTRY: US Post Office	11. BIRTHPLACE (State or foreign country): Wausa, Nebraska	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: John D.Doner	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Winnie Krueger	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-46-1907	17. INFORMANT'S OWN SIGNATURE: Millie E. Doner	ADDRESS: 314 W. Cherry St. Meridian	

18. CAUSE OF DEATH 4412
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Abdominal aortic aneurysm.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Aortic stenosis.	
DUE TO (c)	General arteriosclerosis.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	

19a. DATE OF OPERATION: 7-27-72	19b. MAJOR FINDINGS OF OPERATION: Rapidly enlarging abdominal aortic aneurysm.	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~XXXX~~ 7-17-72, *to* 7-27-72, 19____, *that I last saw the deceased alive on* 7-27-72, 19____ *and that death occurred at* 10:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Palrang, M.D. 475 (Degree or title)	23b. ADDRESS: 404 E. Elm, Caldwell, Idaho	23c. DATE SIGNED: 7-31-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 7/31/72	24c. NAME OF CEMETERY OR CREMATORY: Mt'n.View Crematory
24d. LOCATION (City, town, or county) (State): Box 7212 Boise, Idaho		
DATE REC'D BY LOCAL REG.: Aug. 1, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: [signature]
LICENSE NO.: M-527		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home P.O.Box 7212 83707 Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3319
Local Reg. No. 386
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Blvd Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	E.	Smith	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Aug. 16, 1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Warren County, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Smith	Unknown	Eva Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	544-14-9553A	E. W. Smith	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-15, 19 72, *to* 7-28, 19 72, *that I last saw the deceased alive on* 7-20-, 19 72, *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry E. Wesche M.D. 560	Nampa - Idaho	8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-2-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 16 1981

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

AUG 8 1972

Bureau of Vital Statistics

STATE OF IDAHO

State File No. 3320
Local Reg. No. 392
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Hospital 000	d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First): Arlene	b. (Middle): Marie	c. (Last): Ring	4. DATE OF DEATH (Month) (Day) (Year): July 28, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: August 21, 1938	9. AGE (In years last birthday): 33 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): New York City, N. Y.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles J. Reimuth	BIRTHPLACE: N. Y.	14. MOTHER'S MAIDEN NAME: Marie C. Dempsey	BIRTHPLACE: N.Y.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x Ellory J. Ring	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8599

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Asphyxia	Immed.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	apparent DUE TO (b) Injection, unknown drugs.	?
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) 13-010 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	158 (Degree or title) MD	23b. ADDRESS: 619 So Canyon, Nampa	23c. DATE SIGNED: 8-1-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-2-72	24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery	24d. LOCATION (City, town, or county) (State): Kuna, Idaho
DATE REC'D BY LOCAL REG.: August 7, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: James R. Dakan	LICENSE NO.: M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3321
Local Reg. No. 387
Reg. Dist. No. 360

RECEIVED AUG 7 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 1703-5th Street North

3. NAME OF DECEASED (Type or Print)	a. (First) Donald	b. (Middle) G.	c. (Last) Hancock	4. DATE OF DEATH (Month) July (Day) 29, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 17,1892	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Store Helper 3	10b. KIND OF BUSINESS OR INDUSTRY: Ry. Shop.	11. BIRTHPLACE (State or foreign country): McKinney, Texas.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Hancock	BIRTHPLACE: Texas	14. MOTHER'S MAIDEN NAME: Josephine No Record	BIRTHPLACE: No Record.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-09-6324	17. INFORMANT'S OWN SIGNATURE: Clara G. Hancock	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bleeding Stomach Ulcer 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peptic Ulcer Disease 30 yrs

DUE TO (c) Anemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arthritis & Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 28 July 72	19b. MAJOR FINDINGS OF OPERATION: Bleeding gastric ulcer	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1946, *to* 29 July, 1972, *that I last saw the deceased alive on* 29 July, 1972, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Mangum 322 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 1 Aug 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: August 1,1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Ada County, Idaho.		
DATE REC'D BY LOCAL REG.: August 4,1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Richard W. Mesenbrink
LICENSE NO.: M-487		

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972
NOV 0 8 1994
MAY 1 4 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3322
Local Reg. No. 388
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Nampa Convelescent Center 351

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 2, Nampa
d. STREET ADDRESS (If rural, give location): Route 2, Nampa

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie		Krueger	July 30 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 29, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	at home	Grant, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Melchert	No Record	Ernistine Arndt	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-28-6684	* Hilda M. Cherry	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Myocardial infarct	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmary malpla	1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1964, 19__, to July 30, 19 72, that I last saw the deceased alive on July 30, 1972, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
326 (Degree or title)		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1972	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 4, 1972	Bernice M. Skinner	Richard W. Mendenhall	M-287

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3323
Local Reg. No. 384
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place): 142	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Convalescent Center 351	d. STREET ADDRESS (If rural, give location): 116 Garland

3. NAME OF DECEASED (Type or Print)	a. (First) S.	b. (Middle) Maude	c. (Last) Gilbert	4. DATE OF DEATH (Month) July (Day) 30 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 18, 1900	9. AGE (In years last birthday): 72; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife X	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Crockett, Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Isaac W. King	BIRTHPLACE: Virginia	14. MOTHER'S MAIDEN NAME: Susan Catron	BIRTHPLACE: Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 507-28-9821 A	17. INFORMANT'S OWN SIGNATURE: Don D. Rosenbaum	ADDRESS: Walla Walla	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro arteriosclerosis.
~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 March, 1972, *to* 30 July, 1972, *that I last saw the deceased alive on* 30 July, 1972, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Manzum 322 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: Aug 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 3, 1972	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa	(State): Idaho	
DATE REC'D BY LOCAL REG.: August 3, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Meadbrink
LICENSE NO.: M-487		

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3324
Local Reg. No. 403
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051	d. STREET ADDRESS (If rural, give location) 615 Galveston

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) P.	c. (Last) Tuning	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27, 1895	9. AGE (In years last birthday) 77 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Allen, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Tuning	BIRTHPLACE Virginia	14. MOTHER'S MAIDEN NAME Martha Presnell	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) War I	16. SOCIAL SECURITY NO. 519-40-0274A	17. INFORMANT'S OWN SIGNATURE Earl Tuning	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	10d
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	see Autopsy	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1972 *to* 7/31, 1972, *that I last saw the deceased alive on* 7/31, 1972 *and that death occurred at* 1:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 969 (Degree or title)	23b. ADDRESS Caldwell	23c. DATE SIGNED 8/11/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-72	24c. NAME OF CEMETERY OR CREMATORY Greenleaf Cemetery
24d. LOCATION (City, town, or county) (State) Greenleaf, Idaho		
DATE REC'D BY LOCAL REG. August 14, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER James R. Dakan — LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-630-1

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3325
Local Reg. No. 21
Reg. Dist. No. S20-S21

RECEIVED AUG 7 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou /5/
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 29 South First East

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Stanley Huff

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 12, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-retired

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Ames, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Huff
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Ida Dye
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-48-1319

17. INFORMANT'S OWN SIGNATURE: + Helen Huff
ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — Several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-13, 1972, *to* 6-30, 1972, *that I last saw the deceased alive on* 6-30, 1972, *and that death occurred at* 1:35 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lance Light 535 (Degree or title) MD
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/3/72
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 8-4-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore Allen
LICENSE NO.: M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 18 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3326
Local Reg. No. 1
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 15 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 15 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 181 North First East

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Wesley Redford Maughan

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Aug. 2, 1907	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
operator-retired	City Service	Wellsville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William P. Maughan		Martha Redford	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-38-5906	J R Maughan	Soda Springs, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis due to — INTERVAL BETWEEN ONSET AND DEATH: 16 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-20, 1972, *to* 7-6, 1972, *that I last saw the deceased alive on* 7-6, 1972, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ramon Leigh	535 MD	Soda Springs Idaho	7/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/10/72	Fairview Cemetery	Soda Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Elise N. Bingham, Deputy	Teadow Allen	M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3327
Local Reg. No. 2
Reg. Dist. No. 520-521

BIRTH NO.

JUL 18 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caribou Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ORBIE		GOODENOUGH	July 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Mar. 23, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Baxter, Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew McHenry		Martha Ann Elrod	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Elmer W. Goodenough	Inkom

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5932

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Undiagnosed Disease of Kidney — INTERVAL BETWEEN ONSET AND DEATH: 4 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1972, *to* July 10, 1972, *that I last saw the deceased alive on* July 9, 1972, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
535 (Degree or title) / Lemuel Taylor MD	Soda Springs Idaho	7/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jul. 12, 1972	Inkom Cemetery	Inkom, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Elise N. Bingham, Deputy	Leodora S Allen	M370

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3328
Local Reg. No. 3
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: CARIBOU 15	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Utah 45 b. COUNTY: Weber 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs LENGTH OF STAY (In this place): hrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Caribou County Hospital 069	d. STREET ADDRESS (If rural, give location): 455 20th Street

3. NAME OF DECEASED (Type or Print) a. (First): (NED) EDWIN	b. (Middle): GARTH	c. (Last): APGOOD	4. DATE OF DEATH (Month): July	(Day): 25	(Year): 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced	8. DATE OF BIRTH: July 12, 1921	9. AGE (In years last birthday): 51	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright 5	10b. KIND OF BUSINESS OR INDUSTRY: Grain Elevator	11. BIRTHPLACE (State or foreign country): Malad City, Idaho	12. CITIZEN OF WHAT COUNTRY?: U.S.A.		
13. FATHER'S NAME: FRANK LESLIE APGOOD	BIRTHPLACE: Wanship, Utah	14. MOTHER'S MAIDEN NAME: SARAH ELIZABETH DUDLEY	BIRTHPLACE: Cherry Creek, Idh.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): WORLD WAR II	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Gerane Apgood	ADDRESS: 455-20th Ogden, Utah	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

881X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Head injuries — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Grain Bin	21c. (CITY, TOWN, OR TOWNSHIP): Grace	(COUNTY): Caribou	(STATE): Idaho
21d. TIME OF INJURY (Month): July	(Day): 25	(Year): 1972	(Hour): 8:55 A.M.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur? Scaffold collapsed & fell on head in corn mill				

22. *I hereby certify that I attended the deceased from* 7/25, 19 72 *to* 7/25/72, 19____, *that I last saw the deceased alive on* 7/25/72, 19____, *and that death occurred at* 9:55 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Tuft M.D.	(Degree or title)	23b. ADDRESS: [illegible]	23c. DATE SIGNED: 8/5/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery	24d. LOCATION (City, town, or county) (State): Malad City, Oneida, Idaho
DATE REC'D BY LOCAL REG.: 8-7-72	REGISTRAR'S SIGNATURE: Norene Bunn	25. EMBALMER: Raiford G. Benson	LICENSE NO.: M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 1 3 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3329
Local Reg. No. 4
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) Merrick c. (Last) Grimm

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 31, 1897
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lava Hot Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Devalson M. Merrick — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth R. Kidd — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: D.W. Grimm — ADDRESS: Bancroft, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of breast with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-28, 1972, *to* 7-27, 1972, *that I last saw the deceased alive on* 7-23, 1972, *and that death occurred at* 7:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ramon Ingalls 535 (Degree or title) MD
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/31/72
24c. NAME OF CEMETERY OR CREMATORY: Bancroft Cemetery
24d. LOCATION (City, town, or county) (State): Bancroft, Idaho

DATE REC'D BY LOCAL REG.: 8-4-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Herdon A Allen
LICENSE NO.: M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 26 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3330
Local Reg. No. 81
Reg. Dist. No. 470

RECEIVED AUG 9 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): **********

3. NAME OF DECEASED (Type or Print): a. (First) Jacob; b. (Middle) Newell; c. (Last) Dayley
4. DATE OF DEATH: July 6, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 16, 1881
9. AGE (In years last birthday): 90 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Dayley — BIRTHPLACE: Haw Creek, Iowa
14. MOTHER'S MAIDEN NAME: Anna Christina Eliason — BIRTHPLACE: Eltsburg Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 614-30-9572
17. INFORMANT'S OWN SIGNATURE: Mark Dayley — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteio Sclerosis Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca Metastatic Pulmonary — 6 mos
DUE TO (c) Healed Peptic Ulcer — 2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Myomata 55 in 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1970, 19__, to July 6, 19 72, that I last saw the deceased alive on July 5, 19 72 and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Burley Id
23c. DATE SIGNED: 8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/6/72
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Aug 8, 1972
REGISTRAR'S SIGNATURE: Buck N. Pearson
25. EMBALMER: [signature]
LICENSE NO.: M-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 8 1974

JAN 8 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 7 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 2 2 1995

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3331
Local Reg. No. 74
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 300 West 85 South 000	d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print)	a. (First) Vern	b. (Middle) J.	c. (Last) Waters	4. DATE OF DEATH (Month) (Day) (Year) July 6, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Sept. 4, 1933	9. AGE (In years last birthday): 38 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Burley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James LeRoy Waters	BIRTHPLACE: Springville, Utah	14. MOTHER'S MAIDEN NAME: Mildred Greene	BIRTHPLACE: Smithfield, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): Korean Conflict	16. SOCIAL SECURITY NO.: 518-44-2374	17. INFORMANT'S OWN SIGNATURE: Nora Waters	ADDRESS: Burley, Ida.

9232

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Burns — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tank explosion & fire
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): farm 82	21c. (CITY, TOWN, OR TOWNSHIP) 13 160 (COUNTY) (STATE): Rural Cassia Ida	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-6 72 a m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Tank exploded	

22. *I hereby certify that I attended the deceased from* Investigated *, 19__, to* Death of *, 19__, that I last saw the deceased alive on* _____, 19__, *and that death occurred at* a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD Coroner 165 4 (Degree or title)	23b. ADDRESS: Box 657 Burley	23c. DATE SIGNED: 6-16-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7/10/72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: July 20, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Garth Payne	LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3332
Local Reg. No. 73
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia / 61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia / 61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1601 Conant Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David	Carlton	Harkness	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 14, 1905	67	2 / 22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Cook		Jackson, Georgia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John P. Harkness	Locust Grove, Ga.	Mary Lillian Brooks	Monticello, Ga.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No — — — —	519-03-9486A	Clara A Harkness	Burley, Idaho 1601 Conant

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (1) Arteriosclerotic abdominal aortic aneurysm with arteriosclerosis obliterans — INTERVAL BETWEEN ONSET AND DEATH: 55 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) (2) Postoperative pulmonary embolis or myocardial decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-3-72	See #1 above	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-3-72, 19__, to 7-6, 19 72, that I last saw the deceased alive on 7-5, 1972, and that death occurred at 2:45 A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C Coyden Ellingham 636 (Degree or title) MD	Burley, Idaho 83318	7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 18 1972	Beck N. Pearson	Ormond J Burch	M-471

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3333
Local Reg. No. 75
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 21 1972

1. PLACE OF DEATH a. COUNTY Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location) 2401 Laurel Drive

3. NAME OF DECEASED (Type or Print) a. (First) Virginia	b. (Middle) S.	c. (Last) Lynch	4. DATE OF DEATH (Month) (Day) (Year) 7-10-72	
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-24-1926	9. AGE (In years last birthday) 45 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Utah (Ogden)	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Arvil Staker	BIRTHPLACE Ogden, Utah	14. MOTHER'S MAIDEN NAME Hazel Hunter	BIRTHPLACE Ogden, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE James J. Lynch	ADDRESS Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9521

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carbon Anoxia	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carbon monoxide intoxication	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) 13 161 (COUNTY) (STATE) Burley Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-10-72 a m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Investigated the death of 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at a m., from the causes and on the date stated above.

23a. SIGNATURE Leslie L Fillmore MD 165 (Degree or title) Coroner 4	23b. ADDRESS Box 657 Burley, Ida	23c. DATE SIGNED 7-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-72	24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) (State) Burley, Idaho		
DATE REC'D BY LOCAL REG. July 20, 1972	REGISTRAR'S SIGNATURE Beth H. Pearson	25. EMBALMER Irwin Lee Hansen — LICENSE NO. M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

FEB 5 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 13 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3334
Local Reg. No. 72
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 18 1972 161 Bureau of Vital Statistics 070

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (If in this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital	d. STREET ADDRESS (If rural, give location): 481 South 200 West

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Egbert c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) 7-11-72	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: 6-13-1899	9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Cooper BIRTHPLACE: Fillmore, Utah		14. MOTHER'S MAIDEN NAME: Corrilla Ann Carson BIRTHPLACE: Fillmore, Ut		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 519-14-1669	17. INFORMANT'S OWN SIGNATURE: Lawrence E. Cooper ADDRESS:		

2509

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia	not known
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: Diabetes Mellitus; ASHD; Emphysema.	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1972, *to* July 11, 1972, *that I last saw the deceased alive on* July 11, 1972, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Kircher 2835 (Degree or title) MD	23b. ADDRESS: Burley Idaho	23c. DATE SIGNED: July 14, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 7-14-72	24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery	24d. LOCATION (City, town, or county) (State): Heyburn, Idaho
DATE REC'D BY LOCAL REG.: July 18 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Alvin Lee Hansen	LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3335
Local Reg. No. 70
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 14 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Cassia (16)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River Bridge (West of Overland)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia (16)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 800 Schodde Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Gabriel	Herrera	July 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
Male	Mexican	Never Married	Mar. 19, 1961	11	3 23	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Burley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christ Herrera,	Crested Butte, Colo.	Marie Rendon,	Lampasas, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — —	none	Marie Herrera	800 Schodde

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	river	Burley, Cassia, Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7-12-72 10 m.		Hit head on board as he dove in.

22. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 3:10 p.m., from the causes and on the date stated above. Investigated the death

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Leslie L. Fillmore	MD 165	Box 657 Burley, Ida	7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14, 1972	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
		Ormand F. Burch	M471

Federal Security Agency
United States Public Health Service FORM DH—63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 31 1972 Bureau of Vital Statistics

State File No. 3336
Local Reg. No. 77[illegible]
Reg. Dist. No. 470

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Cassia b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 340 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn d. STREET ADDRESS (If rural, give location): 272 Juan Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Thomas	Ball	July 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Divorced	Feb. 17, 1901	71	5	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired -owner 2	Pool-games	Ray, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Ball,	England	Sarah Dowell,	Joplin, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	537-07-9771	Thomas R Ball	RFD 2 Brigham City 734

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Obstructive pulmonary Emphysema. — INTERVAL BETWEEN ONSET AND DEATH: 2days-acute episode

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 18 July, 1972, *to* 19 July, 1972, *that I last saw the deceased alive on* 19 July, 1972, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Karl Kelly Nicholes M.D.	1335 ACBIOU Burley, Id 83318	21 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 22, 1972	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 28, 1972	Beck N. Pearson	Osmond F Burch	M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3337
Local Reg. No. 76
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cassia County
c. LENGTH OF STAY in: 165
d. FULL NAME OF HOSPITAL OR INSTITUTION: 37 East of Burley In #15 East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California
b. COUNTY: Los Angeles 5555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): 928 Vanhorn

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Cortis	Dodge Jr.	7-20-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	5-8-36	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PLANER (College)	Cal State L.A.	Los Angeles, Cal.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Cortis Dodge Sr.	UNK	Edna Allchin -	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes		547-44-4669	Deceased personal/ effects	West Covina, Cal

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Head Injury — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
******	********	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-160 (COUNTY) (STATE)
Accident	Street 06	37 Miles East of Burley In #15

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7-20-72 1:00 p.m.		Truck Accident (Pick-up Camper)

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray H. Mitchell 588	SHERIFF 5	Cassia County Court House	7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	7-21-72	Rose Hill Memorial Park	Los Angels	Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Burt H. Pearson	Owen Lee Hansen	M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 7 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3338
Local Reg. No. 78
Reg. Dist. No. 47040

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): 18 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 1734 Conant

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Lillian	c. (Last) Woodworth	4. DATE OF DEATH (Month) (Day) (Year): July 21, 1972
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: October 18, 1890	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ezra Campbell — BIRTHPLACE: Virginia		14. MOTHER'S MAIDEN NAME: Florence Woodruff — BIRTHPLACE: Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-54-2078	17. INFORMANT'S OWN SIGNATURE: Ruth Nugent	ADDRESS: Rupert, Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1984

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20-72, 19__, *to* 7-21-72, 19__, *that I last saw the deceased alive on* 7-20-72, 19__, *and that death occurred at* 6 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Hansen	239 (Degree or title) MD	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 7-28-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-24-72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Aug 2 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Irwin Lee Hansen	LICENSE NO.: M5514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

SEP 15 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 12 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3339
Local Reg. No. 79
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 46 1
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia / 60
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) James c. (Last) Edgar
4. DATE OF DEATH (Month) (Day) (Year): 7-23-72
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-16-1894
9. AGE (In years last birthday): 78 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Clark Edgar- BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth Phoebe Bates- BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-2134
17. INFORMANT'S OWN SIGNATURE: Frank Edgar ADDRESS: Burley, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

512X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spontaneous pneumothorax
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-17-72
19b. MAJOR FINDINGS OF OPERATION: Pneumothorax
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1962, to 7-23, 1972, that I last saw the deceased alive on 7-23, 1972, and that death occurred at 12:55 pm from the causes and on the date stated above.

23a. SIGNATURE By: C. Hayden Ellingham, M.D. (Degree or Title) — C. Hayden Ellingham M.D. 656
23b. ADDRESS: Burley, Idaho 83318
23c. DATE SIGNED: 7-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-26-72
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 2 1972
REGISTRAR'S SIGNATURE: Ruth N. Pearson
25. EMBALMER: Irwin Lee Hansen
LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972
DEC 9 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3340
Local Reg. No. 82
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 14 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley (Burley township)
c. LENGTH OF STAY (In this place): 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital
d. STREET ADDRESS (If rural, give location): 1835 Overland Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dorothy	C.	Salmon	July 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	married	Dec. 5, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Riley M. Beckstead	Canada	Mary Hennephy	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	714-10-8834-B	Leonard Salmon	Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1829

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis, generalized abdominal — INTERVAL BETWEEN ONSET AND DEATH: 12 to 15 mos

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma, Uterus???
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, anemia, malnutrition, arteriosclerotic cardiovascular disease.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/19/ , 19 52 , to 7/27/ , 19 72 , that I last saw the deceased alive on 7/27/ , 19 72 , and that death occurred at 6:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Annest, M.D., P.A. BY:	Snow Building, Burley, Ida. 83318	8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/31/72	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 9 1972	Buck N. Pearson		M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 16 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3341
Local Reg. No. 84
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1334 Oriental Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ivy	Margaret	Karlson	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed	June 8, 1905	67	1	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Marshall, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Wesley Edmondson,	North Carolina	Martha Clementine Puckett,	Missippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — —	518-82-2430	Wesley E. Karlson	Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the Ovary with metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-12-71	LIPOID CELL CARCINOMA (R) OVARY	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		BURLEY	CASSIA	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8 NOV, 1971, to 28 JULY, 1972, that I last saw the deceased alive on 28 JULY, 1972, and that death occurred at 630 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. Nicholas McCulloch 1019 (Degree or title) M.D.	1335 ALBION BURLEY IDA.	8-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 1, 1972	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 10 1972	Buck A. Pearson	Ormand J. Burch	M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3342
Local Reg. No. 80
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia AUG9 1972 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 12 days
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia/ 60
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Lynch

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1972

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 6, 1889
9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months: 7 Days: 23
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Almy, Wyoming
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Groutage
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Amanda Jane Laken
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 518-36-9281D
17. INFORMANT'S OWN SIGNATURE: F. N. Lynch
ADDRESS: Declo Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Severe congestive heartfailure — 10 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 72 *19*__, *to* 7-28-, 1972, *that I last saw the deceased alive on* 7-27-, 1972 *and that death occurred at* 1038 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Samuel J Hammond 647 (Degree or title) D.
23b. ADDRESS: Box 47 Paul, Id
23c. DATE SIGNED: 8/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug.3,1972
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county): Declo, (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 7 1972
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F. Burch
LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 1 6 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3343
Local Reg. No. 43
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clearwater Valley Hospital 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Box 181

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle); c. (Last) Parsons, Jr.

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1972

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 15, 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Packer 2

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Ser.

11. BIRTHPLACE (State or foreign country): Kamiah, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Parsons
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Mary Te-wit-Kouh-tate
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 518-22-4698

17. INFORMANT'S OWN SIGNATURE: * Norma P. Wasson
ADDRESS: Kooskia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: Few Hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — Many years
DUE TO (c): Arteriosclerosis — Many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Cardiomegaly & Post. Cardiac Aneurysm

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1972, to 7-8, 1972, that I last saw the deceased alive on 7-8, 1972, and that death occurred at 9:30 p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 652 (Degree or title) M.D.

23b. ADDRESS: Kamiah, Idaho

23c. DATE SIGNED: 7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/13/72

24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery

24d. LOCATION (City, town, or county) (State): Kooskia, Idaho

DATE REC'D BY LOCAL REG.: July 13, 1972

REGISTRAR'S SIGNATURE: Lern M. Burger

25. EMBALMER: [signature]

LICENSE NO.: M-476

FIRM NAME: Trenary & s Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-7208

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. 3344
Local Reg. No. 44
Reg. Dist. No. 210

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Clearwater	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino c. LENGTH OF STAY (In this place): 35 min.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-rural
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Clearwater Valley Hosp. 073	d. STREET ADDRESS (If rural, give location): R. Rt. 2

3. NAME OF DECEASED (Type or Print)	a. (First): Jamey	b. (Middle): Lyn	c. (Last): Konkol	4. DATE OF DEATH (Month) (Day) (Year): July 9, 1972	
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: July 9, 1972	9. AGE (In years last birthday): —	IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------ 9	10b. KIND OF BUSINESS OR INDUSTRY: -----	11. BIRTHPLACE (State or foreign country): Orofino, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Donald Konkol	BIRTHPLACE: Wisc.	14. MOTHER'S MAIDEN NAME: Elsie Ford	BIRTHPLACE: Wash.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -----	17. INFORMANT'S OWN SIGNATURE: Donald J Konkol	ADDRESS: Orofino		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7259

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hydrops Fetalis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Erythroblastosis fetalis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 9th, 1972, to July 9th, 1972, that I last saw the deceased alive on July 9th, 1972, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Robert D Kellum (Degree or title) MD	23b. ADDRESS: Orofino, Idaho	23c. DATE SIGNED: July 17 '72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: July 15, 72	24c. NAME OF CEMETERY OR CREMATORY: Weseman Cemetery	24d. LOCATION (City, town, or county) (State): Orofino, Idaho
DATE REC'D BY LOCAL REG.: July 17, 1972	REGISTRAR'S SIGNATURE: Lern M. Burger	25. EMBALMER: Lyle Stutzman	LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 24 1972 Vital Statistics 180

Certificate of Death
STATE OF IDAHO

State File No. 3345
Local Reg. No. 45
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Clearwater	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000	d. STREET ADDRESS (If rural, give location) 2nd St.

3. NAME OF DECEASED (Type or Print)	a. (First) Roma	b. (Middle) Lee	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 29, 1908	9. AGE (In years last birthday) 63; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) metal worker 5	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Carter Co. Ken.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Brown	BIRTHPLACE Ken.	14. MOTHER'S MAIDEN NAME Mary Eden	BIRTHPLACE Ken.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes; (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 518-03-5776	17. INFORMANT'S OWN SIGNATURE X MRS Roma Brown	ADDRESS Pierce	

4/09

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Hunter 583 (Degree or title) 4 Coroner	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 7-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 21, 72	24c. NAME OF CEMETERY OR CREMATORY Pierce Cemetery	24d. LOCATION (City, town, or county) (State) Pierce, Idaho
DATE REC'D BY LOCAL REG. July 20, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER [signature]	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1972

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3346
Local Reg. No. 46
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater — JUL 31 1972 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY IN THIS PLACE 4 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Idaho 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Pine Ridge Sub Division

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orofino Convalescent Center 362

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) John c. (Last) STUART
4. DATE OF DEATH (Month) (Day) (Year) July 22, 1972
5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 16, 1871
9. AGE (In years last birthday) 100 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Edina, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Stuart — BIRTHPLACE Nova Scotia, Canada
14. MOTHER'S MAIDEN NAME Mary Lou Minter — BIRTHPLACE Springfield, Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-40-8730
17. INFORMANT'S OWN SIGNATURE Albert Stuart — ADDRESS RT 3 Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1971, *to* July 22, 1972, *that I last saw the deceased alive on* July 22, 1972, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 490
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/25/72
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Orofino, Idaho

DATE REC'D BY LOCAL REG. July 27, 1972
REGISTRAR'S SIGNATURE Lura M. Burger
25. EMBALMER
LICENSE NO. M-476
FIRM NAME: Gilbert's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3347
Local Reg. No. 47
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer-rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Highway 11

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180
a. STATE Idaho
b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dale	Floyd	Agost	Jul. 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	nevermarried	Dec. 3, 1952	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mill worker 5	lumber	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Agost	Wn.	Juanita Munds	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X Frank Agost	Pierce

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Skull fracture, broken neck, internal injuries.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-180 (COUNTY) (STATE)
accident	public highway 26	Greer, Clearwater, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 31, 72 12:45p m.		auto left roadway

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter 583 (Degree or title) Coroner 4	Orofino, Idaho	8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 4, 72	Weippe, Cemetery	Weippe, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-3-72	Melvin Strausmann	Lyle A Gilbertson	476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
DEC 13 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 13 1972 Vital Statistics

State File No. 3348
Local Reg. No. 680
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South Sunbeam
c. LENGTH OF STAY (In this place): 190 min

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 2121
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 748 South Washington St

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): River- Salmon

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) STANLEY c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Feb. 23, 1951	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver-Auto Transportation
10b. KIND OF BUSINESS OR INDUSTRY: Used Cars
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Anderson — BIRTHPLACE: Magna, Utah
14. MOTHER'S MAIDEN NAME: Yvonne Jones — BIRTHPLACE: So. Dakota, Fedora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-62-3829
17. INFORMANT'S OWN SIGNATURE: Frank J Anderson — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 9109 Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Drowning
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 09
21c. (CITY, TOWN, OR TOWNSHIP) 13-19 (COUNTY): Sunbeam Dam Custer (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 7
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Drowning

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Bert Mecham 588 — (Degree or title): Sheriff 5
23b. ADDRESS: Challis Idaho
23c. DATE SIGNED: July 12 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7.12.72
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 13, 72
REGISTRAR'S SIGNATURE: Agnes D Edmiston
25. EMBALMER: Ronald J Lemitten
LICENSE NO.: M-470

FIRM NAME: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

AUG 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3349
Local Reg. No. 680
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Custer	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Michigan 23 b. COUNTY: Lapeer 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Mackay c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Almont
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 93A 10 Miles N. 000	d. STREET ADDRESS (If rural, give location): 210 N. Main Street

3. NAME OF DECEASED (Type or Print)	a. (First): JOHN	b. (Middle): FRANCIS	c. (Last): SCHULTE	4. DATE OF DEATH (Month) (Day) (Year): July 6, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown	8. DATE OF BIRTH: May 31, 1949	9. AGE (In years last birthday): 23 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Cleveland, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jack Schulte	BIRTHPLACE: Cleveland, Ohio	14. MOTHER'S MAIDEN NAME: Mary Schiller	BIRTHPLACE: Winsor, Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 373-52-0556	17. INFORMANT'S OWN SIGNATURE: C. H. Marvel	ADDRESS: Information from Personal effects

8199

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Crushed skull	Instant
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-190 (COUNTY): Rural-Mackay Custer	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-6-72 9:00am.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto Crash	

22. *I hereby certify that I attended the deceased from* As Coroner Only---Did Not See Alive, *19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Potter 583 (Degree or title) 4 Custer Co. Coroner	23b. ADDRESS: Challis, Idaho	23c. DATE SIGNED: 7-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 7-8-72	24c. NAME OF CEMETERY OR CREMATORY: Almont, Michigan	24d. LOCATION (City, town, or county) (State): Almont, Michigan
DATE REC'D BY LOCAL REG.: July 12-1972	REGISTRAR'S SIGNATURE: Agnes G. Edmiston	25. EMBALMER: C. H. Marvel	LICENSE NO.: M-457

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3350
Local Reg. No. 680
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural---Mackay
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Highway 93A 10 Miles N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) PAUL; b. (Middle) BRYAN; c. (Last) LEWIS

4. DATE OF DEATH: July 6, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Feb.4,1932

9. AGE (In years last birthday): 40 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Royalton, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lewis BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Maggie Elam BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: C. H. Marvel ADDRESS: Mortuary
Information from Klingel-Carpenter

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

8199

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable fractured cervical vertebrae — INTERVAL BETWEEN ONSET AND DEATH: 5 mins.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 06

21c. (CITY, TOWN, OR TOWNSHIP) 13-190 (COUNTY): Rural--Mackay (STATE): Custer Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 6,1972 9:00a.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Auto crash

22. *I hereby certify that I attended the deceased from* As coroner only--Did not see alive, 19__ to 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9:05a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: X. Ralph Potter 583 (Degree or title) 4 Custer Co. Coroner

23b. ADDRESS: Challis, Idaho

23c. DATE SIGNED: 7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-9-72

24c. NAME OF CEMETERY OR CREMATORY: Salyersville Mem. Pk.

24d. LOCATION (City, town, or county) (State): Salyersville, Kentucky

DATE REC'D BY LOCAL REG.: July 12-1972

REGISTRAR'S SIGNATURE: Agnes G. Edmiston

25. EMBALMER: C. H. Marvel

LICENSE NO.: M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 13 1972 Bureau of Vital Statistics

State File No. 3351
Local Reg. No. 680
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Custer	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Mackay; c. LENGTH OF STAY (In this place): 190	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 93A 10 miles N. 000	d. STREET ADDRESS (If rural, give location): 1617 Brentwood

3. NAME OF DECEASED (Type or Print)	a. (First) CLIFFORD	b. (Middle) MINER	c. (Last) HATCH	4. DATE OF DEATH (Month) (Day) (Year) July 6, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 20, 1937	9. AGE (In years last birthday): 35; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Laborer 7	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frank Hatch	BIRTHPLACE: Moreland, Idaho	14. MOTHER'S MAIDEN NAME: Donna Miner	BIRTHPLACE: St. Anthony, Ida.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-36-3865	17. INFORMANT'S OWN SIGNATURE: X Donna M Fischer	ADDRESS: San Gabriel, Cal.	

8199

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushing trauma to chest	INTERVAL BETWEEN ONSET AND DEATH: Instant
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Lacerations-Chest	
	DUE TO (c) Massive hemorrhage	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-190 (COUNTY) (STATE): Rural-Mackay Custer Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-6-72 9:00a. m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto crash	

22. *I hereby certify that I attended the deceased from* As Coroner only-Did not see alive *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 9:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Potter	583 (Degree or title) 4 Custer Co. Coroner	23b. ADDRESS: Challis, Idaho	23c. DATE SIGNED: 7-12-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-10-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest	24d. LOCATION (City, town, or county) (State): Arco, Idaho
DATE REC'D BY LOCAL REG.: July 12-1972	REGISTRAR'S SIGNATURE: Agnes G. Edmiston	25. EMBALMER: E. W. Marvel	LICENSE NO.: M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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71-12779

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3352
Local Reg. No. 680
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Custer 190	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mackay (Rural) LENGTH OF STAY (In this place) minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000	d. STREET ADDRESS (If rural, give location) 461 East Judicial St.

3. NAME OF DECEASED (Type or Print)	a. (First) REESE	b. (Middle) CORY	c. (Last) ATKINSON	4. DATE OF DEATH (Month) (Day) (Year) July 24, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH December 15, 1971	9. AGE (In years last birthday) IF UNDER 1 YR. Months 7 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 9	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Maureen Kay Atkinson	BIRTHPLACE Pocatello, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE Maureen Kay (Atkinson) Bateman	ADDRESS Blackfoot, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9118

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Strangulation from vomitus — INTERVAL BETWEEN ONSET AND DEATH mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) 15-190 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Coroner only---Did not see alive *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE x Ralph Potter Custer Co. 583 (Degree or title) Coroner 4	23b. ADDRESS Challis, Idaho	23c. DATE SIGNED July 27, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	24d. LOCATION (City, town, or county) Blackfoot (State) Idaho
DATE REC'D BY LOCAL REG. Aug. 2 - 1972	REGISTRAR'S SIGNATURE Agnes G. Edmiston	25. EMBALMER Dean Hill	LICENSE NO. M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3353
Local Reg. No. 45
Reg. Dist. No. 380 391

BIRTH NO.

JUL 6 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place): 201
d. FULL NAME OF HOSPITAL OR INSTITUTION: Railroad crossing at Depot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Texas 44
b. COUNTY: Hidalgo 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McAllen
d. STREET ADDRESS (If rural, give location): 809 South 27½

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERON	HERRERA	JR.	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Span-Am.	Never married	Sept. 3, 1958	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer 7	Row Crops	McAllen, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eron Herrera	Texas	Maria Elena Cano	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Makimina Matarra	McAllen, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8013

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) INJURIES, MULTIPLE EXTREME — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Struck by train
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shattering of skull, all limbs fractured, pelvis and ribs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Sidewalk crossing	Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 2, 1972 9:15PM		Victim rode bicycle into path of oncoming train

22. I hereby certify that I attended the deceased from Did not see alive, to investigation only, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 PM, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clifton Smith	Coroner	Mountain Home, Idaho	7/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/5/72	La Piedad Cemetery	McAllen, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 5, 1972	Mary R. Fulton	Clifton Smith	M-403

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended October 3, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3354
Local Reg. No. 48
Reg. Dist. No. 380-391

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Elmore 200	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett	c. LENGTH OF STAY (In this place): minutes	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Jerome 27	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hammett 700			d. STREET ADDRESS (If rural, give location): 517 1st Ave. East			
3. NAME OF DECEASED (Type or Print) a. (First): Edward	b. (Middle): Matthew	c. (Last): Griffith	4. DATE OF DEATH (Month): July	(Day): 6,	(Year): 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov 14, 1916	9. AGE (In years last birthday): 55	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 7	10b. KIND OF BUSINESS OR INDUSTRY: Bee Keeper	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: C. E. Griffith	BIRTHPLACE: Rock Creek, Idaho	14. MOTHER'S MAIDEN NAME: Charlotte Matthews	BIRTHPLACE: Oakley, Idaho			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W. W. II	16. SOCIAL SECURITY NO.: 518 18 5385	17. INFORMANT'S OWN SIGNATURE: Beth Darnall	ADDRESS: Jerome, Idaho		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Anemia

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Probable Carcinoma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 7-6-72, 19____, *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: James Scheel, M.D.	153 (Degree or title)	23b. ADDRESS: Jerome, Idaho	23c. DATE SIGNED: 7-7-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 7-6-72	24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery	24d. LOCATION (City, town, or county) (State): Oakley, Idaho
DATE REC'D BY LOCAL REG.: July 10, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: Jerry K. Lawson	LICENSE NO.: M 522

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hove Funeral Chapel, Jerome

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 2 1 52 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Alaska } ss.
County of Third Judicial District

Certificate No. 72-3354

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Edward Matthew Griffith (Name on Original Certificate) who died (Was Born or Died) on July 6, 1972 (Date of Event)
in Hammett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#7	Divorced	Married

Subscribed and sworn to before me this 20 day of Sept, 19 72
Janet Selanoff
Notary Public, residing at Alaska.
My commission expires 12-6-72
(Seal)

Signed Ruth V. Griffith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7830 Seward Highway
(Street Address, City, State) Anchorage Alaska

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Alaska } ss.
County of Third Judicial Dist

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Sept, 19 72
Janet Selanoff
Notary Public, residing at Alaska
My commission expires 12-6-72
(Seal)

Signed Mrs R A Parmentier
(Signature of Any Credible Person)
5807 Perry, Anchorage, Alaska
(Street Address, City, State)

FORM DH 60-155

Photocopy of marriage Certificate dated June 17, 1964, State of Nevada, County of Elko for Edward M. Griffith and Ruth Virginia Wilhelm; viewed by V.S.

photocopy of divorce decree dated Oct 19, 1965, State of Idaho, County of Cassia, #7684 for Ruth Virginia Griffith and Edward Matthew Griffith viewed by V.S.

photocopy of marriage certificate dated Sept 19, 1966, State of Nevada, County of Elko for Edward M. Griffith and Ruth Griffith. viewed by V.S.

Certificate of Death
STATE OF IDAHO

State File No. 3354
Local Reg. No. 48
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JUL 11 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett — LENGTH OF STAY (In this place): minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hammett	d. STREET ADDRESS (If rural, give location): 517 1st Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	MATTHEW	GRIFFITH	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	Nov. 14, 1916	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bee Keeper	Oakley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C.E. Griffith	Rock Creek, Idaho	Charlotte Matthews	Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	518 18 5385	X Beth Darnall	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) -anemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Probable Carcinoma of the Lung

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 7/6/72, 19____, *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Edward Mc D.	Jerome, Idaho	7/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/6/72	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10, 1972	Mary L. Fulton	Jerry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1972 JUL 14 1972
JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 31 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3355
Local Reg. No. 47
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JUL 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: Snohomish 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alderwood Manor
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hansons Motel Apt. 3	d. STREET ADDRESS (If rural, give location): 20518 Crawford Rd.

3. NAME OF DECEASED (Type or Print)	a. (First): ERNEST	b. (Middle): EMIL	c. (Last): STENDER	4. DATE OF DEATH (Month) (Day) (Year): July 7, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 9, 1907	9. AGE (In years last birthday): 64 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Denmark	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Christian Stender	BIRTHPLACE: (NA)	14. MOTHER'S MAIDEN NAME: Magadline	BIRTHPLACE: (NA)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 574-01-0786 A	17. INFORMANT'S OWN SIGNATURE: Emily E. Stender	ADDRESS: Alderwood Manor, Wash	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	Seconds
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *to* investigation only *, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith	(Degree or title): Coroner	23b. ADDRESS: Mtn. Home, Idaho	23c. DATE SIGNED: July 8, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: July 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Floral Hills	24d. LOCATION (City, town, or county): Lynnwood (State): Washington
DATE REC'D BY LOCAL REG.: July 9, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: H. Ward Humphreys	LICENSE NO.: M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3356
Local Reg. No. 51
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OKLAHOMA
b. COUNTY: BLAINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WATONGA
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARVEY	THOMAS	GOODBEAR	JULY	7	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	INDIAN	DIVORCED	3 MAY 1923	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKNOWN	WATONGA OKLAHOMA	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
RICHARD GOODBEAR	FAY OKLAHOMA	CLARA TURKEYLEG	FAY OKLAHOMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 30 JUL 41 15 DEC 44	477-14-5698		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatorenal failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Laennec's Cirrhosis

DUE TO (c) Chronic alcoholism.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Syphilis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 20 June 19 72 *to* 7 July 19 72, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 18:55 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul D. Bottom M.D.	USAF HOSPITAL Mtn Home AFB, IDAHO	7 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	7 JUL 72	SMITH MORTUARY	MTN HOME ID

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Mary R. Fulton	[illegible] Humphreys	M-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES: DEC 29 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

72-7229

BIRTH NO.

RECEIVED JUL 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3357
Local Reg. No. 50
Reg. Dist. No. 380 391

1. PLACE OF DEATH a. COUNTY: Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home Air Force Base
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080	d. STREET ADDRESS (If rural, give location): 4622 B Harrison Place

3. NAME OF DECEASED (Type or Print)	a. (First): ROSE	b. (Middle): ANN	c. (Last): ROBBEN	4. DATE OF DEATH (Month) (Day) (Year): July 9, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant	8. DATE OF BIRTH: July 9, 1972	9. AGE (In years last birthday): IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Vincent de Paul John Robben	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Yvonne A. Skyzola	BIRTHPLACE: Michigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS: Mtn. Home AF.B., Idaho	

777X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): prematurity (20 wks gestation)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Donna L Bell, 702 (Degree or title) M.D.	23b. ADDRESS: Mtn. Home, Idaho	23c. DATE SIGNED: July 11, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: July 10, 1972	24c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State): Belding Michigan
DATE REC'D BY LOCAL REG.: July 12, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: H Neil Humphreys	LICENSE NO.: M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3358
Local Reg. No. 53
Reg. Dist. No. 380 391

RECEIVED JUL 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Elmore Mem. Hospital	d. STREET ADDRESS (If rural, give location) 565 E. 2nd S.

3. NAME OF DECEASED (Type or Print)	a. (First) FOREST	b. (Middle) C.	c. (Last) RUBERRY	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 29, 1913	9. AGE (In years last birthday) 59 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Civil Service	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wm. Charles Ruberry	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Maizie R. Blythe	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 712-09-3907	17. INFORMANT'S OWN SIGNATURE Mrs Forest Ruberry	ADDRESS Mountain Home, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary art. disease years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, *to* July 18, 1972, *that I last saw the deceased alive on* 4.7.72, 19__, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Malone W. Joelsch MD (Degree or title)	23b. ADDRESS Mountain Home Idaho	23c. DATE SIGNED 7.21.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. July 21, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER Weil Humphreys	LICENSE NO. M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 17 2007
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3359
Local Reg. No. 52
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JUL 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (In this place) 20 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grand View

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080
d. STREET ADDRESS (If rural, give location) Box 206

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HUGH		RIDLEY	July 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 19, 1907	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavey Equip. Operator	Gen. Contracting	Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Grover M. Ridley	Arkansas	Maude Shackleford	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
No	447-16-9817 A	Wanda D. Ridley, Grand View, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Internal hemorrhage	2 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	widespread metastatic Ca	6 mo.
DUE TO (c)	Bronchogenic carcinoma	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James M. Wells MD	890 N 6th East	7-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1972	Riverside Cemetery	Grand View, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Mary E. Fulton	A. Vel Humphreys	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended October 19, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3360
Local Reg. No. 54
Reg. Dist. No. 380-391

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Elmore			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry	c. LENGTH OF STAY (In this place)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION: 320 West Garfield			d. STREET ADDRESS (If rural, give location): 320 West Garfield

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Earl	Hoalst	July 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov 7, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Stockman,Rancher	Farmer	Antelope Creek, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hoalst	Denmark	Ruth Taylor	South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-40-1916	Wes Lee Hoalst	Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-6, 1972, *to* 7-23, 1972, *that I last saw the deceased alive on* 7-19, 72, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Malone W. Koelsch, M.D.	Mountain Home, Idaho	8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-26-72	Bruneau Cemetery	Bruneau, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3, 1972	Mary R. Fulton	Arthur Smith	M 403

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 30 9 30 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Elmore } ss.

Certificate No. 72-3360

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for William Earl Hoalst (Name on Original Certificate) who died (Was Born or Died) on July 23, 1972 (Date of Event)
in Glenns Ferry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item 24c	Glenn Rest Cemetery	Bruneau Cemetery
item 24d	Glenns Ferry, Idaho	Bruneau, Idaho

Subscribed and sworn to before me this 16 th day of October, 1972

Notary Public residing at Mtn Home

My commission expires Feb 5, 1978

(Seal)

X Signed Arthur Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mountain Home, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Elmore } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 th day of October, 1972

Notary Public, residing at Mtn Home

My commission expires Feb 5, 1978

(Seal)

X Signed John N. Brumensole
(Signature of Any Credible Person)

310 E 2nd N, Mtn Home, Idaho
(Street Address, City, State)

FORM DH 60-155

8 30 72 in office - no corres.

Certificate of Death
STATE OF IDAHO

State File No. 3360
Local Reg. No. 54
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 320 West Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): 320 West Garfield

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	EARL	HOALST	July 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 7, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Stockman, Rancher, Farmer		Antelope Creek, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hoalst	Denmark	Ruth Taylor	South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-1916	Mrs Lee Hoalst	Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-6, 19 72 *to* 7-25, 19 72, *that I last saw the deceased alive on* 7-19, 19 72 *and that death occurred at* 2:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone W Foelsch M.D.	Mountain Home Idaho	8.1.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/26/72	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3, 1972	Mary L. Fulton	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 4 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 30 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3362
Local Reg. No. 23
Reg. Dist. No. 540

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (In this place) 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Utah
b. COUNTY Carbon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennelworth
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Franklin County Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	J.	TIMOTHY	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Jan. 3, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber (Retired)	Barber	Cleveland, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John G. Timothy	Wales	Unk.	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	529 28 0910	Jacob Timothy	Preston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bilateral Lobar Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	also Diabetes mellitus	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Gangrene Rt. Leg	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Boyd Hale 1967 MD	55 N 1st E. Prest	7-6-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Cleveland Cemetery	Cleveland, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-10-1972	Eppie W. Brouwer	O. Sherwin Webb	~~252~~ 316

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Fausett Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 15 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3363
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (In this place) 21

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 41 N 1st E

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Preston Nursing Home 395

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SILVER		LICHT	July 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Oct 13, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 21	building	Minneapolis, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	529 12 8193	Blaine J. Olsen	Brigham City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchial Pneumonia	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	3 yrs
DUE TO (c)	~~Emphysema~~	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema	1 yr

4409

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1972, *to* July 10, 1972, *that I last saw the deceased alive on* July 10, 1972 *and that death occurred at* 1P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. K. Cutler	MD	Preston Idaho	7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	July 12, 1972	Brigham City Cemetery	Brigham City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-14-72	Sherry Buttars	Douglas S. Webb	488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

...tor, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. ...215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3364
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 263 So. 1st East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 263 So. 1st East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUISE	MORGAN CRANE	RASMUSSEN	July 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 14, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Riverton, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Moroni Morgan	Mill Creek, Utah	Agnes Park	Mill Creek, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 30 9743	Boyd L. Crane	Portland, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4119

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ruptured Abdominal Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 20, 1972, to July 21, 1972, that I last saw the deceased alive on July 21, 1972, and that death occurred at 7:25 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. K. Cutler	MD	Preston Idaho	7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 25, 1972	Mink Creek Cemetery	Mink Creek, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-14-72	Sherry Buttars	O. Sherwin Webb	316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
SEP 1 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
OCT 16 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3365
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write ROUTE and give township) Preston
c. LENGTH OF STAY (In this place) 27 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 190 West Oneida

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 190 West Oneida

3. NAME OF DECEASED (Type or Print) a. (First) NATHAN b. (Middle) MARTIN c. (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year) July 23, 1972

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept 11, 1912

9. AGE (In years last birthday) 59
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saddle Shop

10b. KIND OF BUSINESS OR INDUSTRY self-employed

11. BIRTHPLACE (State or foreign country) Richmond, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Moroni Thomas BIRTHPLACE Richmond, Utah

14. MOTHER'S MAIDEN NAME Emily Tanner BIRTHPLACE Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519 38 3493

17. INFORMANT'S OWN SIGNATURE Mrs Alice S. Thomas ADDRESS Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH ½ hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 19 72, to 7-27, 19 72, that I last saw the deceased alive on 7-27, 19 72 and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE O. K. Cutler (Degree or title) MD

23b. ADDRESS Preston Idah

23c. DATE SIGNED 7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 26, 1972

24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery

24d. LOCATION (City, town, or county) (State) Preston, Idaho

DATE REC'D BY LOCAL REG. 8-14-72

REGISTRAR'S SIGNATURE Sherry Bittars

25. EMBALMER Douglas S. Webb

LICENSE NO. 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3366
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Preston General Memorial Hospital 081	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) MILO	b. (Middle) PURNELL	c. (Last) HOBBS	4. DATE OF DEATH (Month) (Day) (Year) July 24, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 22, 1904	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 2	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or foreign country) Preston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Richard Hobbs	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Ida Purnell	BIRTHPLACE Kaysville, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 07 9526	17. INFORMANT'S OWN SIGNATURE Bertha S. Hobbs	ADDRESS Preston, Idaho

18. CAUSE OF DEATH 2049
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lymphedema of Gonadalia with metastases — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* April 26, 1972, *to* July 24, 1972, *that I last saw the deceased alive on* July 24, 1972, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE O. K. Cutler 122 (Degree or title) MD	23b. ADDRESS Preston Idaho	23c. DATE SIGNED 7-24-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Franklin Cemetery	24d. LOCATION (City, town, or county) (State) Franklin, Idaho
DATE REC'D BY LOCAL REG. 8-14-72	REGISTRAR'S SIGNATURE Sherry Buttars	25. EMBALMER Douglas S. Webb	LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 2 9 1974

APR 1 2 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 31 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3367
Local Reg. No. 30
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Fremont 220	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -15 miles N. of Ashton; c. DATE OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corvallis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 miles N. Of Ashton 000	d. STREET ADDRESS (If rural, give location): 3151 N W Polke Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mark	Owens	Brown	June 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Never Married	June 9, 1956	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9		Africa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Randall Brown	Blackfoot, Idaho	Sarah Owens	Gadsden, Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	None	X E. N. Searey	

8169

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-220 (COUNTY)	(STATE)
Accident	Hiway 191, 12M. North of 06	Ashton Fremont	Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June 25 1972 4 p.m.		Hail on hiway, went to pass another car, Car rolled.

22. *I hereby certify that I attended the deceased from* DOA *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Connell	583 Coroner 4	Box 170, St. Anthony, Ida.	7=25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 29, 1972		Newberg, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
26 July 1972	M A Hansen	Brian Quinn Bean	M- 544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3368
Local Reg. No. 26
Reg. Dist. No. 651

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California 05 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Calimesa
d. STREET ADDRESS (If rural, give location) 10320 Calimesa Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret	D.	Alexander	July 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	Nov. 11, 1908	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	domestic	Union, Neb.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Murray	Neb.	Flora Smith	Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	516-32-8792	Robert L Alexander	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	493X Bronchial Asthma	4 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 19__, *to* July 5, 1972, *that I last saw the deceased alive on* July 5, 1972, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 298	Ashton - Ida	7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 6, 1972		Calimesa, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8 July 1972	[signature]	[signature] Robert Bean	M-544

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 11 1972
JUL 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3369
Local Reg. No. 28
Reg. Dist. No. 6 50

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 615 South 2nd East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 615 East 2nd South

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) EDWARD c. (Last) CLARK

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug., 5, 1894

9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmered 7

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Wilford (St. Anthony)

12. CITIZEN OF WHAT COUNTRY? Ida USA

13. FATHER'S NAME: John P. Clark BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Fannie Bowles BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-38-8970

17. INFORMANT'S OWN SIGNATURE: Helen Knox ADDRESS: 525 Alpine Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 402X Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — 2 yrs
DUE TO (c): Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/10/, 1972, to 7/10/, 1972, *that I last saw the deceased alive on* 7/7/, 1972, *and that death occurred at* 7:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Soule 485 MD

23b. ADDRESS: St. Anthony Idaho

23c. DATE SIGNED: 7/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 13 July 72

24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery

24d. LOCATION (City, town, or county) (State): St, Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 14 July 72

REGISTRAR'S SIGNATURE: M. L. Hansen

25. EMBALMER: Gary D. Bidwell Gary D. Bidwell

LICENSE NO.: M-539

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972
FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 20 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3370
Local Reg. No. 29
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo Estates-Island Park
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 223 Apache

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILFORD	WOODRUFF	MAXWELL	July 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	December 4, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocerman 3
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isac Fox Maxwell	Scotland	Ellen Magusson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 526-05-6637
17. INFORMANT'S OWN SIGNATURE: Beverly Maxwell Luke ADDRESS: Sugar City Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Island Park Buffalo Fremont Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wendell Greenhalgh 558	St. Anthony Idaho	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 18, 1972	Sugar City	Sugar City Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
18 July 1972			M347

FIRM NAME: Flamm Funeral Hmme

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3371
Local Reg. No. 32
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Fremont 220	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Wyoming 51 b. COUNTY Park 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton c. LENGTH OF STAY (In this place) 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cody
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial 083	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DAVID EBEN SPINK b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) JULY 29, 1972	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 8, 1909	9. AGE (In years last birthday) 62	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRY CLEANER MANAGER 2		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OAKFORD, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN SPINK		BIRTHPLACE ILL.	14. MOTHER'S MAIDEN NAME NELL COX	BIRTHPLACE ILL.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 344-01-4800	17. INFORMANT'S OWN SIGNATURE x Lula J. Spink	ADDRESS Cody, Wyo.	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute MI 2° ASCUD	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes Mellitus -	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1972, *to* July 29, 1972, *that I last saw the deceased alive on* July 29, 1972, *and that death occurred at* 1155 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Cyprese M.D. (Degree or title) 950	23b. ADDRESS Ashton, Id	23c. DATE SIGNED 8/10/72
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY 29, 1972	24c. NAME OF CEMETERY OR CREMATORY / 24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 12 Aug 72	REGISTRAR'S SIGNATURE M L Hansen	25. EMBALMER Brian Quinn Bean / LICENSE NO. M 544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
APR 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3372
Local Reg. No. 1
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem (23)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 13 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Lane Nursing Home 265

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem (23)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 224 So. Hays

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ernest		Schneider	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Oct. 4, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farm	Langnau, Switzerland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Godfrey Schneider	Langnau, Switz.	Lisette Schwander	Langnau, Switz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-42-1981A	Vernon L. Peters	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) generalized pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) congestive heart failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19 71, *and that death occurred at* 9:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty	583 Coroner, Gem County	Emmett, Idaho	7-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-5-72	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-6-72	Jean A Beatty	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

OCT 4 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 8 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 2 0 1998

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3373
Local Reg. No. 2
Reg. Dist. No. 340 - 341

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (In this place): 3WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 111 West 5th St

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) c. (Last) Hoyle
4. DATE OF DEATH (Month) (Day) (Year): July 2, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 6, 1898
9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): architectural engineer
10b. KIND OF BUSINESS OR INDUSTRY: architecture
11. BIRTHPLACE (State or foreign country): Bernley, England
12. CITIZEN OF WHAT COUNTRY? England
13. FATHER'S NAME: Edward Hoyle
BIRTHPLACE: Bernley, England
14. MOTHER'S MAIDEN NAME: Rhoda Hartley
BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 508 40 3329
17. INFORMANT'S OWN SIGNATURE: X Edith Andrews
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of Lung — 4 Months
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma — 2 years; Hypertrophied Prostate — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1968, to July 2, 1972, that I last saw the deceased alive on July 2, 1972, and that death occurred at 1:10P m., from the causes and on the date stated above.

23a. SIGNATURE: Ronald P. Rawlinson (Degree or title) M.D.
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 7/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 7-2-72
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972
AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3376
Local Reg. No. 3
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JUL 14 1972

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2 Box 97V

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louisa	Jane	Buchanan	July 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Dec. 4, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Teasdale, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orson W. Allen	Utah	Lydia C. Adams	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	529-62-3958A	X Neva Prescott	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive heart failure with pulmonary effusion	
DUE TO (c)	Coronary Occlusion in 1963	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of lung	7 years

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-27-71, 19____, *to* 7-9-72, 19____, *that I last saw the deceased alive on* 4-21-72, 19____, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Hamner E. Halverson 24 (Degree or title) MD	107 W. Second, Emmett, Idaho	7-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	July 10, 1972	Roosevelt	Roosevelt, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMPLOYER	LICENSE NO.
7-12-72	Jean A Beatty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
JAN 29 1981
NOV 12 1981
MAR 22 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3375
Local Reg. No. 7
Reg. Dist. No. 340 - 341

BIRTH NO. RECEIVED JUL 24 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Gem 230 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett c. LENGTH OF STAY (In this place): 30 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1, Box 147	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem 230 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett d. STREET ADDRESS (If rural, give location): Rt. 1, Box 147

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jasper	Merle	Wright	July 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	June 27, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farm	Budette, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Lewis Wright	Loreka, Missouri	Letha Belle Casey	Corning, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	519-42-6284	Wayne Wright

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify, that I attended the deceased from* never *, 19____, to _____, 19____, that I last saw the deceased alive on* about *, 19 67, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty	583 Coroner	Emmett, Idaho	July 22, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 24, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-22-72	Jean C Beatty	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
FORM DH-63021

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3376
Local Reg. No. 5
Reg. Dist. No. 240-341

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (In this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Shady Lane Nursing Home 265

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 410 E. 5th St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) William; c. (Last) Kreizenbeck
4. DATE OF DEATH (Month) (Day) (Year): July 23, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 19, 1884
9. AGE (In years last birthday): 87
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Meddsville, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Kreizenbeck BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-12-0876A
17. INFORMANT'S OWN SIGNATURE: Beatrix Kreizenbeck ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4319
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebro-vascular accident, hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Cardiovascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1972, to 7-23-72, 19____, that I last saw the deceased alive on 7-18, 1972, and that death occurred at 1:40P. m., from the causes and on the date stated above.

23a. SIGNATURE: Hannah E. Holverson M.D. (Degree or title)
23b. ADDRESS: 107 W. Second, Emmett, Idaho
23c. DATE SIGNED: 7-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 25, 1972
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 26, 1972
REGISTRAR'S SIGNATURE: Glenn A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: M-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3377
Local Reg. No. 6
Reg. Dist. No. 340-341

RECEIVED JUL 31 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gem 231	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett c. LENGTH OF STAY (In this place): 3 mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Valley Nursing Home 0.86	d. STREET ADDRESS (If rural, give location): 723 Williams Rd.

3. NAME OF DECEASED (Type or Print) a. (First): John	b. (Middle): Henry	c. (Last): Couch	4. DATE OF DEATH (Month) (Day) (Year): July 25, 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Sept. 27, 1891	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor 2	10b. KIND OF BUSINESS OR INDUSTRY: lumber	11. BIRTHPLACE (State or foreign country): Cleveland, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jabez Lee Couch	BIRTHPLACE: Guilford, North Carolina	14. MOTHER'S MAIDEN NAME: Martha Everett	BIRTHPLACE: Cleveland, Minnesota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-07-3126	17. INFORMANT'S OWN SIGNATURE: X Nettie M Couch	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease & Cardiac Comp. — 2 wks.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 7-25, 1972, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12.30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R S Goodwin 184 (Degree or title) MD	23b. ADDRESS: Emmett Ida.	23c. DATE SIGNED: 28 July 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: July 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Emmett	24d. LOCATION (City, town, or county) (State): Emmett, Idaho
DATE REC'D BY LOCAL REG.: July 28, 1972	REGISTRAR'S SIGNATURE: Jean A Beatty	25. EMBALMER: Glenn W Beatty	LICENSE NO.: M-392

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3378
Local Reg. No. 8
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Arthur c. (Last) Connelly

4. DATE OF DEATH: (Month) (Day) (Year) July 27, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 26, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Grant Connelly BIRTHPLACE: Denver, Colo.

14. MOTHER'S MAIDEN NAME: Elaine Bernsten BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Charles L. Connelly ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7767

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1972 *to* July 28, 1972 *that I last saw the deceased alive on* July 28, 1972 *and that death occurred at* 12:55A m. *from the causes and on the date stated above.*

23a. SIGNATURE: W. M. S. Jewell M.D. (Degree or title)

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 31, 1972

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 8-3-72

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Glenn W Beatty

LICENSE NO.: M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3379
Local Reg. No. 7
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 721 E. 1st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Delbert	Marsden	Hall	July 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 9, 1880	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farm	Baldwin, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tom Hall	England	Deskins	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-1782	X Dowell S Hall	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) PROBABLE ACUTE MYOCARDIAL — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INFARCTION. IMMEDIATE
DUE TO (c) DEAD ON ARRIVAL

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: DUE TO ARTERIO SCLERTIC HEART DISEASE YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 30, to FEB 2, 19 71, *that I last saw the deceased alive on* FEB 2, 19 71, *and that death occurred at* Approx 6:05 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald P. Lawhorn MD	Emmett Idaho	Aug 2 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 2, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 2, 1972	Jean A Beatty	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 28 1972 Bureau of Vital Statistics

State File No. 3380
Local Reg. No. 3416
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem. Hospital 890

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Camas 130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Bahr

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1972

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 1, 1884
9. AGE (In years last birthday): 87
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 7
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (State or foreign country): Pendleton, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter A. Bahr
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna Jones
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-5511
17. INFORMANT'S OWN SIGNATURE: Edna Wilson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Arrest
INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rupture of Spleen, Pancreatic Contusion
DUE TO (c): Fracture of Ribs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-27-72
19b. MAJOR FINDINGS OF OPERATION: Ruptured Spleen, Contusion of Pancreas with Pancreatitis
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Auto Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-400 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) 6 (Day) 27 (Year) 72 (Hour) 0900 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* June 27, 1972, *to* June 30, 1972, *that I last saw the deceased alive on* June 30, 1972, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: James L. Mahlhan, MD 952 (Degree or title)
23b. ADDRESS: 406 11th Ave East
23c. DATE SIGNED: 7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county): Fairfield (State): Idaho

DATE REC'D BY LOCAL REG.: July 18, 1972
REGISTRAR'S SIGNATURE: Duncan M. Burden
25. EMBALMER: [signature]
LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1973
OCT 26 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3381

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 3415
Reg. Dist. No. 420

RECEIVED JUL 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Gooding	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell 83355 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Kimberly 83341
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Manor 253	d. STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First) MORTON	b. (Middle) R.	c. (Last) BRANT	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1886	9. AGE (In years last birthday) 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 5	10b. KIND OF BUSINESS OR INDUSTRY Steam Engineer	11. BIRTHPLACE (State or foreign country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Napoleon Brant	BIRTHPLACE unknown	14. MOTHER'S MAIDEN NAME Martha unk.	BIRTHPLACE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------	16. SOCIAL SECURITY NO. 577-28-4613	17. INFORMANT'S OWN SIGNATURE Mabel L. Brant	ADDRESS Kimberly, Idaho	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 6-22- *, 19*72 *to* 7-5- *, 19*72 *, that I last saw the deceased alive on* 7-5- *, 19*72 *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE Maurice E. Schell (Degree or title) 457 M.D.	23b. ADDRESS Wendell, Idaho 83355	23c. DATE SIGNED 7-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal	24b. DATE 7/8/72	24c. NAME OF CEMETERY OR CREMATORY National Mem. Park	24d. LOCATION (City, town, or county) (State) Falls Church, Virginia
DATE REC'D BY LOCAL REG. 7-10-72	REGISTRAR'S SIGNATURE Susan M. Burden	25. ENTALMER Ronald J. Hamilton	LICENSE NO. M-[illegible]

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 8 1972
JUL 1 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 1 4 1974
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 23 1972 Bureau of Vital Statistics 240

State File No. 3382
Local Reg. No. 3417
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hagerman
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Magerman in Snake River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 827 Florence Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLARK
b. (Middle): LE ROY
c. (Last): SKOGEN

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 3, 1913
9. AGE (In years last birthday): 59
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Operator
10b. KIND OF BUSINESS OR INDUSTRY: 2 Bullock Jewelers
11. BIRTHPLACE (State or foreign country): Minnesota, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Oscar Skogen
BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Isabell unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 517-09-9157
17. INFORMANT'S OWN SIGNATURE: Michael B McTimgeny
ADDRESS: Caldwell, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drowning. Accidentally fell in the Snake River
INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Snake river
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hagerman, Idaho. Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 10 1972 7 p m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Deceased drowned

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: Rt.2. Wendell, Idaho
23c. DATE SIGNED: 7-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: July 11, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 18, 1972
REGISTRAR'S SIGNATURE: Orman M. Burden
25. EMBALMER: [signature]
LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3383
Local Reg. No. 3418
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUL 28 1972

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Green Acres Terrace 372

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 840 Malta Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jerome b. (Middle) Charles c. (Last) Freserick

4. DATE OF DEATH: (Month) (Day) (Year) 7-13-72

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-4-1926

9. AGE (In years last birthday): 46
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Midway, North Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNK
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNK
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk

17. INFORMANT'S OWN SIGNATURE: Ruby Frederick
ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2000

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) medullary failure — INTERVAL BETWEEN ONSET AND DEATH: hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic Sarcoma — months
DUE TO (c) retriculum Sarcoma of — 18 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
rt hip

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20/ , 1972 *, to* 6/13 , 1972 *, that I last saw the deceased alive on* 6/13/72 , 19 , *and that death occurred at* 5:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD (Degree or title) 587

23b. ADDRESS: Box 297, Gdg., Idaho

23c. DATE SIGNED: 7/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-17-72

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 7-20-72

REGISTRAR'S SIGNATURE: Duncan M Burden

25. EMBALMER: Ronnie Lee Hansen

LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

AUG 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3384

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 3419
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUL 28 1972

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1206 Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1206 Washington St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bonnie	June	Holloway	July	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	Married	Oct. 5, 1920	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Hansen, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Patty	Oklahoma	Letha Bonham	N/R

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-5531	X Wayne Holloway	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c). 4100

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2-3 Minutes

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertension in past.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 16, 1972, 19__ *to* July 16, 1972, 19__ *that I last saw the deceased alive on* July 7, 1972, 19__ *and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Marion D. Keyes M.D. 285	Gooding, Idaho	7-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1972	Elmwood Cemetery	Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-20-72	Duncan M. Burden	Clyde W. Thompson	M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3385
Local Reg. No. 3420
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUL 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gooding Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockland
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eva	Emilie Maria	Robinson	July 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cauc.	Widow	Oct. 4, 1893	78	9	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Cook	School Cafeteria	Detroit Lakes, Minn.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Kubberness	Germany	Minnie Koepekne	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-44-9648	Virginia Haworth	Gooding, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4183

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) A S H D — years
DUE TO (c) diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHF — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/3/69, 19__, *to* 7/17/, 19 72, *that I last saw the deceased alive on* 7/17/72, 19__, *and that death occurred at* 5:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Douglas A. Hurst Jr. M.D. 859	Gooding Idaho	7/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 20, 1972	Valley View Cemetery	Rockland Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-21-72	Vernon M. Burden		

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3386
Local Reg. No. 34-21
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Wen Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (In this place) 26 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location) 312 N. Commerical

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Hoyt
4. DATE OF DEATH (Month) (Day) (Year) July 20, 1972
5. SEX Female
6. COLOR OR RACE Caus.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 14, 1897
9. AGE (In years last birthday) 75 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) New Brunswick, N. Jersey
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Hugh McCabe BIRTHPLACE New. Jersey
14. MOTHER'S MAIDEN NAME Louise Stark BIRTHPLACE Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-0178
17. INFORMANT'S OWN SIGNATURE Gertrude Grace ADDRESS Glenns Ferry

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) diabetes
DUE TO (c) art. sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1972, to 7-20, 1972, that I last saw the deceased alive on 7-19-, 1972, and that death occurred at 10:20A m., from the causes and on the date stated above.

23a. SIGNATURE Maurice E. Scholl (Degree or title) M.D.
23b. ADDRESS Wendell Idaho
23c. DATE SIGNED 7-21-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-22-72
24c. NAME OF CEMETERY OR CREMATORY Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State) Glenns Ferry, Elmore, Idaho
DATE REC'D BY LOCAL REG. 7-24-72
REGISTRAR'S SIGNATURE Duncan M Burden
25. EMBALMER Joe B. Leeper
LICENSE NO. M-530

Federal Security Agency
United States Public Health Service FORM DH-63021
FIRM NAME: Leeper Mortuary Wendell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: AUG 9 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 6 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 12 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. NOV 17 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to MAR 28 1986

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 18 1972 Bureau of Vital Statistics

State File No. 3387
Local Reg. No. 3432
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding
c. LENGTH OF STAY (In this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Canal Northeast of Gooding

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Larry b. (Middle) Gene c. (Last) Egersdorf

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 11, 1956

9. AGE (In years last birthday): 16
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY: high school

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph Egersdorf
BIRTHPLACE: Twin Falls

14. MOTHER'S MAIDEN NAME: Carleen Prince
BIRTHPLACE: Gooding, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Ralph Egersdorf
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

9100

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accidental

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): farm 02

21c. (CITY, TOWN, OR TOWNSHIP) 13 - 240 (COUNTY) G ooding (STATE) Idaho

21d. TIME OF INJURY: (Month) July (Day) 24 (Year) 1972 (Hour) 3:00 p

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Deceased was swimming and accidentally drowned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) Coroner

23b. ADDRESS: Rt/2/ Wendell, Idaho

23c. DATE SIGNED: 8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 27, 1972

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.: 8-8-72

REGISTRAR'S SIGNATURE: Duncan M. Burden

25. EMBALMER: [signature]

LICENSE NO.: M-1160

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 18 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3388
Local Reg. No. 3422
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location): R. R.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BRYCE	VAUGHN	STIMPSON	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Feb. 11, 1954	18	5	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	High School	Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Don Francis Stimpson	Ogden, Utah	Doris Nebeker	Shoshone, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	UNK	X D. F. Stimpson	Shoshone

8162

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary hemorrhage	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	motor cycle accident	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	head injury -	1 hr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	10	13 488

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-28-72, 19____, *to* 7-28-72, 19____, *that I last saw the deceased alive on* 7-28-72, 19____, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Douglas O Smith MD	Gooding	8/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-31-1972	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-8-72	Vernon M. Burden	Francis M. Bergin	M -463

FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3389
Local Reg. No. 3424
Reg. Dist. No. 420

RECEIVED AUG 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding; c. LENGTH OF STAY (In this place): 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Memorial 090	d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Viola	c. (Last) Lewis	4. DATE OF DEATH (Month) July (Day) 29 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar. 7, 1906	9. AGE (In years last birthday): 66 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: domestic	11. BIRTHPLACE (State or foreign country): Rovena, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Oscar Bryant	BIRTHPLACE: Pennsylvania	14. MOTHER'S MAIDEN NAME: Belle Oyster	BIRTHPLACE: Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-40-9749B	17. INFORMANT'S OWN SIGNATURE: Clarence Lewis	ADDRESS:	

4121

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Heart Failure secondary to:

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 1. Hypertensive Cardiovascular rendal Disease.
2. Rheumatic Heart Disease (Mitral Valve)
3. Myocardial infarction, old.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1972, 19__, *to* July 29, 1972 19__, *that I last saw the deceased alive on* July 29, 1972 19__, *and that death occurred at* 11:03 *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin V. Kingston 285 (Degree or title)	23b. ADDRESS: Gooding, Idaho	23c. DATE SIGNED: August 1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Aug. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho
DATE REC'D BY LOCAL REG.: 8-14-72	REGISTRAR'S SIGNATURE: Duncan M. Burden	25. EMBALMER: [signature]	LICENSE NO.: M460

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972
FEB 7 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3390
Local Reg. No. 45
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics 25

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
LENGTH OF STAY (In this place): 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IDAHO COUNTY NURSING HOME 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 316 E. MAIN

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELLIE		CAMPBELL	JULY 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	1/27/1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOTEL MANGER 2	RETIRED	SMITH CO. VIRIGINIA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM ST. JOHN	UNKNOWN	BETTY ANN COVINGTON	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
NO	518-42-0297	MARION REILLY - GRANGEVILLE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from about, 1948, to 1 July, 1972, that I last saw the deceased alive on 30 June, 1972 and that death occurred at 9:00AM, from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Donald Paltman M.D. 487 (Degree or title)	Grangeville, Idaho	July 22

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	7/3/1972	PRAIRIE VIEW CEMETERY	GRANGEVILLE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1972	Robert L Hansen	FRED H. NOLAND	M_493

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: HANSEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 16 1973

JUN 4 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3391
Local Reg. No. 11
Reg. Dist. No. 242

BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Idaho b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood LENGTH OF STAY (In this place): d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: D.O.A. St. Mary's Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Lewis 310 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dorothy	M.	Zigler	July 2 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Feb 19 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Anatone, Washington	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard E. Andrew		Rose McNutt	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	536 34 6046	Wilbur Eggers	Winchester, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George C. Imhoff MD	Cottonwood Idaho	9/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6 1972	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1972	Elizabeth H. Nelson	Clifton Uhlorn	M 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3392
Local Reg. No. 44
Reg. Dist. No. 240

RECEIVED JUL 20 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho 251	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle) B.	c. (Last) Broncheau	4. DATE OF DEATH (Month) July (Day) 4, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan 28 1905	9. AGE (In years last birthday): 68 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife X	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Culdesac, Idaho.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Edward Broncheau	BIRTHPLACE: Idaho	14. MOTHER'S MAIDEN NAME: Louise Broncheau	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Thomas Cot Rich	ADDRESS: Box 25 Kooskia Idaho	

4121

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Heart Disease	yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1967, *to* July 4, 1972, *that I last saw the deceased alive on* 6/28, 1972, *and that death occurred at* 10:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Armstrong (Degree or title) 013	23b. ADDRESS: 307 St John Way Lewiston Idaho	23c. DATE SIGNED: 7/17/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: July 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mission Creek, Cemetery	24d. LOCATION (City, town, or county) (State): Culdesac, Idaho.
DATE REC'D BY LOCAL REG.: July 19, 1972	REGISTRAR'S SIGNATURE: Robert Hansen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3393

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 240

BIRTH NO.

RECEIVED AUG 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (In this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grangeville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Box 443 Kamiah, Idaho Biggers Trailer Court

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID	EUART	LYDA	July	8,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 2, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millworker	Lumber	Hendersonville, N.C.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs David Lyda	Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	several years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic heart disease	several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/19 , 1971 , *to* 8 July , 1972 , *that I last saw the deceased alive on* 8 July , 1972 , *and that death occurred at* 3:55 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Grangeville, Idaho	19 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1972	Kamiah	Kamiah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31 1972	[signature]	Robert R Hansen [signature]	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

AUG 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3394

State File No. ____
Local Reg. No. 47
Reg. Dist. No. 240

BIRTH NO.

RECEIVED AUG1 1972 Vital Statistics Bureau of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: IDAHO 251	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: CLEARWATER 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE LENGTH OF STAY (In this place): 2 YRS.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OROFINO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARK HILL MANOR 331	d. STREET ADDRESS (If rural, give location): RT. # 3 BOX 27

3. NAME OF DECEASED (Type or Print)	a. (First): FRANK	b. (Middle):	c. (Last): LOCKWOOD	4. DATE OF DEATH	(Month): JULY	(Day): 12, (Year): 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED	8. DATE OF BIRTH: 7/25/1895	9. AGE (In years last birthday): 76	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 8	10b. KIND OF BUSINESS OR INDUSTRY: LABORER	11. BIRTHPLACE (State or foreign country): ELLENSBERG, WASHINGTON	12. CITIZEN OF WHAT COUNTRY?: U.S.A.			
13. FATHER'S NAME: UNKNOWN	BIRTHPLACE: UNKNOWN	14. MOTHER'S MAIDEN NAME: UNKNOWN	BIRTHPLACE: UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-14-6291	17. INFORMANT'S OWN SIGNATURE	ADDRESS: GOLDEN COLORADO			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 11/22, 19 70, to 5/10, 19 72, *that I last saw the deceased alive on* 10 May 19 72, *and that death occurred at* 7:P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Altman (Degree or title): M.D.	23b. ADDRESS: Grangeville, Idaho	23c. DATE SIGNED: 24 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 7/17/1972	24c. NAME OF CEMETERY OR CREMATORY: PRAIRIE VIEW CMT.	24d. LOCATION (City, town, or county) (State): GRANGEVILLE, IDAHO
DATE REC'D BY LOCAL REG.: July 31, 1972	REGISTRAR'S SIGNATURE: Robert Hansen	25. EMBALMER	LICENSE NO.: M-493

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HANSEN FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 1 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3395
Local Reg. No. 49
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chamberlain Cr. of Salmon River c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 91 miles down river from Salmon 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Carson	c. (Last) Sievers	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1908	9. AGE (In years last birthday) 63 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian 8	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) McDonald, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fred C. Sievers	BIRTHPLACE Kansas	14. MOTHER'S MAIDEN NAME Nora Batchelor	BIRTHPLACE Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-28-0578	17. INFORMANT'S OWN SIGNATURE Mrs. John Sievers	ADDRESS Aberdeen, Ida.	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never seen *, to* _____ *, 19*____ *, that I last saw the deceased alive on* _____ *, 19*____ *, and that death occurred at* 5:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 4 583 IDAHO COUNTY CORONER	23b. ADDRESS	23c. DATE SIGNED 25 July 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.& Burial	24b. DATE 7/18/72	24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery	24d. LOCATION (City, town, or county) Aberdeen, (State) Idaho
DATE REC'D BY LOCAL REG. July 31, 1972	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER Douglas C. Casey	LICENSE NO. M-540

FIRM NAME JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1972

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 1 1972 Bureau of Vital Statistics

State File No. 3396
Local Reg. No. 46
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Idaho County Nursing Home 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Idaho County Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) BERNICE b. (Middle) c. (Last) McCONNELL

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 14, 1893

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Service 2

10b. KIND OF BUSINESS OR INDUSTRY: Lumber-Forest

11. BIRTHPLACE (State or foreign country): Seattle, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert McConnell
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW # 1

16. SOCIAL SECURITY NO.: 519 28 0894A

17. INFORMANT'S OWN SIGNATURE: Mrs Joe Montelius
ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 582X Uremia — INTERVAL BETWEEN ONSET AND DEATH: Few days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 67, to 21 July, 19 72, that I last saw the deceased alive on 21 July, 19 72, and that death occurred at 4:15 P. M. from the causes and on the date stated above.

23a. SIGNATURE: Donald Feltman (Degree or title) M.D

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 24 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 25, 1972

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: July 31, 1972

REGISTRAR'S SIGNATURE: Robert Hansen

25. EMBALMER: Robert Hansen

LICENSE NO.: M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3397
Local Reg. No. 814
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia — c. LENGTH OF STAY (In this place): Few hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lochsa River - 50 Miles E. of Kooskia	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Robert	c. (Last) Shaw	4. DATE OF DEATH (Month) July (Day) 23 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: March 29, 1952	9. AGE (In years last birthday): 20 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service man	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army	11. BIRTHPLACE (State or foreign country): Boise, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Lester George Shaw — BIRTHPLACE: Marion, Indiana		14. MOTHER'S MAIDEN NAME: Faye Louise Chaffins — BIRTHPLACE: Sandpoint, Idaho.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): in Service	16. SOCIAL SECURITY NO.: 518-66-3379	17. INFORMANT'S OWN SIGNATURE: Mrs. Faye L. Shaw	ADDRESS: Kooskia Idaho	

9109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drowned While Attempting to Wade River

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 09	21c. (CITY, TOWN, OR TOWNSHIP) 13 258 (COUNTY): East Of Kooskia Idaho	(STATE): Idaho
21d. TIME OF INJURY (Month) July (Day) 23 (Year) 72 (Hour) m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 583	23b. ADDRESS	23c. DATE SIGNED: Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 2 1972	24c. NAME OF CEMETERY OR CREMATORY: Pine Grove	24d. LOCATION (City, town, or county): Kooskia (State): Idaho
DATE REC'D BY LOCAL REG.: 8/6/72	REGISTRAR'S SIGNATURE: Claude Tivory	25. EMBALMER: [signature]	LICENSE NO.: 476

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3398
Local Reg. No. 50
Reg. Dist. No. 240

RECEIVED AUG 4 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah LENGTH OF STAY (In this place): yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville Rural Red River Dist.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McDonalds Trailer Court	d. STREET ADDRESS (If rural, give location): Jack Mountain

3. NAME OF DECEASED (Type or Print)	a. (First): CLYDE	b. (Middle): A	c. (Last): GRIDER Jr.	4. DATE OF DEATH (Month) (Day) (Year): July 26, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: March 26, 1928	9. AGE (In years last birthday): 44 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger	10b. KIND OF BUSINESS OR INDUSTRY: Lumber	11. BIRTHPLACE (State or foreign country): Lewsiton, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Clyde A Grider Sr	BIRTHPLACE: Scranton Iowa	14. MOTHER'S MAIDEN NAME: Ida Adams	BIRTHPLACE: Winominie, Wisconsen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW #2	16. SOCIAL SECURITY NO.: 519 22 9089	17. INFORMANT'S OWN SIGNATURE: Mrs Ray Grider Sr	ADDRESS

9/6X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crushing Injuries of Chest & Back

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 09	21c. (CITY, TOWN, OR TOWNSHIP) 13-250 Approx 30 Miles South of Elk City (COUNTY) Idaho (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 26 72 2:30 pm.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Tree fell on Him, while hogging	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title) 4 585	23b. ADDRESS: Coroner	23c. DATE SIGNED: 31 July 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 29, 1972	24c. NAME OF CEMETERY OR CREMATORY: Kamiah, Idaho	24d. LOCATION (City, town, or county) (State): Kamiah, Idaho
DATE REC'D BY LOCAL REG.: Aug 1, 1972	REGISTRAR'S SIGNATURE: Robert W Hansen	25. EMBALMER: Robert Hansen [signature]	LICENSE NO.: M 433

FIRM NAME: Hansen

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3399
Local Reg. No.
Reg. Dist. No.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood, c. LENGTH OF STAY (In this place): 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093	d. STREET ADDRESS (If rural, give location): rural ½ mi west

3. NAME OF DECEASED (Type or Print)	a. (First): Arthur	b. (Middle): F.	c. (Last): Martzen	4. DATE OF DEATH (Month) (Day) (Year): July 30, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: June 4 1914	9. AGE (In years last birthday): 58 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: stock & grain	11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Felix Martzen	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Susan Schieltz	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 28 9512	17. INFORMANT'S OWN SIGNATURE: Florence E. Nuxoll	ADDRESS: Cottonwood Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5710

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Liver failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cirrhosis	
DUE TO (c)	Chronic alcoholism	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bleeding esophageal varices	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1971, 19 *, to* July 30, 19 72, *that I last saw the deceased alive on* July 30, 19 72, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: George E. Imhoff MD (Degree or title) 1010	23b. ADDRESS: Cottonwood, Idaho	23c. DATE SIGNED: 7/31/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Catholic	24d. LOCATION (City, town, or county) (State): Cottonwood, Idaho
DATE REC'D BY LOCAL REG.: Aug 3-72	REGISTRAR'S SIGNATURE: Cletus Uhlorn (deputy)	25. EMBALMER: Cletus Uhlorn	LICENSE NO.: M 421

FIRM NAME: UHLORN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3400
Local Reg. No. 51
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home
d. STREET ADDRESS (If rural, give location): 203 East Ada

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emily	Rosina	Kofoed	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 2, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Weston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gassman		Emily Swival	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 14 2627D	X Donald C. Kofoed	Grangeville,

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stroke — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recur. Strokes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-18-72 to death, 1972, that I last saw the deceased alive on 7-29, 1972, and that death occurred at 1:49 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hilton H. Wiese, M.D.	Grangeville, Ida.	Aug. 7, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial Transp.	August 1, 1972		Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Robert R Hansen	Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3401
Local Reg. No. 1
Reg. Dist. No. 640

BIRTH NO.

RECEIVED AUG 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
c. LENGTH OF STAY (In this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): his home in Lewisville 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): non e given

3. NAME OF DECEASED (Type or Print): a. (First) WILLIS b. (Middle) JOSEPH c. (Last) MICKELSEN

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1972

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 25, 1923

9. AGE (In years last birthday): 49
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic/welder 4

10b. KIND OF BUSINESS OR INDUSTRY: industry equi.

11. BIRTHPLACE (State or foreign country): Tetonia, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hans Christian Mickelsen
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Mary Ann Hill
BIRTHPLACE: Salem. Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 518-30-6292

17. INFORMANT'S OWN SIGNATURE: X Petra Mickelsen
ADDRESS: Lewisville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolus from injury to rt. leg — days
DUE TO (c) Kicked by horse

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

906X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): farm

21c. (CITY, TOWN, OR TOWNSHIP) 260 (COUNTY) (STATE): Lewisville Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 19, 1972 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Kicked by horse

22. *I hereby certify that I attended the deceased from* XXXX

AUG 2 1972

AUG 1 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 1 5 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

EIVED STATE OF IDAHO

State File No. 3402
Local Reg. No. 72064
Reg. Dist. No. 440

BIRTH NO.

JUL 11 1972 271

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Jerome	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedicts Nursing Home 357	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) BIRDIE	b. (Middle) HELEN	c. (Last) WRIGHT	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1972
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 13, 1891	9. AGE (In years last birthday) 81 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) HYRUM, UTAH	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Andreas Johansen	BIRTHPLACE NORWAY	14. MOTHER'S MAIDEN NAME Georgia Larson	BIRTHPLACE NORWAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 551-28-6525B	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS TWIN FALLS	

18. CAUSE OF DEATH 5900
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis, bilat. Many years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1970, *to* July 1, 1972, *that I last saw the deceased alive on* June 27, 1972 *and that death occurred at* 10:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE Jon D. Wilmoth, M.D. 770 (Degree or title)	23b. ADDRESS Jerome, Idaho	23c. DATE SIGNED 7 July 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/1972	24c. NAME OF CEMETERY OR CREMATORY Hazelton Cemetery	24d. LOCATION (City, town, or county) (State) Hazelton, Idaho
DATE REC'D BY LOCAL REG. July 10, 1972	REGISTRAR'S SIGNATURE Charlene Bateman	25. EMBALMER Ronald J. Hamilton	LICENSE NO. M-570

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 3 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17, to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3403
Local Reg. No. 72061
Reg. Dist. No. 446

BIRTH NO.

RECEIVED JUL 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Jerome 271	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome c. LENGTH OF STAY (In this place) —	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 304 North Date	d. STREET ADDRESS (If rural, give location) 304 North Date

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) J.	c. (Last) STRUSS	4. DATE OF DEATH (Month) either (Day) July (Year) 1 or 2 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 17, 1892	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Struss	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME Augusta Fritz	BIRTHPLACE no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) x x	16. SOCIAL SECURITY NO. 518 40 1616T	17. INFORMANT'S OWN SIGNATURE Ida May Terry	ADDRESS Shoshone	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Prob. Myocard. Infarct, possible C.V.A.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) age & arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Not known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —— *, 19*____*, to* —— *, 19*____*, that I last saw the deceased alive on* —— *, 19*____*, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE L. M. Neber, M.D. Coroner (Degree or title) 385 4	23b. ADDRESS Jerome	23c. DATE SIGNED 5 Jul. 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 72	24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery	24d. LOCATION (City, town, or county) Jerome, Idaho (State)
DATE REC'D BY LOCAL REG. July 5, 1972	REGISTRAR'S SIGNATURE Charlene Bateman	25. EMBALMER W. L. Hove	LICENSE NO. M-431

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3404
Local Reg. No. 72065
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JUL 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Jerome 271	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Ave. "J" 000	d. STREET ADDRESS (If rural, give location): 414 East Ave. "J"

3. NAME OF DECEASED (Type or Print)	a. (First) JASON	b. (Middle) BRUCE	c. (Last) MADRID	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: Jan. 25, 1970	9. AGE (In years last birthday): 1 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 9	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Anacorts, Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Luis C. Madrid	BIRTHPLACE: Las Vegas, N.M.	14. MOTHER'S MAIDEN NAME: Shannon Hallett	BIRTHPLACE: Wenatchee, Wash.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): * * * *	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: X Luis C Madrid	ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near home	21c. (CITY, TOWN, OR TOWNSHIP) 13-21 (COUNTY) (STATE): Jerome Jerome Ida	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): approx 10 A.M. m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell into culvert	

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. Ca. Neher, Cu. Coroner 385 4	23b. ADDRESS: Jerome Ida	23c. DATE SIGNED: 10 Jul 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7/11/72	24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery	24d. LOCATION (City, town, or county) (State): Jerome, Idaho
DATE REC'D BY LOCAL REG.: July 10, 1972	REGISTRAR'S SIGNATURE: Charlene Bateman	25. EMBALMER: Jerry K. Lawson	LICENSE NO.: M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
NOV 8 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3405
Local Reg. No. 7206
Reg. Dist. No. 440

BIRTH NO.

JUL 24 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 0991

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Heritage Rest Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	J.	FRANCIS	July	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 30, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	North Ogden, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Francis	Wales	Sarah Elizabeth Jones	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	530-10-8027	Norman Francis	Wendell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4369
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Major C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility & arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-3- , 19 72 , *to* 7-13- , 19 72 , *that I last saw the deceased alive on* 7-12- , 19 72 *and that death occurred at* 6:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lauren M. Neher M.D.	Jerome	17 Jul 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/17/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 19, 1972	Marlene Bateman	George Farmer	M-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3406
Local Reg. No. 72068
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG1 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Jerome 271 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 83338 c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Nursing Home 357	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 27 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 83338 d. STREET ADDRESS (If rural, give location): St. Benedicts Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAUDE	AMELIA	MIZE	July 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 20, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Macoupin, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Howe	England	Mary Norman	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-6259B	Wayne Collins	Twin Falls, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Thrombosis 4109	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchopneumonia	2 days
DUE TO (c)	Cardiac Decompensation	6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10 11 , 19 61 , *to* 7 26 , 19 72 , *that I last saw the deceased alive on* 7 26 , 19 72 *and that death occurred at* 12:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J. E. Moran 476 (Degree or title) MD	Jerome	7/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 28, 1972	Hazelton Cemetery	Hazelton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Charlene Bateman	Edgar Robertson	M-507

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3407
Local Reg. No. 231
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2004 N. 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington 53 b. COUNTY 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tacoma
d. STREET ADDRESS (If rural, give location) 9043 Park Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edna	T.	Matson	July 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 31, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank S. Faurot	Colorado	Catherine Syme	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No --		George Matson	Tacoma, Washingto

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from only seen on 19__ to July 1 19 72 that I last saw the deceased alive on July 1 19 72 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Bruesch, M-D	920 Ironwood Drive Coeur d'Alene, Idaho 83814	7-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6, 1972	Mountain View Mausoleum	Tacoma, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 6, 1972	Lorraine K. Bruesch	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3408
Local Reg. No. 227
Reg. Dist. No. 120

RECEIVED JUL 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) 5 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene Homes 103	d. STREET ADDRESS (If rural, give location) 902 Empire

3. NAME OF DECEASED (Type or Print)	a. (First) Andreas	b. (Middle) C.	c. (Last) Andreassen	4. DATE OF DEATH (Month) (Day) (Year) July 3, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1890	9. AGE (In years last birthday) 82 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner/Retired 2	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Norway	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas M. Andreassen	BIRTHPLACE Unk.	14. MOTHER'S MAIDEN NAME Unk.	BIRTHPLACE Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 563-14-2828	17. INFORMANT'S OWN SIGNATURE Mrs. Vivian Andreassen,	ADDRESS Id. Coeur d'Alene	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gangrene foot 6 ft	1 month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized occlusive arteriosclerosis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19 *, to* 7-3, 1972, *that I last saw the deceased alive on* 7-3, 1972, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Hughes MD 251 (Degree or title)	23b. ADDRESS Coeur D'Alene Idaho	23c. DATE SIGNED 7-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. July 10, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3409
Local Reg. No. 229
Reg. Dist. No. 126

BIRTH NO.

RECEIVED JULY 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 28 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 2012 N. 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) Martin; b. (Middle); c. (Last) Krull
4. DATE OF DEATH (Month) (Day) (Year): July 3, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1906
9. AGE (In years last birthday): 65
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman, Presto Log
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Potlatch
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Krull — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Lina Poppen — BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 503-07-8522
17. INFORMANT'S OWN SIGNATURE: Mrs. Hazel Krull — ADDRESS: Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute Myocardial Infarction.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 31, 19 72, to present, 19____, *that I last saw the deceased alive on* July 3, 19 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 920 Ironwood Drive, Coeur d'Alene, Idaho 83814
23c. DATE SIGNED: 7-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1972
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: July 10, 1972
REGISTRAR'S SIGNATURE: Lorraine R. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3410
Local Reg. No. 243
Reg. Dist. No. 120

BIRTH NO.

JUL 24 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Interstate 90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1145 N. 5th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Osborn		Myrhang	July 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 9, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saw Filer	Saw Mills	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
	518-03-1171	Mrs. Mabel Myrhang, Coeur d'Alene, Id

8129

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) accidental traumatism due

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to automobile accident.
DUE TO (c) Crushed chest.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) Sudden
(b) "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	I-90 Freeway	Coeur d'alene Kootenai Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 4, 1972 7p m.		Head on Car accident.

22. *I hereby certify that I attended the deceased from* Did not ____, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 7, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 19, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 24 1972

SEP 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3411

State File No.
Local Reg. No. 228
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 12 1972 281

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Pinewood Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mathilde		Beck	July 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 15, 1888	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Retired	Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johanne Hieble	Germany	Scholastica Hertzog	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-60-8029	Mrs. George Nielsen	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-Vascular Atherosclerosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. , 19 66 , to present , 19 , that I last saw the deceased alive on July 4 , 19 72 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Bruesch, M.D.	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	7-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 7, 1972	St. Thomas Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 24 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3412
Local Reg. No. 238
Reg. Dist. No. 128

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springston
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles NE Hwy 95A Bridge over Coeur d'Alene River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrison
d. STREET ADDRESS (If rural, give location) Box 104

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gilbert	W.	Denney	July 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Oct 1, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	---	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wheaton James Denney	Pennsylvania	Dora Brewer	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	535-10-5514	Mrs. Clarence Luettig	Wallace, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cause ill defined. — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. 572 Coroner 4	Coeur d'alene, Idaho	7-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 13, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 19, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972

JAN 12 1973

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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B. Grumprecht

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 13 1972 Vital Statistics

State File No. 3413
Local Reg. No. 230
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace Nursing Home 340	d. STREET ADDRESS (If rural, give location) 1601 N. 2nd St.

3. NAME OF DECEASED (Type or Print)	a. (First) Lottie	b. (Middle) M.	c. (Last) Lux	4. DATE OF DEATH (Month) July (Day) 6, (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 15,1887	9. AGE (In years last birthday) 84	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Shelby, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Ireland	BIRTHPLACE Nebraska	14. MOTHER'S MAIDEN NAME Hattie Wilkerson	BIRTHPLACE Nebraska		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-24-0241A	17. INFORMANT'S OWN SIGNATURE X Robert E. Lux	ADDRESS Ida. Coeur d'Alene	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma bowel — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* July 7, 1972, *that I last saw the deceased alive on* June 30, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE O.M. Grumprecht 1972	(Degree or title) M.D.	23b. ADDRESS Coeur d'alene, Ida.	23c. DATE SIGNED 7 July 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10,1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) Coeur d' Alene, (State) Idaho
DATE REC'D BY LOCAL REG. July 10,1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Bill Duff	LICENSE NO. M-439

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3414
Local Reg. No. 261
Reg. Dist. No. 12c

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics 281

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary 111
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #784

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA	LOU	MARTIN	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 12, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Education	Sunset, Washington	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hodgen	Pine City, Wn.	Emma Davis	Pine City, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-40-6252	Harold Martin	Bonners Ferry, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 715X pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. post total hip surgery

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/28/72	total hip arthroplasty	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 5, 1972, 19____, to July 6, 1972, 19____, that I last saw the deceased alive on June 30, 1972, 19____, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John T. Hogan 1034 M.D.		8-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/11/72	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 10, 1972	Lorraine R. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr Buesch

Certificate of Death
STATE OF IDAHO

State File No. 3415
Local Reg. No. 234
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Route #2, Box 125

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ethel	Phoebe	Blaine	July 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 21, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Public Schools	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Barnes	Kansas	Phoebe Edwards	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-46-3373	[signature] Blaine	Rathdrum, Idaho

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec, 19 70 *to* Present, 19____, *that I last saw the deceased alive on* 7-7-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Buesch, M.D.	920 Ironwood Drive Coeur d'Alene, Idaho 83814	7=10=72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7-11-1972	Restlawn Cemetery	Coeur d'Alene	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1972	Carol A. Worthington	Bill Leuff	M-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972
JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. 3416
Local Reg. No. 249
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
c. LENGTH OF STAY (In this place) 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 10 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE S. Dakota 42 b. COUNTY Unk. 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rapid City
d. STREET ADDRESS (If rural, give location) 901 Wambelee Dr.

3. NAME OF DECEASED (Type or Print) a. (First) Calvin b. (Middle) C. c. (Last) Killsfirst
4. DATE OF DEATH (Month) July (Day) 10, (Year) 1972
5. SEX Male
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 1, 1943
9. AGE (In years last birthday) 28
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles KillsFirst
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Elizabeth Carpenter
BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE Mr. Bill Barnhart
ADDRESS Rapid City, S.D.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) automobile - pedestrian accident — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple crush injuries.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) U.S. Hwy 10 00
21c. (CITY, TOWN, OR TOWNSHIP) Post Falls (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) 7- (Day) 10- (Year) 72. (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck by Hit-Run Driver

22. *I hereby certify that I attended the deceased from* Did not , 19 , to , 19 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. 572 (Degree or title) Coroner
23b. ADDRESS Coeur d'alen Idaho
23c. DATE SIGNED 7-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-12-72
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Campbell Paula Funeral Home Rapid City, South Dakota
DATE REC'D BY LOCAL REG. July 19, 1972
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Gilbert Yates
LICENSE NO. M-365
FIRM NAME: Yates Funeral

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3417
Local Reg. No. 263
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Clearwater 80
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elk River
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maylind	Merrill	Rawson	July 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 27, 1941	31		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawyer 5	Lumber	St. Anthony, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Rawson	Idaho	Elnora Broadhurst	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	1959 to 1962	518-46-6549	x Mrs Maylind Rawson	Coeur d Alene Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hemorrhage hepatic — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot Wound — 7 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
2	home 01	Coeur d'Alene 13-28	Kootenai	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	3	72	p m.		gunshot wound

22. *I hereby certify that I attended the deceased from* 3 July, 1972, to 10 July, 1972, *that I last saw the deceased alive on* 10 July, 1972, *and that death occurred at* 6:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	530 MD	920 Ironwood Drive Coeur d'Alene Idaho 83814	7/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1972	Freeze Cemetery	Potlatch Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 10, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

AUG 16 1972

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 21 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 27 1973

JUN 01 1994

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3418
Local Reg. No. 296
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dalton Gardens (Coeur d'Alene)
d. STREET ADDRESS (If rural, give location) Dalton Gardens

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	T.	Capaul	July 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct 4, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 4	Self	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Capaul	Switzerland	Margaret Snyder	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-	519-20-0316	Mrs. Thelma Capaul	Coeur d'Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Dead On Arrival — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably Myocardial Infarct — Minutes
DUE TO (c) Coronary Artery Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-19, 1971, to 7-11, 1972, that I last saw the deceased alive on 4-4, 1972, and that death occurred at AM., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Philip B Glennie 904 (Degree or title) MD	Hayden Lake, Ida	7-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 13, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 2 2 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3419
Local Reg. No. 258
Reg. Dist. No. 12

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bayview
d. STREET ADDRESS (If rural, give location) Box 174

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Verna	Margaret	Townsend	July 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug 2, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustav Dettrick	Nebraska	Josephine Prohaska	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-01-7938	Walter Townsend	Bayview, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastat Carcinoma brest	3 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma left breast	3 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 13 August, 1972, to 11 July, 1972, that I last saw the deceased alive on 11 July, 1972, and that death occurred at 12:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	920 Ironwood Drive Coeur d'Alene Idaho 83814	7/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 13, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27, 1972	Lorraine K. Brueh	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3420
Local Reg. No. 242
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Wisconsin 50 b. COUNTY Milwaukee 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Milwaukee
d. STREET ADDRESS (If rural, give location) Apt C-21 5166 N. Lovers Lane Rd.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) George c. (Last) Heider
4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 26, 1953
9. AGE (In years last birthday) 19 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George E. Heider BIRTHPLACE
14. MOTHER'S MAIDEN NAME Dorothy Edwards BIRTHPLACE Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 399-56-3262
17. INFORMANT'S OWN SIGNATURE Dorothy Edwards Heider ADDRESS Milw.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured cervical Spine & Skull
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auto accident
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE / (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-280 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on July 12, 1972 and that death occurred at 3 m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 192 (Degree or title) M.D.
23b. ADDRESS 302 N 5th
23c. DATE SIGNED 18 July 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 14, 1972
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Gay Funeral Home Iowa City, Iowa
DATE REC'D BY LOCAL REG. July 21, 1972
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Gilbert Yates
LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3421
Local Reg. No. 242
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 1 Box 94 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Arizona 03 b. COUNTY Unk. 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Prescott
d. STREET ADDRESS (If rural, give location) 714 White Spar Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Dixon	Antosh	July 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan 4, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joel Edmund Dixon	Unk.	Mary Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-	560-18-1580	Mr. Karl Antosh	Prescott, Arizona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-14-, 1972 to 7-13-72 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ken M. Lenham MD	Hayden Lake, Idaho	7-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	July 15, 1972	Hazen and Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 24, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 8 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3422
Local Reg. No. 249
Reg. Dist. No. 120

BIRTH NO.

AUG 2 1972 280

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls c. LENGTH OF	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at Post Falls 000	d. STREET ADDRESS (If rural, give location): Post Falls, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) J.	c. (Last) Niemann	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 3-11-1918	9. AGE (In years last birthday): 54 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Air Force (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY: Air Force	11. BIRTHPLACE (State or foreign country): Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Niemann	BIRTHPLACE: (Unknown)	14. MOTHER'S MAIDEN NAME: Malinda Killingsworth	BIRTHPLACE: (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-2	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT'S OWN SIGNATURE: W. C. Niemann	ADDRESS: Pomeroy, Wash	

7969

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ill Defined.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. Coroner 572 (Degree or title) 4	23b. ADDRESS: Coeur d'alene Idaho	23c. DATE SIGNED: 7-27-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial	24b. DATE: 7-15,1972	24c. NAME OF CEMETERY OR CREMATORY: City	24d. LOCATION (City, town, or county) (State): Pomeroy, Washington
DATE REC'D BY LOCAL REG.: July 28, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bill Duff	LICENSE NO.: M-439

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Richardson F. H. Pomeroy, Wn

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1972

FEB 2 1973

MAR 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3423

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. _____
Local Reg. No. 235
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene LENGTH OF STAY (In this place) 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospita 101	d. STREET ADDRESS (If rural, give location) 1212 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Roberta	b. (Middle) Lynn	c. (Last) Adkins	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 8,1957	9. AGE (In years last birthday) 15 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) California	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Adkins	BIRTHPLACE California	14. MOTHER'S MAIDEN NAME Nancy Glass	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Mrs. Nancy Adkins,	ADDRESS Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2262

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Craniopharyngioma — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1969, 19__, *to* July 13, 1972, *that I last saw the deceased alive on* July 13, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. H. Engleton 658 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 7-19-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE July15,1972	24c. NAME OF CEMETERY OR CREMATORY Hazen and Jaeger
24d. LOCATION (City, town, or county) (State) Spokane, Washington		
DATE REC'D BY LOCAL REG. July 21, 1972	REGISTRAR'S SIGNATURE Lorraine R. Brush	25. EMBALMER Gilbert Yates
LICENSE NO. M-365		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3424

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 237
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 109 Lakeview Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	B.	Chamberlin	July 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 9, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	---	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Victor Chamberlin	Unk.	Daisey Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No ---	324-01-3852	Mrs. Edith Chamberlin	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 3 days Post-op Cholecystectomy — 3 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7.10.72

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7.10.72	Cholecystitis & Cholelithiasis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
~~March 13~~ 1 m.		

22. I hereby certify that I attended the deceased from Mar. 13, 1970, to 7.13, 1972 that I last saw the deceased alive on 7.13, 1972 and that death occurred at 5:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 313	M.D.	411 Coeur d'Alene Ave, Coeur d'Alene	7.17.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 15, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

JUL 26 1972
FEB 24 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3425

State File No.
Local Reg. No. 260
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY Kootenai			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho	b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene	c. LENGTH OF STAY (In this place) 1 day		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital			d. STREET ADDRESS (If rural, give location) 518 2nd St.	

3. NAME OF DECEASED (Type or Print) a. (First) Leslie	b. (Middle) C.	c. (Last) Kienke	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1972		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1896	9. AGE (In years last birthday) 76	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Rienke	BIRTHPLACE Ohio		14. MOTHER'S MAIDEN NAME Anna H. Josiachson	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. 518-24-0822	17. INFORMANT'S OWN SIGNATURE Bessie Kienke	ADDRESS Post Falls, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	3 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Obstruction	3 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Asthma & Emphysema	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* December 4, 1969, *to* July 15, 1972, *that I last saw the deceased alive on* July 15, 1972, *and that death occurred at* 2:06a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 375	23b. ADDRESS 421 Cd'A. Ave., Cd'A., ID	23c. DATE SIGNED 8/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Post Falls, Idaho
DATE REC'D BY LOCAL REG. Aug. 7, 1972	REGISTRAR'S SIGNATURE Lorraine E. Brush	25. EMBALMER Mr. Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3426
Local Reg. No. 243
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 315 1/2 N. 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Roy	George	Cornell	July 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 23, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Construction	Plum Island, Wisc.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not Available	Not Available	Not Available	Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I & II	434-20-0503	Ruth Cornell	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suicide by Gunshot — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Coeur d'alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Shot himself w hand gun.

22. *I hereby certify that I attended the deceased from* Did not _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'alene Idaho	7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	July 18, 1972	Moon Crematory	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 28 1972	Lorraine K. Krugh	Emma English	M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Breech

Certificate of Death
STATE OF IDAHO

State File No. 3427
Local Reg. No. 239
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A.-Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 514 Ichabod Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Byron	A.	Johnson	July 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 23, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millworker 5	Potlatch Forest	Moville, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Johnson		Eureka R. Hughes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I	518-03-1501	X Betty J. Daubs	Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1893

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the ureter
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13-72 *, 19____, to* Present *, 19____, that I last saw the deceased alive on* 7-18-72 *, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Breech, M.D.	920 IRonwood Dr. Coeur d'Alene, Idaho 83814	7-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1972	Restlawn Mem. Park	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Lorraine K. Breech	Bill Neff	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3428
Local Reg. No. 240
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): D.O.A.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location): Harmony Heights Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle)	c. (Last) Marsh	4. DATE OF DEATH (Month) (Day) (Year)	July 18, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb.17,1917	9. AGE (In years last birthday): 55	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Butte, Montana	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John Arklander	BIRTHPLACE: Not Available	14. MOTHER'S MAIDEN NAME: Not Available	BIRTHPLACE: Not Available		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 700 00 1354	17. INFORMANT'S OWN SIGNATURE: Harmony Heights Records, Coeur d'Alene	ADDRESS: Idaho		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/23

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonitis	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 11-4, 1970, *to* July 18, 1972, *that I last saw the deceased alive on* July 17, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. H. Engleston 653 (Degree or title)	23b. ADDRESS: Hayden Lake, Idaho	23c. DATE SIGNED: 7-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-20-1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Park	24d. LOCATION (City, town, or county) (State): Couer d'Alene, Idaho
DATE REC'D BY LOCAL REG.: July 21, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bruce English	LICENSE NO.: M-538

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3429
Local Reg. No. 267
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Cœur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) PO Box 112

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	L.	Wood	July 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 3, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker	Corp. Engineers	Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	525-05-2622	Mrs. Thera Wood	Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-9-, 1970, *to* 7-18-, 1972, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Lanham MD	Hayden Lake, Idaho	7-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 21, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 10, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972
SEP 13 1972
OCT 18 1972
MAR 11 1982
MAY 31 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3430
Local Reg. No. 259
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 28/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 10	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 28/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene d. STREET ADDRESS (If rural, give location) 1037 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Keith	C.	Honsinger	July 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 8, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Depot Agent 2	Greyhound Bus	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Honsinger	Pennsylvania	Mabel Richardson	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	536-05-9145	Mrs. Louise Honsinger	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5719

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hepatic Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-15-71, 19__, *to* 7-19-72, 19__, *that I last saw the deceased alive on* 7-19, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. [illegible] MD	Hayden Lake, Idaho	8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1972	Fairmount Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 10, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3431
Local Reg. No. 251
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 2 1972 Vital Statistics Bureau of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (In this place): Coeur d'Alene	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 191	d. STREET ADDRESS (If rural, give location): 101 Vista Dr.

3. NAME OF DECEASED (Type or Print)	a. (First): John	b. (Middle): P.	c. (Last): Ursaki	4. DATE OF DEATH (Month) (Day) (Year): July 20, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 3, 1914	9. AGE (In years last birthday): 58	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Tech 4	10b. KIND OF BUSINESS OR INDUSTRY: Parrotts Inc.	11. BIRTHPLACE (State or foreign country): Canada	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Paul Ursaki	BIRTHPLACE: Canada	14. MOTHER'S MAIDEN NAME: Anne Schmidt	BIRTHPLACE: Hungary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs. Lorraine Ursaki	ADDRESS: Coeur d'Alene			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* July 20, 19 72, *that I last saw the deceased alive on* May, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. 57	23b. ADDRESS: Coeur d'alene Idaho	23c. DATE SIGNED: 7-21-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho		
DATE REC'D BY LOCAL REG.: July 24, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Gilbert Yates
LICENSE NO.: M-365		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

AUG 2 1972

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 2 1972 Bureau of Vital Statistics

State File No. 3432
Local Reg. No. 2H4
Reg. Dist. No. 126

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 213 Wallace Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Violet	V.	Johnson	July 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 5, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Restaurant	Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jarimia Metzger	Germany	Sarah Stewart	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-1152	x Roy L Johnson	Otis Orchards

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* only 7-21-72 *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. Breault, M.D.	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July25,1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Lorraine D. Breault		M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972
AUG 31 1972
SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3433
Local Reg. No. 247
Reg. Dist. No. 12 c

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockford Bay
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockford Bay
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Evelyn	R.	Jones	July 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug 24, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Education	Jackson, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Rafdal	Norway	Sophia Ljton	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	531-24-0145	Mrs. George Rudy	Jenkintown, Pa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Accidental traumatism due to	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	automobile accident	Sudden
DUE TO (c)	Multiple Crush Injuries.	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Hiway 95 S	S. of Coeur d'alene	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Head on Car Wreck

22. I hereby certify that I attended the deceased from Did not , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene Idaho	7-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Lorraine R. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3434

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 246
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 2 1972 Vital Statistics Bureau of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockford Bay c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockford Bay
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #95	d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Earl	B.	Jones	July 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 21, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Clothing	New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	557-05-5275	Mrs. George Rudy	Jenkintown, Pa.

8/29

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Accidental Traumatsin due to	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Automobile accident	Sudden
DUE TO (c)	Multiple Crush Injuries.	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Crushed Chest	"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 95	South Coeur d'Alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 21, 1972 m.		Head on Car wreck

22. *I hereby certify that I attended the deceased from* Did Not , 19 , to , 19 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	7-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Lorraine K. Brush	Mr. Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

AUG 2 1972

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3435
Local Reg. No. 248
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION: Coeur d'Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Lauisa	Olson	July 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 12, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Magnus Johnson	Sweden	Maria Varmland	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-60-9795	Coeur d'Alene Homes Records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) cerebrovasc. accident — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-5, 1970, to 7-11, 1970, that I last saw the deceased alive on 7-11, 1970, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Freeda Barclay	MD	Coeur d Alene Ida	7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Lorraine K. Brush	Bill Huff	M-439

FIRM NAME English Chapel Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 2 1972 Bureau of Vital Statistics

State File No. 3436
Local Reg. No. 245
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Athol
d. STREET ADDRESS (If rural, give location) Box 126

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	R.	Johnson	July 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug 18, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 2	Merchant	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clark Johnson	USA	Clarinda Babcock	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	518-16-9341	Mrs. Ethel Johnson	Athol, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. Engbretson MD		7-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1972	Pinegrove Cem.	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 17 1973
AUG 23 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3437
Local Reg. No. 268
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 819 Front

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	J.	Cummings	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 26, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Construction	California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Cummings	California	Sally Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---		Mrs. Neva Cummings	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebr Vascular Accident	8 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebr Arteriosclerosis	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4379

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7 July, 1972, to 28 July, 1972, *that I last saw the deceased alive on* 28 July, 1972, *and that death occurred at* 8:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. Thompson 530 (Degree or title) MD	920 Ironwood Drive Coeur d'Alene, Idaho 83814	8/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	July 31, 1972	Hazen and Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 15, 1972	Lorraine R. Brush	Gilbert Yates	M-365

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

APR 3 0 1973

JUN 1 4 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3438
Local Reg. No. 277
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 28 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) #3 Kellyway

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

3. NAME OF DECEASED (Type or Print) a. (First) Georgianna b. (Middle) c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) July 28, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH June 3, 1898

9. AGE (In years last birthday) 74
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Calvin White
BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Julia Goff
BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. 519-38-8619

17. INFORMANT'S OWN SIGNATURE Otis White
ADDRESS Pimento, Indiana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular
DUE TO (c) Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/5/72

24c. NAME OF CEMETERY OR CREMATORY Osburn Cemetery

24d. LOCATION (City, town, or county) Osburn, Idaho (State)

DATE REC'D BY LOCAL REG. Aug. 15, 1972

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Gilbert Yates

LICENSE NO. M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3439
Local Reg. No. 255
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Coeur d'Alene Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elias	Ingman	Daniels	July	29,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Jan. 6, 1879	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Armund Daniels	Illinois	Tone Bergland	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	541-22-7806	Mr. Keith Daniels	Yakima, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular accident	10 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture left hip	1 day

885X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Coeur d'Alene Home
21c. (CITY, TOWN, OR TOWNSHIP) C of A (COUNTY) Kootenai (STATE) Ida

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
7	28	72	m.		Slipped + Fell

22. I hereby certify that I attended the deceased from 1967, to 7/29, 1972, that I last saw the deceased alive on 7/29, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.		Coeur d'Alene	8/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 3, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Lorraine K. Brush	Gilbert Yates, Yates Funeral Home	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3440

Certificate of Death
STATE OF IDAHO

State File No. 3440
Local Reg. No. 258
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 604 N. 18th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	R.	Gooby	July 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 2, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Lumbermill	Watersville, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert M. Gooby	England	Ellen Smith	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-01-5156	Mrs. Eleanor Anderson	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct Acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prior myocardial infarct 2 yrs ago
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma Rectum 15 years ago

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1950 to 7-29, 1972, *that I last saw the deceased alive on* 7-29, 1972 *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 251	Coeur d'Alene Idaho	8-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 3, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3441
Local Reg. No. 253
Reg. Dist. No. 120

BIRTH NO.

AUG 7 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 COUNTY: Spokane 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): Moments	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location): E. 2223 Hoffman Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) E.	c. (Last) CHRISTOPHER	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 24, 1923	9. AGE (In years last birthday): 49 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 5	10b. KIND OF BUSINESS OR INDUSTRY: B N Railroad	11. BIRTHPLACE (State or foreign country): Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Hugh E. Christopher	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Elsie A. Zurlinden	BIRTHPLACE: Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 537-14-1216	17. INFORMANT'S OWN SIGNATURE: Betty J. Christopher	ADDRESS: E. 2223 Hoffman Avenue	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Occlusion	15 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1972 *to* July 30, 1972 *that I last saw the deceased alive on* July 30, 1972, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C E Thompson MD 530 (Degree or title)	23b. ADDRESS: 920 Ironwood Dr. Coeur d'Alene Idaho	23c. DATE SIGNED: July 30 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 4, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside Memorial Park
24d. LOCATION (City, town, or county) (State): Spokane, Washington		
DATE REC'D BY LOCAL REG.: Aug. 2, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Lewis M. Pruitt
LICENSE NO.: GL 490		

FIRM NAME: Hazen & Jaeger Funeral Homes, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

NOV 1 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3442

Certificate of Death
STATE OF IDAHO

State File No. 3442
Local Reg. No. 262
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): Moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 5323 Cedar Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alfred	Baden	QUORN	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 19, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter & Paper Hanger	For Self	London, England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Alfred Quorn	England	Florence Bevis	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	
Yes	WW-1	151-10-8263-A	Mabel R. Quorn	Spokane S. 5323 Cedar St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable acute myocardial infarction	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. Gustafson MD		8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1972	Greenwood Memorial Terrace	Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 8, 1972	Lorraine K. Brush	Lew M. Pruitt	OL 490

FIRM NAME: Hazen & Jaeger Funeral Homes, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 16 1972
AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
MAR 28 1977
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 7 1972 Bureau of Vital Statistics

State File No. 3443
Local Reg. No. 254
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home-1001 N. 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1001 N. 5th St.

3. NAME OF DECEASED (Type or Print): a. (First) Arthur; b. (Middle) M.; c. (Last) Hanson

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: October 19, 1912

9. AGE (In years last birthday): 59
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Title Officer

10b. KIND OF BUSINESS OR INDUSTRY: Panhandle Title Co.

11. BIRTHPLACE (State or foreign country): Blair, Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Hanson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Rodi Bakken
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-0364

17. INFORMANT'S OWN SIGNATURE: X Thomas A. Hanson
ADDRESS: Idaho Hayden Lake,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1621 Carcinoma Ovary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Carcinoma of Ovary.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 19 72, *to* present, 19____, *that I last saw the deceased alive on* 7-31-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 920 Ironwood Drive, Coeur d'Alene, Idaho 83814

23c. DATE SIGNED: 8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug. 4, 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bruce English
LICENSE NO.: M-538
FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

N #8

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3444
Local Reg. No. 91
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt. 2 Box-275

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Virgil	Edemass	Phillips	7-5-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12-10-1912	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter & Farmer		Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Phillips	New York	Louise Hamilton	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	534-20-4652	Mrs Virgil Phillips	Moscow

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3959

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Infarct of brain stem	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Heart failure and fibrillation with embolism	2 weeks
DUE TO (c)	Aortic Stenosis	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 2, 19 72, *to* July 4, 19 72, *that I last saw the deceased alive on* July 3, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
[signature]	015 (Degree or title) M.D.	Moscow, Idaho	7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-7-1972	Moscow Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1972	Maynek Heiskari	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 21 1972

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 31 1972 Bureau of Vital Statistics

State File No. 3445
Local Reg. No. 96
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow — STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First): Paul	b. (Middle): Waldemar	c. (Last): Rudeen	4. DATE OF DEATH (Month) July (Day) 6 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 10, 1887	9. AGE (In years last birthday): 85 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 7	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Superior, Wisc.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Olaf F. Rudeen	BIRTHPLACE: Sweden	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 559-29-1813A	17. INFORMANT'S OWN SIGNATURE: x M L Rudeen	ADDRESS: Troy, Ida.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5769

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Perforation of Bile System — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* many years *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: O Drury	148 (Degree or title) MR 1	23b. ADDRESS: Troy Idaho	23c. DATE SIGNED: 7-21-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Burnt Ridge Cem.	24d. LOCATION (City, town, or county) (State): near Troy Idaho
DATE REC'D BY LOCAL REG.: July 26, 1972	REGISTRAR'S SIGNATURE: Wayne R Heisleari	25. EMBALMER: Donald Ward	LICENSE NO.: M-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 3 1 1983

OCT 9 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3446
Local Reg. No. 92
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Latah 290	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy c. LENGTH OF STAY (In this place): Life	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Trailer Court	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): Robert	b. (Middle): Frank	c. (Last): Brocke	4. DATE OF DEATH (Month) (Day) (Year): July 6, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Aug. 26, 1948	9. AGE (In years last birthday): 23	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY: Banking	11. BIRTHPLACE (State or foreign country): Spokane, Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Frank Brocke	BIRTHPLACE: Kendrick, Ida.	14. MOTHER'S MAIDEN NAME: Margie Green	BIRTHPLACE: Troy, Idaho			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-56-9990	17. INFORMANT'S OWN SIGNATURE: Frank O Brocke	ADDRESS: Troy, Ida.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

955 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bullet wound To Head — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home	21c. (CITY, TOWN, OR TOWNSHIP): Troy	(COUNTY): Latah	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE: Edward L Boas (Degree or title): MD	23b. ADDRESS: Moscow Idaho	23c. DATE SIGNED: 7-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 10, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery	24d. LOCATION (City, town, or county): Moscow (State): Idaho
DATE REC'D BY LOCAL REG.: July 18, 1972	REGISTRAR'S SIGNATURE: Mayne K Heisheri	25. EMBALMER: Pete Albertson	LICENSE NO.: M-525

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

JUL 24 1972

APR 29 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3447
Local Reg. No. 93
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) Rt. 2, Box 75

3. NAME OF DECEASED (Type or Print) a. (First) Ina b. (Middle) L. c. (Last) Jack
4. DATE OF DEATH (Month) (Day) (Year) July 7, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 14, 1889
9. AGE (In years last birthday) 83
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cherokee County Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eugene Wilson
BIRTHPLACE Wisc.
14. MOTHER'S MAIDEN NAME Jennie Roberts
BIRTHPLACE Wales
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-5553
17. INFORMANT'S OWN SIGNATURE Rolland Jack
ADDRESS Cheney, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Carcinoma Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1972 to 7-7-, 1972 that I last saw the deceased alive on 7-7-, 1972 and that death occurred at 1:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE David C. Vadder (Degree or title) MD
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 7-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 10, 1972
24c. NAME OF CEMETERY OR CREMATORY Palouse Cemetery
24d. LOCATION (City, town, or county) (State) Palouse, Washington

DATE REC'D BY LOCAL REG. July 17, 1972
REGISTRAR'S SIGNATURE Maynard Heinhain
25. EMBALMER E. Pete Albertson
LICENSE NO. M-525
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3448
Local Reg. No. 94
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skramstad Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah 290
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Palouse
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Ford
c. (Last): Sawyer

4. DATE OF DEATH (Month) (Day) (Year): July 9 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 7 1882
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY: Diversified farm
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Sawyer — BIRTHPLACE: --
14. MOTHER'S MAIDEN NAME: Itha Gant — BIRTHPLACE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 533 40 9666
17. INFORMANT'S OWN SIGNATURE: Homer Sawyer — ADDRESS: Palouse, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Right kidney tumor

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-, 1972, *to* 7-9, 1972, *that I last saw the deceased alive on* 7-9, 1972, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Calder MD 541
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-11-1972
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Potlatch Idaho

DATE REC'D BY LOCAL REG.: July 18, 1972
REGISTRAR'S SIGNATURE: Maynel Heisbein
25. EMBALMER: Jack E. Kramer — LICENSE NO. 636

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Kimball Funeral Home Palouse, Wa.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3449
Local Reg. No. 97
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa N.H. 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grace	Emily	Souders	July	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	widowed	Sept 20, 1880	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Riverton, Neb.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Aaron Wells	Ohio	Elizabeth Mowry	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-60-5447	Marion J. Souders	Southwick, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794.7

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infirmities of Age — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O Drum 148	MD	TROY IDAHO	7-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 17, 1972	Southwick Cemetery	Southwick Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Maxine R Heuscher	Donald Ward	M-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3450
Local Reg. No. 100
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa N.H. 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 412 Veatch

3. NAME OF DECEASED (Type or Print): a. (First) Farol b. (Middle) B. c. (Last) Wernecke

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 21, 1894

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife X

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burnhamwood, Wisc.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Brumn
BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: Adelaide Hughs
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-4288A

17. INFORMANT'S OWN SIGNATURE: X Leonard C Wernecke
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

1990

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, general debility — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 14, 1972 *to* July 13, 1972, *that I last saw the deceased alive on* July 10, 1972 *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W J Adams (Degree or title) MD

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 7/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15, 1972

24c. NAME OF CEMETERY OR CREMATORY: Moscow Catholic Cem.

24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 3, 1972

REGISTRAR'S SIGNATURE: Maynard Heiskari

25. EMBALMER: Donald Ward

LICENSE NO.: M-380

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3451
Local Reg. No. 95
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 24 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and township): Moscow
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: 613 Kenneth Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Asotin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. STREET ADDRESS (If rural, give location): 404 3rd St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Raymond	Staley	July 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	Dec 18, 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Glenelder, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Staley	Kansas	Lucinda Mathews	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	504-01-2760	x Lloyd Eugene Staley	Asotin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

880X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY)	(STATE)
Fell down stairs	Home of	Moscow / Latah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 13 1972 4 cc A m.		Fell down stairs at home

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Edward L Boas 785 (Degree or title) MD	Moscow, Idaho	7-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 14, 1972	Vineland Cemetery	Clarkston Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	Maynard Hendricks	Donald Ward	M-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 31 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3452
Local Reg. No. 98
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 1457 Alpowa

3. NAME OF DECEASED (Type or Print)
a. (First) Gladys
b. (Middle) Barrow
c. (Last) Fisher

4. DATE OF DEATH (Month) (Day) (Year) July 16, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 9, 1901
9. AGE (In years last birthday) 71
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Barrow
BIRTHPLACE Neb.
14. MOTHER'S MAIDEN NAME Sarah Smith
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 344-01-6036
17. INFORMANT'S OWN SIGNATURE X Maurine B. Bell
ADDRESS Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5609

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bolon obstruction + internal fistula

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 7-12-72
19b. MAJOR FINDINGS OF OPERATION Partial small bowel + Colon obstruction Inflammatory
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1972, to July 16, 1972, that I last saw the deceased alive on July 16, 1972, and that death occurred at 4 8 m., from the causes and on the date stated above.

23a. SIGNATURE David C Volder MD 541 (Degree or title)
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 7-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-19-1972
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) (State) Moscow, Idaho

DATE REC'D BY LOCAL REG. July 25, 1972
REGISTRAR'S SIGNATURE Maynard Heisterri
25. EMBALMER E. Pete Albertson
LICENSE NO. M-525

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3453
Local Reg. No. 106
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow c. LENGTH OF STAY (In this place) 1 Yr.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paradise Villa Nursing Home 329	d. STREET ADDRESS (If rural, give location) 1026 S. Logan

3. NAME OF DECEASED (Type or Print) a. (First) Cecil	b. (Middle) L...	c. (Last) Hobart	4. DATE OF DEATH (Month) (Day) (Year) 7-22-1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-20-1909	9. AGE (In years last birthday) 63 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seed Warehouse 8	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Moscow, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samual J. Hobart	BIRTHPLACE Oregon	14. MOTHER'S MAIDEN NAME Jane Daniels	BIRTHPLACE Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2	16. SOCIAL SECURITY NO. 519-09-5106	17. INFORMANT'S OWN SIGNATURE x [signature] McGarvey	ADDRESS Moscow, Idaho	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral vascular accident	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. *, 19* 72 *, to* July, *, 19* 72 *, that I last saw the deceased alive on* June 15, *, 19* 72 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 328c (Degree or title) W. P. Marineau, M. D. 129	23b. ADDRESS W. Third St. Moscow, Ida.	23c. DATE SIGNED 7-29-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-26-1972	24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) (State) Moscow, Idaho		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Dolores Littenmarin	25. EMBALMER Fred Nelson
LICENSE NO. M-504		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 22 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3454
Local Reg. No. 108
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potlatch Forest Inc. mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): a. (First) Jerry; b. (Middle) Bruce; c. (Last) Aue

4. DATE OF DEATH (Month) (Day) (Year): July 25 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	July 10 1953	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
resaw operator 5	P.F.I.	Spokane, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray Aue	Washington	Mardelle Bowman	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 66 5137	Mrs. P. A. Bidwell	Spokane, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injury — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Potlatch Mill - Potlatch Idaho	Potlatch	Latah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 25 1972 10:30 a.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Fell into saw

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward L. Boas	MD	Moscow Idaho	8-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	7-28-1972	Mendenhall cemetery	Onaway	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 14, 1972	Wayne R. Heikari	Jack E. Kramer	636

FIRM NAME: Kimball Funeral Home Palouse, Wa.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 2 3 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3455
Local Reg. No. 107
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics 291

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 726 So. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Gilmore; c. (Last) Corless

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 24, 1912
9. AGE (In years last birthday): 60
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.W. Gilmore — BIRTHPLACE: Nebr.
14. MOTHER'S MAIDEN NAME: Genie Stewart — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 540-12-2687
17. INFORMANT'S OWN SIGNATURE: D E Corless — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. , 19 72, to July 26, , 19 72, *that I last saw the deceased alive on* July 22, , 19 72 *and that death occurred at* 7:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. P. Marineau, M. D. 129
23b. ADDRESS: W. Third St. Moscow, Ida.
23c. DATE SIGNED: 7-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1972
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Delores Littlemain
25. EMBALMER: Fred Nelson
LICENSE NO.: M-504

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3456
Local Reg. No. 103
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 14 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendrick
c. LENGTH OF STAY (In this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Oregon 38 b. COUNTY Malheur 5-55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Nyssa
d. STREET ADDRESS (If rural, give location) RFD 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wayne	Yoshiaki	Takami	7-27-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	Japanese	Never Married	10-17-1948	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	Ontario Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Yoshio Takami	Washington	Mary Akako Ouchida	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	541-58-7293	[signature]	RFD 1 Nyssa Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 8199 Multiple head injuries — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	66	Kendrick	Latah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7-27-72 about 6 p.m.		Automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* about 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodger Hadlow MD 791	Coroner 4	Moscow Idaho	8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8-1-1972	Evergreen	Ontario	Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Dolores Lettenmaier	Fred Nelson	M-504

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972
APR 2 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3457
Local Reg. No. 104
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 000	d. STREET ADDRESS (If rural, give location): 221 E. A St.

3. NAME OF DECEASED (Type or Print) a. (First): Vera	b. (Middle): E.	c. (Last): Hart	4. DATE OF DEATH (Month) (Day) (Year): July 27, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: Aug 24, 1895	9. AGE (In years last birthday): 76 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel worked 6	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Aberdeen, Wash.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Milton Robinson	BIRTHPLACE: Ore.	14. MOTHER'S MAIDEN NAME: Celia Smeltzer	BIRTHPLACE: Ore.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-09-5296	17. INFORMANT'S OWN SIGNATURE: ×Vera Mathews	ADDRESS: 1830 W-Bridge Spokane	

18. CAUSE OF DEATH 4310
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemorrhage	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Essential Hypertension	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 19 65, *to* July 27, 19 72, *that I last saw the deceased alive on* June 27, 19 72, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D E Adams MD 001 (Degree or title)	23b. ADDRESS: Moscow, Idaho	23c. DATE SIGNED: 7/28/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 31, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow	(State): Idaho	
DATE REC'D BY LOCAL REG.: Aug. 8, 1972	REGISTRAR'S SIGNATURE: Dolores Lettenmaier	25. EMBALMER: Donald Ward
LICENSE NO.: M-380		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3458
Local Reg. No. 109
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 716 Park Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Olaf	Walter	Olsen	July	28	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	widowed	Sept 25, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mill-wright 5	Lumber	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anders Olsen	Norway	Mary Plassen	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-70-8916	[signature]	Moscow, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute cardiac arrythmia	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Metastatic carcinoma of lung	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Primary site undetermined	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* July, 19 72, *that I last saw the deceased alive on* 7-28-72, 19____, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. P. Marineau, M. D.	329 W. Third St. Moscow, Idaho 83843	8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 31, 1972	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 16 1972	Wayne R Heiskari	E Pete Albertson	M-525

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3459
Local Reg. No. 99
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

290

1. PLACE OF DEATH a. COUNTY: Latah	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home	d. STREET ADDRESS (If rural, give location): 4 mi. East

3. NAME OF DECEASED (Type or Print)	a. (First): William	b. (Middle): John	c. (Last): Bendel	4. DATE OF DEATH (Month) (Day) (Year): July 28 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Oct 23, 1927	9. AGE (In years last birthday): 44 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): meat packing 5	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Bonners Ferry, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Carl Bendel	BIRTHPLACE: Wash.	14. MOTHER'S MAIDEN NAME: Marguerite Sandberg	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean	16. SOCIAL SECURITY NO.: 518-24-4539	17. INFORMANT'S OWN SIGNATURE: x Archie Bendel	ADDRESS: Troy Idaho	

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial infarction	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardiovascular disease	Years
DUE TO (c)	Diabetes mellitus	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 2:00 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Rodger Hawkins, MD 791	Degree or title: Coronor 4	23b. ADDRESS: Moscow Idaho	23c. DATE SIGNED: 7-31-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery	24d. LOCATION (City, town, or county) (State): Moscow Idaho
DATE REC'D BY LOCAL REG.: Aug. 3, 1972	REGISTRAR'S SIGNATURE: Wayne R Heiskari	25. EMBALMER: E. Pete Albertson	LICENSE NO.: M-525

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 14 1972 Bureau of Vital Statistics

State File No. 3460
Local Reg. No. 105
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 702 S. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Norah
b. (Middle): A.
c. (Last): Naylor

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 20, 1885
9. AGE (In years last birthday): 87
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Coin, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mills
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Maggie
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-4649 A
17. INFORMANT'S OWN SIGNATURE: X Lionel Stevens
ADDRESS: Moscow

1519

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of Stomach
INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1966, *to* July 30, 1972, *that I last saw the deceased alive on* July 30, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J M Myers, M.D. 615 (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: Aug 3, 1972

24a. BURIAL, CREMATION REMOVAL (Specify): Burial
24b. DATE: 8-1-1972
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Dolores Lettenmaier
25. EMBALMER: E. Pete Albertson
LICENSE NO.: M-525

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3461
Local Reg. No. 103
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: 200

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Latah Convelascent Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Greeley	Garfield	Besst	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 28, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Retired	Coffeeville, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jessie Besst	Illinois	Mary Baket	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		505-12-4673	Dale Besst	Lewiston, Ida

4489

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerosis, general — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Right hip — 10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1972, to July 31, 1972, that I last saw the deceased alive on July 30, 1972, and that death occurred at 12:30 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
WJ Adams	MD	Moscow, Idaho	8/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-3-1972	Freeze Cemetery	Potlatch, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7, 1972	Dolores Littman	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3462
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place) 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emmett	Robert	Steeples	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 14, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired 5	construction work	Missoula, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Steeples	Ireland	Louise Pauli	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes Navy WW #1	518 20 0303	Elnora D. Steeples	Salmon, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with generalized
DUE TO (c) Carcinomatosis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1949, 19__, to Death, 19__, that I last saw the deceased alive on July 5, 1972 and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Salmon Ida	7-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1972	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 9, 1972	Mary A. Jones	Douglas C. Casey	M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 19 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3463
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Lemhi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho		b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon	c. LENGTH OF STAY (In this place): 1yr.10 mos.			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Smithey residence 600				d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First): Gary	b. (Middle): George	c. (Last): Smithey		4. DATE OF DEATH (Month): July	(Day): 6,	(Year): 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 5, 1935	9. AGE (In years last birthday): 36	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Branch Chief 2	10b. KIND OF BUSINESS OR INDUSTRY: US Forest Service	11. BIRTHPLACE (State or foreign country): Billings, Montana		12. CITIZEN OF WHAT COUNTRY?: USA		
13. FATHER'S NAME: George Smithey	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Beatrice Stensvad	BIRTHPLACE: Minnesota			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Air Force reserve 61-62	16. SOCIAL SECURITY NO.: 519 14 3093	17. INFORMANT'S OWN SIGNATURE: x Cody R. Smithey	ADDRESS: Salmon, Ida.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

955X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun shot wound-head — INTERVAL BETWEEN ONSET AND DEATH: -0-

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY)	(STATE)
7 Suicide	home	Salmon / 5-30 Lemhi	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Lemhi Co. Coroner 553 (Degree or title) 4	Salmon, Idaho	7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10 1972	Mary A. Jones	Douglas C. Casey	M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES FUNERAL HOME

JUL 18 1972
OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

NOV 16 1972

JAN 28 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3464
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Lemhi b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 28 mi.W. of Challis c. LENGTH OF STAY (In this place): 5 wks. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): his cabin	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Lemhi b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eugene	Paul	Turner	July 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	never married	May 22, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner	Mining	Klamith Falls, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	552-34-7454	personal records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-19 ?, 1965, *to* 5-9, 1972, *that I last saw the deceased alive on* 5-9, 1972, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W. Moore 369 (Degree or title)	Salmon Idaho	8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 17, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 21, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3465

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JUL 28 1972 300 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Lemhi	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Utah 45 b. COUNTY: Salt Lake 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 39 mi E of Salmon, Hwy 2 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000	d. STREET ADDRESS (If rural, give location): 1151 S. 7th E.

3. NAME OF DECEASED (Type or Print)	a. (First): Shellie	b. (Middle): Ann	c. (Last): Feller	4. DATE OF DEATH (Month) (Day) (Year): July 21, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: Dec. 8, 1960	9. AGE (In years last birthday): 11 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9	10b. KIND OF BUSINESS OR INDUSTRY: Public Schools	11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Albert Edward Feller	BIRTHPLACE: California	14. MOTHER'S MAIDEN NAME: Sarah Pontias	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Shauna Feller, Salt Lake City, Utah	ADDRESS	

8181

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Broken cervical vertebrae	-0-
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): highway 56	21c. (CITY, TOWN, OR TOWNSHIP) 13-300 (COUNTY) (STATE): Rural Leadore Lemhi Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 21 72 17 6 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? tire blow out Car Rolled over	

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 6 17 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Delbert C Jones Lemhi Co. Coroner 1583 4 (Degree or title)	23b. ADDRESS: Salmon Idaho	23c. DATE SIGNED: 7/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 26, 1972	24c. NAME OF CEMETERY OR CREMATORY: Bountiful Memorial Park	24d. LOCATION (City, town, or county) (State): Bountiful, Utah
DATE REC'D BY LOCAL REG.: July 24, 1972	REGISTRAR'S SIGNATURE: Mary A. Jones	25. EMBALMER: Douglas C. Carey	LICENSE NO.: M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3466
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 28 1972

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 39 mi. E. of Salmon, Hwy 28
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah 45
b. COUNTY: Salt Lake 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 270 Reed Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruby	May	Hill	July 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	never married	May 13, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Clothing	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Hilton Hill	Utah	Frances Hill	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	528 03 4267	Dr. R. C. Alred, Murray, Utah	

8189

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Compound fracture of the cranium — INTERVAL BETWEEN ONSET AND DEATH: -0-

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple fractures of chest,
DUE TO (c) legs and arms

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 06	Rural Leadore Lemhi Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	21	72	Ea m.		tire blowout - Car rolled over

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Delbert C. Jones Lemhi Co. Coroner	Salmon, Idaho	7/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26, 1972	Salt Lake City Cem.	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 24, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3467
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 10 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elsie	Mae	Garlitz	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 16, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Lowell, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Simington	Unknown	Margaret unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-20-3022	x Richard Runkin	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4709 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 13, 1960 *to* July 31, 1972, *that I last saw the deceased alive on* May 13, 1972, *and that death occurred at* 6:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Moore MD 369	Salmon Idaho	8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 3, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 12 1983

APR 10 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3468
Local Reg. No. 7 b 8
Reg. Dist. No. 4 3 0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (In this place): W KS
d. FULL NAME OF HOSPITAL OR INSTITUTION: Woodriver Convalescent Home 240

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BENITA b. (Middle) c. (Last) ONEIDA

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 3, 1881

9. AGE (In years last birthday): 91 IF UNDER 1 YR. Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Murelaga, Spain

12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: Unknown BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-42-6295-D

17. INFORMANT'S OWN SIGNATURE: Pete Oneida ADDRESS: Shoshone, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Cerebrovascular — 10 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1947, to July 30, 1972, *that I last saw the deceased alive on* July 27, 1972, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 386

23b. ADDRESS: Shoshone Idaho

23c. DATE SIGNED: 8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-2-1972

24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery

24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 8-5-72

REGISTRAR'S SIGNATURE: Francis M. Bergin

25. EMBALMER: Francis M. Bergin

LICENSE NO.: M-463

FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3469
Local Reg. No. 43
Reg. Dist. No. 6 10

BIRTH NO.

RECEIVED AUG 8 1972 331

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 65 So. Center St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clark 170
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) DOLLY; b. (Middle) MABEL; c. (Last) HENNINGER

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1883

9. AGE (In years on last birthday): 88
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Xenia, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob L. Smith
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Miller
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-3293

17. INFORMANT'S OWN SIGNATURE: Elvin W. Henninger by Phone
ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1972, *to* 6-26, 1972, *that I last saw the deceased alive on* 6-26, 1972 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester J. Sullivan (Degree or title) MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 7-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 29, '72

24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery

24d. LOCATION (City, town, or county): Dubois, (State) Idaho

DATE REC'D BY LOCAL REG.: 7-4-72

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Orland C. Buck

LICENSE NO.: M 250

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUN 2
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3470
Local Reg. No. 44
Reg. Dist. No. 6 30

BIRTH NO.

RECEIVED
AUG 8 1972
Bureau of Vital Statistics

331

1. PLACE OF DEATH
a. COUNTY: Madison County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 246 S. 1st. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 246 S. 1st. West

3. NAME OF DECEASED (Type or Print): a. (First) Hazel; b. (Middle) Chestina Phillips; c. (Last) Cook

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 27,1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Housewife X

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kaysville, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Samuel Phillips BIRTHPLACE: Kaysville, Utah

14. MOTHER'S MAIDEN NAME: Sarah Victoria Christensen BIRTHPLACE: West Weber, Uta Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-42-7917A

17. INFORMANT'S OWN SIGNATURE: X J. Blaine Cook ADDRESS: Rexburg, RT.1 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1965, *to* July 2, 1972, *that I last saw the deceased alive on* July 2, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester J. Ellison 413 (Degree or title)

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/6/1972

24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery

24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: 7-6-72

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Russell Flamm

LICENSE NO.: M 254

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3471
Local Reg. No. 45
Reg. Dist. No. 6[illegible]0

BIRTH NO.

AUG 8 1972

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Madison 331	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg c. LENGTH OF STAY (In this place) min.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial 123	d. STREET ADDRESS (If rural, give location) 217 W. 2nd N. St.

3. NAME OF DECEASED (Type or Print)	a. (First) REBECCA	b. (Middle) MARY	c. (Last) WYLIE	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec.21,1888	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Lyman, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lorenzo Weekes	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Mary Ann Gerber	BIRTHPLACE Switzerland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 519-60-3117	17. INFORMANT'S OWN SIGNATURE Oneal Wylie	ADDRESS Thornton, Idaho.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 - 9 - , 1972 *to* 7 - 9 - , 1972, *that I last saw the deceased alive on* 7/9 , 1972, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. M. Withers	569 (Degree or title) M.D.	23b. ADDRESS Rexburg, Idaho.	23c. DATE SIGNED July 12, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12, 1972	24c. NAME OF CEMETERY OR CREMATORY Sutton	24d. LOCATION (City, town, or county) (State) Archer Madison Idaho
DATE REC'D BY LOCAL REG. 7-12-72	REGISTRAR'S SIGNATURE Leona Flamm	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3472
Local Reg. No. 46
Reg. Dist. No. 630

BIRTH NO.

AUG 8 1972

331

123

1. PLACE OF DEATH a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg Bureau of Vital Statistics c. LENGTH OF STAY (In this place) 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg- Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital	d. STREET ADDRESS (If rural, give location) RFD#2

3. NAME OF DECEASED (Type or Print) a. (First) GENEVA	b. (Middle) GOULDING	c. (Last) PETERSON	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972	
5. SEX Feamle	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov., 7, 1899	9. AGE (In years last birthday) 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) Henrieville, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Evan Goulding	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Barbara Ellen Thompson	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Vella Bagley	ADDRESS RFD#2 Rexburg, Idaho	

5621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Peritonitis	5-6 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Ruptore sigmoid diverticulum	8-10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1962, *to* July 12, 1972, *that I last saw the deceased alive on* July 12, 1972 *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 409 (Degree or title)	23b. ADDRESS Rexburg Idaho	23c. DATE SIGNED 7-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 15 July 72	24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery	24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#2, Idaho
DATE REC'D BY LOCAL REG. 7-22-72	REGISTRAR'S SIGNATURE Leona Flamm	25. EMBALMER M. D. Hansen [signature]	LICENSE NO. M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3473
Local Reg. No. 47
Reg. Dist. No. 630

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

331

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 649 West Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 330
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer
d. STREET ADDRESS (If rural, give location): Rte. #1 Thornton

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) LAVON c. (Last) WEEKES

4. DATE OF DEATH: (Month) (Day) (Year) July 25, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 17, 1895

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lyman, Idaho.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward A. Galbraith
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ann Sharp
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-26-1114

17. INFORMANT'S OWN SIGNATURE: Artella A. Schneider
ADDRESS: Rte. #1 Thornton, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Anemia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding duodenal polyp — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, Hypertensive Cardiovascular disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1967, *to* July 25, 1972, *that I last saw the deceased alive on* July 11, 1972, *and that death occurred at* 10:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Byron T Weeks 556 (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho.

23c. DATE SIGNED: 7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 28.1972

24c. NAME OF CEMETERY OR CREMATORY: Sutton

24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 7-28-72

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Sidney B Lucas

LICENSE NO.: M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 21 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG8 1972 Bureau of Vital Statistics

State File No. 3474
Local Reg. No. 48
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 151 North 3rd West Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAY	WILLIAM	SUCHER	July 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 19, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paint Contractor 2	Paint	Talmage, Nebraska.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Sucher	near Chicago, Illinois	Susie Nunn	Lena, Illinois.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-10-8822	Wm Sucher	Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* July 30, 1972, *that I last saw the deceased alive on* July 30, 1972 *and that death occurred at* 11:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blaine Harvey 409 M.D.	Rexburg, Idaho.	8-2-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1972	Pioneer	Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-5-72	Leona Flamm	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG-31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3475
Local Reg. No. 31
Reg. Dist. No. 450

RECEIVED JUL 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert-rural
c. LENGTH OF STAY (In this place): 53 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 136 West 100 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert - Rural
d. STREET ADDRESS (If rural, give location): 136 West 100 South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lulu	Mae	Whiting	July 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	White	Widowed	Mar. 19, 1883	89	3 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fountain Green, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ruse Llewellyn BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Holman BIRTHPLACE: Fountain Green, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Rose N Malan ADDRESS: Rt 2 Rupert Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — not known
DUE TO (c): Advanced years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 16, 19 72, *to* July 16, 19 72, *that I last saw the deceased alive on* Dead on Arrival 19 ____, *and that death occurred at* 11:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. E. Dalley MD	702 G St Rupert Ida	July 18, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
removal	July 19, 1972	Rupert Cemetery	Rupert,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-20-72	Mary Ellen Larson	Osmond Burch	M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL-DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3476
Local Reg. No. 32
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JUL 27 1972 341

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert

d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 402 Linden Street
d. STREET ADDRESS (If rural, give location) 402 Linden Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Esther	M	Johnson	July 21 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb 15 1876	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Fayette County Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Markley-Fayette County Iowa		Eddie Seward	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518 09 7558B	Fred Johnson	Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) natural causes due to age
generalized arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert E Walk	Coroner	710 6th street Rupert Idaho	7 22 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-28-72	Mary Ellen Barlow	Robert E Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 18 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3477
Local Reg. No. 56
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Minidoka 341	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert; c. LENGTH OF STAY (In this place): 1 Week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul - rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital 125	d. STREET ADDRESS (If rural, give location): 050 S. 500 W.

3. NAME OF DECEASED (Type or Print)	a. (First) Rhoda	b. (Middle)	c. (Last) Barclay	4. DATE OF DEATH (Month) (Day) (Year)	July 27, 1972
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug.27,1893	9. AGE (In years last birthday): 78	IF UNDER 1 YR. Months 10 Days 29; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Richmond, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Benjamin Elliot Lewis	BIRTHPLACE: Utah		14. MOTHER'S MAIDEN NAME: Fannie E. Williams	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -	16. SOCIAL SECURITY NO.: 518-09-1011D		17. INFORMANT'S OWN SIGNATURE: Daniel P. Barclay	ADDRESS: Route 1 Paul Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Thrombosis	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Cerebral Arteriosclerosis	5 yrs
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18, 1972 *to* 7/27, 1972, *that I last saw the deceased alive on* 7/26, 1972 *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Don C. Pate MD 987 (Degree or title)	23b. ADDRESS: Rupert Id	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug.2,1972	24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery	24d. LOCATION (City, town, or county) (State): Preston, Idaho
DATE REC'D BY LOCAL REG.: 8-17-72	REGISTRAR'S SIGNATURE: Mary Ellen Jackson	25. EMBALMER: Ormand F Burch	LICENSE NO.: 471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 17 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3478
Local Reg. No. 53
Reg. Dist. No. 450

BIRTH NO.

RECEIVED AUG 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN. (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 709 6th street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph	Vernon	Hall	July 30 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Jan 16 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Bureau of Rec. employee		Shenendoah Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hyrum Hall	Illinois	Retta Coppes	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no none	519 18 7573	x Alice E Walker	Mesa Arizona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized Arteriosclerosis and Emphysema. — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 19 , 1967, to 30 July , 1972, that I last saw the deceased alive on 20 July , 1972, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W W Crawford	MD	Rupert Idaho	1 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 2 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-1-72	Mary Ellen Larson	Robert E Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972
SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

NOV 8 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 24 1972 Bureau of Vital Statistics

State File No. 3479
Local Reg. No. 186
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: NezPerce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho. b. COUNTY: NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston; c. LENGTH OF STAY (If in place): 351	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Hasenoehrl	4. DATE OF DEATH (Month) June (Day) 18, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: April 6 1905	9. AGE (In years last birthday): 67; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Culdesac, Idaho. Rural	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Feucht	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Magdlen	BIRTHPLACE: Wis.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: no record	17. INFORMANT'S OWN SIGNATURE: Armenta Hasenoehrl	ADDRESS	

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute ventricular fibrillation	3 min.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10+ yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1966, *to* 18 June, 1972, *that I last saw the deceased alive on* 7 May, 1972, *and that death occurred at* 1 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein	496 (Degree or title) MD	23b. ADDRESS: Lewiston, Idaho	23c. DATE SIGNED: 23 June 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 22,72	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 7-19-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 0 8 2015

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 7 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3480
Local Reg. No. 198
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 6 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Villa Nursing Home 373	d. STREET ADDRESS (If rural, give location): 1415 Ripon Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CARL	c. (Last) STEINDORFF	4. DATE OF DEATH (Month) (Day) (Year)	29 June 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 7 March 1878	9. AGE (In years last birthday): 94	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain	11. BIRTHPLACE (State or foreign country): Knowlton, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Steindorff	BIRTHPLACE: no record	14. MOTHER'S MAIDEN NAME: Mary Klinger	BIRTHPLACE: no record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 540 24 2460H	17. INFORMANT'S OWN SIGNATURE: Margaret Hong	ADDRESS: Lewiston, Idaho		

575X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	8 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	chronic cholecystitis with obstruction of common duct	14 days
DUE TO (c)	Age 96 years	96 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: obstructive pancreatic cholecystitis with removal of stones from common duct

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	none m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1st, 1972, *to* June 29th, 1972, *that I last saw the deceased alive on* June 28th, 1972, *and that death occurred at* 6:45 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E Bardick MD (Degree or title)	23b. ADDRESS: 1022 17th St Lewiston Idaho	23c. DATE SIGNED: July 5th/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 3 July 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 8-4-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3481
Local Reg. No. 172
Reg. Dist. No. 220

RECEIVED JUL 10 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital	d. STREET ADDRESS (If rural, give location) 1620 Craig Ave No.

3. NAME OF DECEASED (Type or Print)	a. (First) Eleanor	b. (Middle) Murial	c. (Last) Graham	4. DATE OF DEATH	(Month) July	(Day) 1 (Year) 1972
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 24 Sept 1899	9. AGE (In years last birthday) 73	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Harry Ross	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME Luanna Holeman	BIRTHPLACE no record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-09-4146B.	17. INFORMANT'S OWN SIGNATURE L K Ross	ADDRESS Lewiston			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio Sclerosis	
DUE TO (c)	Hypertension	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1972 *to* July 1st, 1972, *that I last saw the deceased alive on* July 1st, 1972 *and that death occurred at* 10:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph E Baedeke M.D.	23b. ADDRESS 1522 Bth St Lewiston Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5 July 1972	24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memorial Gardens	24d. LOCATION (City, town, or county) Lewiston (State) Idaho
DATE REC'D BY LOCAL REG. 7-6-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER M. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

FEB 14 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3482
Local Reg. No. 173
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 10 1972 Vital Statistics Boise

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Villa Nursing Home 393

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Emil b. (Middle) c. (Last) Mrnous

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	Never married	Dec. 25, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter 4	building	Czechoslovakia	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Mrnous	Czechoslovakia	no record	Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 24 4349 J1	Mrs. G. C. Choate	Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/29, 1970, *to* 7-1, 1972, *that I last saw the deceased alive on* 6/20, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Tom Stover MD	939 Bryden, Lewiston, Ida	7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 5, 1972	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-6-72	Glenna Walser	V. Vasar	M297

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3483
Local Reg. No. 177
Reg. Dist. No. 220

RECEIVED JUL 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 3mo 11da	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174	d. STREET ADDRESS (If rural, give location) 3227 - 6th St d

3. NAME OF DECEASED (Type or Print)	a. (First) Edith	b. (Middle) Elsie	c. (Last) Martin	4. DATE OF DEATH (Month) July	(Day) 2	(Year) 1972
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 26, 1875	9. AGE (In years last birthday) 96	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Andrew Morford	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Jane Holmes	BIRTHPLACE Canada			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 531-30-8395 A.	17. INFORMANT'S OWN SIGNATURE Leslie H Martin	ADDRESS Lewiston			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Terminal Bronchial Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-18-67, 19__, *to* 7-2, 19 72, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE R M Stover, M.D. 507 (Degree of title)	23b. ADDRESS 939 - Bryden Lewiston, Ida	23c. DATE SIGNED 7-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6 July 1972	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or county) (State) Akron (Plymouth Co.) Iowa
DATE REC'D BY LOCAL REG. July 10, 1972	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

FEB 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3484

Certificate of Death
STATE OF IDAHO

State File No. 3484
Local Reg. No. 182
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nezperce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nezperce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location): P.O. Box 136

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELS	MELVIN	QUALEY	July 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	2/19/1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher. 7	Self-Retired	Genesee, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Knude C. Qualey	Norway	Marie Miller	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-6539	Odavein Qualey	Peck, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 3959 Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) aortic Stenosis
DUE TO (c) Valvular Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-17, 1951, to 7-5, 1972, that I last saw the deceased alive on 7-5, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Stover	M.D.	939 Bryden, Lewiston, Idaho	7-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/8/1972	Whitebird Cemetery	Whitebird, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-13-72	Glenna Wolfe	Robert R. Hansen	M-433

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hansen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3485
Local Reg. No. 178
Reg. Dist. No. 230

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 4yr-11mo
d. FULL NAME OF HOSPITAL OR INSTITUTION: Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 829 Grelle Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BERTHA	G	ROOD	5 July 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	4 March 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper X	Own Home	Olden, Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Gytri	Norway	Dorthe Mueve	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Infirmities of age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4/23

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-9-66, 19__, *to* 7-5, 1972, *that I last saw the deceased alive on* 6-21, 1972, *and that death occurred at* 4:40 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R M Brower MD	939 Bryden Lewiston Ida	7-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5 July 1972	Lincoln Memorial	Portland, Multnomah Co., Orggon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-13-72	Elenara Dalzen	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3486
Local Reg. No. 176
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place) 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1314-11th Avenue

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 128

3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) Ann c. (Last) Norton

4. DATE OF DEATH (Month) July (Day) 5, (Year) 1972

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 6, 1896

9. AGE (In years last birthday) 76 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Walla Walla, Washington

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Fred Tautfest BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Fisher BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 561 14 7378

17. INFORMANT'S OWN SIGNATURE Alfred C. Norton Jr. ADDRESS Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4419

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 7, 19 69 *to* July 5, 19 72, *that I last saw the deceased alive on* July 5, 19 72, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS 625 6th Ave., Lewiston

23c. DATE SIGNED 7-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 5, 1972

24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 7-7-72

REGISTRAR'S SIGNATURE Glenna Walgen

25. EMBALMER Andrew F. Vassar

LICENSE NO. M315

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 14 1972 AUG 3 1972 AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3487
Local Reg. No. 188
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 24 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY Nez Perce 35/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place) 2½ Months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Nez Perce 35/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Orchards Nursing Home 174
d. STREET ADDRESS (If rural, give location) 1427 7th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Warney	H.	May	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 12, 1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7		Kendrick, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank May	Wisc.	Alvina Hobart	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-44-5011A	Warney May R.	Kendrick, Idaho

3949

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Auricular Fibrillation with Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Valve disease — 10 yrs.
DUE TO (c) Arteriosclerosis. — 4 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip — 4 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Fracture of Neck of Rt femur with hip nailing	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
March 6th at home	Fractured Rt hip	Lewiston Idaho Nez Perce

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
March 6 1972 11 A.M.		

22. *I hereby certify that I attended the deceased from* 1960, 19__, to July 6th, 1972, *that I last saw the deceased alive on* July 5th, 1972, *and that death occurred at* 1:20A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank E Burdick M.D.	1522 17th Lewiston Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 10, 1972	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-72	Elmarah Walzer	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3488

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 185
Reg. Dist. No. 220

RECEIVED JUL 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 2 days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard's Nursing Home 174	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston d. STREET ADDRESS (If rural, give location): 1014 Burrell

3. NAME OF DECEASED (Type or Print)	a. (First): Minnie	b. (Middle): S.	c. (Last): Omlie	4. DATE OF DEATH (Month) July (Day) 7 (Year) 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 24 Feb 1892	9. AGE (In years last birthday): 80	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper X	10b. KIND OF BUSINESS OR INDUSTRY: self	11. BIRTHPLACE (State or foreign country): Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Carl Sando	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Olive Berg	BIRTHPLACE: Wisconsin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 517-18-2932 A.	17. INFORMANT'S OWN SIGNATURE: Kenneth Heen, W.G.B. PHONE	ADDRESS: Butte, Mont.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1519

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer of Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Parkinson's Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7, 1964, *to* 7-7, 1972, *that I last saw the deceased alive on* 6-15, 1972, *and that death occurred at* 10:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: R M Stover, M.D. 507 (Degree or title)	23b. ADDRESS: 439 Bryden, Lewiston, Ida	23c. DATE SIGNED: 7-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): removal/burial	24b. DATE: 10 July 1972	24c. NAME OF CEMETERY OR CREMATORY: Nez Perce City Ceme.	24d. LOCATION (City, town, or county): Nez Perce (State): Idaho
DATE REC'D BY LOCAL REG.: 7-14-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: M. E. Black	LICENSE NO.: M -426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 17 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3489
Local Reg. No. 184
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Garfield 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pomeroy
d. STREET ADDRESS (If rural, give location): 1121 Arlington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): L.
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): July 7 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-22-1886
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sidney Young — BIRTHPLACE: (Unknown)
14. MOTHER'S MAIDEN NAME: Ethelyn Griffen — BIRTHPLACE: (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 532-32-8951
17. INFORMANT'S OWN SIGNATURE: X Mrs Herman Ruchert — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/7, 1972 *to* 7/7, 1972 *that I last saw the deceased alive on* 7/7, 1972 *and that death occurred at* 7:18 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R F Stack, M.D. 493 (Degree or title)
23b. ADDRESS: 307 St Johns Way Lewiston, Idaho
23c. DATE SIGNED: 7/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 7-10-72
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Pomeroy, Washington

DATE REC'D BY LOCAL REG.: 7-13-72
REGISTRAR'S SIGNATURE: Glenora Galzen
25. EMBALMER: Andy Reinland, Jr.
LICENSE NO.: QL-890

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

3490

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 183
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nezperce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Dorothy 1	b. (Middle) M.	c. (Last) Miller	4. DATE OF DEATH (Month) July 8 (Day) 1972 (Year) 1216 AM
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 5 1895	9. AGE (In years last birthday) 76 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Moscow, Idaho	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Hiram Cole	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Millie Buchanan	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 20 5972 B	17. INFORMANT'S OWN SIGNATURE Louise M. McCleve	ADDRESS Payette, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) MYOCARDIAL INFANCT — INTERVAL BETWEEN ONSET AND DEATH 2 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT, 1966, *to* JULY 8, 1972, *that I last saw the deceased alive on* July 7, 1972, *and that death occurred at* 2:16 A m., *from the causes and on the date stated above.*

23a. SIGNATURE John Amesby 013 (Degree or title) MD	23b. ADDRESS LEWISTON Ida 307 J + 20 Jones Way	23c. DATE SIGNED 7/10/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1972	24c. NAME OF CEMETERY OR CREMATORY Community	24d. LOCATION (City, town, or county) (State) Nezperce, Idaho
DATE REC'D BY LOCAL REG. 7-13-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER Cletus Uhlorn	LICENSE NO. M 421

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3491

Certificate of Death
STATE OF IDAHO

State File No. 3491
Local Reg. No. 189
Reg. Dist. No. 220

BIRTH NO. 72-7564

RECEIVED JUL 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston LENGTH OF STAY (In this place) 10 hr	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 2521 - 7th Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Gaynor	b. (Middle) Dee	c. (Last) Buckley	4. DATE OF DEATH (Month) July (Day) 10 (Year) 1972
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10 July 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours 10 Min. 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 9	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Rebecca Buckley	BIRTHPLACE Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE Vera G. Reed	ADDRESS Lewiston	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) emphysema — INTERVAL BETWEEN ONSET AND DEATH 11 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Idiopathic / New Born
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/10/72, 19__, *to* 7/10, 1972, *that I last saw the deceased alive on* 7/10 1972 *and that death occurred at* 11:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE W.H. Pierce 420 (Degree or title) MD	23b. ADDRESS	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 14 July 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) Lewiston (State) Idaho
DATE REC'D BY LOCAL REG. 7-19-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W.E. Blood	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3492
Local Reg. No. 187
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 24 1972 351 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sustina	A	Woods	July	10	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Indian	Divorced	4-14-1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X		Webb Ridge, Idaho.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Albert	Idaho	Emelia Rankin	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			X [signature]	Lapwai, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Intra Cranial hemorrhage 4319	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 15, 1968, *to* July 10, 1972, *that I last saw the deceased alive on* July 9, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roland M Abel MD		7-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14, 72	Tribal Cemetery	Lapwai, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-72	Eleanor Walzen	J Vassar	M 297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3493
Local Reg. No. 190
Reg. Dist. No. 430

BIRTH NO.

RECEIVED
JUL 24 1972 351
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 5
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Villa Nursing Home 373

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location): Midway Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	AUDREY	ELLIS	SWARTZ	11 July 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	12 Aug. 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Institutionalized since age 19 yrs.		Idaho County, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Michael Swartz	Missouri	Mary P. Downs	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 70 9577M	(Mrs) Anita Maynard	Clarkston, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic Schizophrenia

150 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Esopageal Carcinomma.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 7-11, 19 72, *and that death occurred at* 10:30 AM, *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Quentin McCormick (Degree or title)	628 5th Ave Lewiston	7/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal/Burial	14 Jul 1972	Nezperce City Cemetery	Nezperce, Lewis Co., Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-20-72	Glenna Walzer	W E Black	W E Black M-426

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

* Federal Security Agency
United States Public Health Service FORM DH–63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Jerry

Certificate of Death
STATE OF IDAHO

State File No. 3494
Local Reg. No. 180
Reg. Dist. No. 220

RECEIVED JUL 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH Found
a. COUNTY NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3 miles West of Lenore
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JERRY
b. (Middle) MARSHAL
c. (Last) DREYER

4. DATE OF DEATH Found (Month) (Day) (Year) 11 July 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 14 April 1954
9. AGE (In years last birthday) 18
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student-Senior-Clearwater
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Marshal Dreyer
BIRTHPLACE NewMeadows, Id.
14. MOTHER'S MAIDEN NAME Lois Wilson
BIRTHPLACE Grangeville, Id.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no record
17. INFORMANT'S OWN SIGNATURE Lois Dreyer (telephone)
ADDRESS Kamiah , Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aspyxiation — INTERVAL BETWEEN ONSET AND DEATH monents

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Street/River 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-310 (COUNTY) (STATE) Between Kamiah/Kooskia, Lewis, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 June 1972 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? One car accident, auto comeing to rest in river.

22. *I hereby certify that I attended the deceased from* - - - - - - - - - , 19 - - , *to* - - - - - - - - - - , 19 - - , *that I last saw the deceased alive on* - - - - - - - - - , 19 - - , *and that death occurred at* 3:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Dreyer 583 (Degree or title) Coroner 4
23b. ADDRESS 419 Stewart Ave.,Lewiston,Ida.
23c. DATE SIGNED 11 Jul.'72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial
24b. DATE 7-12-72
24c. NAME OF CEMETERY OR CREMATORY Pine Grove
24d. LOCATION (City, town, or county) Kooskia, Idaho (State) Idaho

DATE REC'D BY LOCAL REG. 7-13-72
REGISTRAR'S SIGNATURE Glenara Walzen
25. EMBALMER W E Black
LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3495
Local Reg. No. 191
Reg. Dist. No. 220

BIRTH NO.

JUL 31 1972 351

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nezperce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nezperce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (If in place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 510 Park

3. NAME OF DECEASED (Type or Print)	a. (First): Benjamin	b. (Middle): J.	c. (Last): Pedigo	4. DATE OF DEATH (Month) (Day) (Year): July 21, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Dec 19 1908	9. AGE (In years last birthday): 63 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Equipment operator 5	10b. KIND OF BUSINESS OR INDUSTRY: Idaho State Hiway's	11. BIRTHPLACE (State or foreign country): Fletcher, Idaho	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Sam Pedigo	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Dora Landis	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 03 9036	17. INFORMANT'S OWN SIGNATURE: Trudie Pedigo	ADDRESS: 510 Park Lewiston, Ida	

8180

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive Pulmonary embolus	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bilateral severe Rib fractures	7-days
DUE TO (c)	with pulmonary contusion, Flail	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chest, + pneumonia — All 2°	3-days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: To Auto Accident

20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Near Grangeville

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06

21c. (CITY, TOWN, OR TOWNSHIP) 13-35 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell from moving Tractor

22. *I hereby certify that I attended the deceased from* 7-16, 1972, *to* Death, 19____, *that I last saw the deceased alive on* 7/20/72, 19____, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David Spencer	1805 (Degree or title): MD	23b. ADDRESS: 1522 17th St.	23c. DATE SIGNED: 7/25/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 24 1972	24c. NAME OF CEMETERY OR CREMATORY: I O O F	24d. LOCATION (City, town, or county) (State): Craigmont, Idaho
DATE REC'D BY LOCAL REG.: 7-28-72	REGISTRAR'S SIGNATURE: Glenora Walzen	25. EMBALMER: Arthur Uhlorn	LICENSE NO.: M 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

NOV - 9 1962

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3496
Local Reg. No. 193
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce — 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital — 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) — 351
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 223 11th Street

3. NAME OF DECEASED (Type or Print): a. (First) Adelaide b. (Middle) Tylden c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1972

5. SEX: F Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 17, 1902

9. AGE (In years last birthday): 70
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife X

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Burnhanwood, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Brumm
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Adelaide Hughes
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Leonard Wernecke
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2509

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (1) Renal failure

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (2) Arteriosclerosis (Gen.)
DUE TO (c) (3) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. (4) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18, 1972, *to* 7-22, 1972, *that I last saw the deceased alive on* 7-22-72, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Don Stover, M.D. (Degree or title)

23b. ADDRESS: 939 Bryden Lewiston, Ida

23c. DATE SIGNED: 7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-2-72

REGISTRAR'S SIGNATURE: Leonard Wolfer

25. EMBALMER: V. Vassar

LICENSE NO.: M297

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 7 1972 Bureau of Vital Statistics

State File No. 3497
Local Reg. No. 196
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Massachusetts b. COUNTY: 22 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spencer
d. STREET ADDRESS (If rural, give location): Wire Village (Cooney Rd.)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	S.	Farrow	July	22	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	18 Oct 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired wireworker 5	retail	Mass	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William R. Farrow	England	Harriet Chadwick	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	?	Ida M. Farrow	Spencer, Mass

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1972 *to* July 22, 1972, *that I last saw the deceased alive on* July 22, 1972, *and that death occurred at* 6:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	351 /	Lewiston, Idaho	22 Jul 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	24 July 1972	Pine Grove Cemetery	Spencer, Worcester Co., Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 4, 1972	Glenna Walzer	W.E. Black [signature]	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

MAY 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3498
Local Reg. No. 195
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nezperce 35 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1504 Ripon Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	D.	Fink	7	24	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	9-23-1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Minneapolis, Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Dukelow	Unknown	Dorothea Dusold	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	486-01-1182	Mrs Phyliss Webking By: WB	Eugene, OREgon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19 64, to _____, 19 72, that I last saw the deceased alive on July 24, 19 72, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr Stige MD	1522 11th Lewiston, Idaho 83501	8-1-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7-28-72	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-3-72	Alma M. Waldyn	Donald F. Brown	993

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3499
Local Reg. No. 192
Reg. Dist. No. 220.

BIRTH NO.

RECEIVED AUG7 1972 351

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 555
b. COUNTY: Asotin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1233 8th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Addie	G.	Frank	7	26	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	8-5-02	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Nezperce Idaho	u.s.a.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac E. Wickersham	Kansas	Maggie Jameson	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Vascular Accident (Probably infarct)	4360 . 0 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	3 yrs.
DUE TO (c)	obesity	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus - Multiple Complete paralysis. Due to Listerosis	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
	None	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
No injury m.		

22. I hereby certify that I attended the deceased from 1967 - 19____, to 7/26/72 - 19____, that I last saw the deceased alive on 7/26/72 - 19____, and that death occurred at 6 30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank L Broderick MD	1572 13th St Lewiston Idaho	7/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-29-72	Normal Hill Cemetery	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-31-72	Glenna Wagner	Robert Lawler FIRM NAME:	OL802

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 7 1972 Bureau of Vital Statistics

State File No. 3500
Local Reg. No. 200
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) LOUISE	c. (Last) VINCENT	4. DATE OF DEATH (Month) (Day) (Year): 29 July 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: 15 May 1930	9. AGE (In years last birthday): 42 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 6	10b. KIND OF BUSINESS OR INDUSTRY: Cafe	11. BIRTHPLACE (State or foreign country): Winchester, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Andrew Dugger	BIRTHPLACE: Tennessee	14. MOTHER'S MAIDEN NAME: Phyllis Bedwell	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 24 9337	17. INFORMANT'S OWN SIGNATURE: X Phyllis Dugger	ADDRESS: Lapwai, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): massive head & Brain injury — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): auto mobile	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): highway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-350 (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 1972 6:00 pm.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? hit cattle truck in possession	

22. *I hereby certify that I attended the deceased from* July 29 *19*72*, to* July 29 *19*72*, that I last saw the deceased alive on* July 29 *19*72*, and that death occurred at* 8:45PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: John F. Barnes M.D. 028 (Degree or title)	23b. ADDRESS: 347 St Johns Way Lewiston Idaho	23c. DATE SIGNED: 8-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial	24b. DATE: 2 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Craigmont City Cemetery	24d. LOCATION (City, town, or county) (State): Craigmont, Lewis Co., Idaho
DATE REC'D BY LOCAL REG.: 8-4-72	REGISTRAR'S SIGNATURE: Glenara Dolzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO 1972

RECEIVED AUG 7 1972 Bureau of Vital Statistics

BIRTH NO. 72-6066

State File No. 3501
Local Reg. No. 194
Reg. Dist. No. 320

1. PLACE OF DEATH
a. COUNTY: Nezperce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 520 West Main

3. NAME OF DECEASED (Type or Print): a. (First) MATHEW b. (Middle) c. (Last) BERG

4. DATE OF DEATH: (Month) (Day) (Year) July 29, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 2, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 1 Days 27; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Berg BIRTHPLACE: Portsmouth Virginia

14. MOTHER'S MAIDEN NAME: Patty Pace BIRTHPLACE: Antigo, Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x George A. Berg ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5639

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) cardiac arrest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition + Gastroenteritis
DUE TO (c) Chronic Diarrhea

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1972, to July 29, 1972, that I last saw the deceased alive on July 29, 1972, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE: Robert K Olson 397 (Degree or title) MD

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: 8-3-72

REGISTRAR'S SIGNATURE: Glenna Walgen

25. EMBALMER: Fred Noland Fred Noland

LICENSE NO.: M 493

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG-31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3502
Local Reg. No. 197
Reg. Dist. No. 220

RECEIVED AUG 7 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 6 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchard's Nursing Home 174	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) MAY	b. (Middle) MARY	c. (Last) CHILTON	4. DATE OF DEATH (Month) (Day) (Year)	29 July 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 26 Aug 1877	9. AGE (In years last birthday) 94	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jacob Flock	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME Hattie Wilds	BIRTHPLACE no record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 01 1838 D	17. INFORMANT'S OWN SIGNATURE Lee Chilton	ADDRESS Orofino, Ida.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1541

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Rectum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* 7 29, 1972, *that I last saw the deceased alive on* 7/16, 1972, *and that death occurred at* 7:02 PM, *from the causes and on the date stated above.*

23a. SIGNATURE Flannian 114 (Degree or title) MD	23b. ADDRESS St John Wang	23c. DATE SIGNED 8 PR	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 8-4-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER W E Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972
JUL 31 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 7 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3503
Local Reg. No. 199
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): Lapwai

3. NAME OF DECEASED (Type or Print)	a. (First): Agnes	b. (Middle):	c. (Last): Henry	4. DATE OF DEATH (Month) (Day) (Year): July 31 1972
5. SEX: female	6. COLOR OR RACE: Am. Ind.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: 30 Sept 1917	9. AGE (In years last birthday): 54 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper X	10b. KIND OF BUSINESS OR INDUSTRY: private	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel Henry	BIRTHPLACE: Idaho	14. MOTHER'S MAIDEN NAME: Rachel Williams	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x Dora Murphy	ADDRESS: Lapwai	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1820

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Adenocarcinoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	of endometrium	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 5-17-72	19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of endometrium	20. AUTOPSY? Yes [XX] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 May, 1972, *to* 31 July, 1972, *that I last saw the deceased alive on* 31 July, 1972, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David W. Hensinkvill 227 (Degree or title) MD	23b. ADDRESS: Lewiston Idaho	23c. DATE SIGNED: 2 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 3 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Jonas Cemetery	24d. LOCATION (City, town, or county): Sweetwater (State): Idaho
DATE REC'D BY LOCAL REG.: 8-4-72	REGISTRAR'S SIGNATURE: Glenara Galzen	25. EMBALMER: [signature]	LICENSE NO.: M - 426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3504
Local Reg. No. 13
Reg. Dist. No. 530

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
LENGTH OF STAY (In this place): 8 hours
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 64 W. 400 No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERTHA INA	PETERSEN	NIELSEN	July	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Jan. 25, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker X
10b. KIND OF BUSINESS OR INDUSTRY: --0
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JENS PETER PETERSEN, BIRTHPLACE: Radbjerg, Denmark
14. MOTHER'S MAIDEN NAME: JOANNA AXTELL, BIRTHPLACE: East Mill Crk, Salt Lake Cy Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-60-5413
17. INFORMANT'S OWN SIGNATURE: Charles J. Nielsen ADDRESS: Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiogenic Shock — INTERVAL BETWEEN ONSET AND DEATH: 9 hours.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Damage — 12 hours,
DUE TO (c) Possible Infarction

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 9, 1972 to July 9, 1972, that I last saw the deceased alive on July 9, 1972, and that death occurred at 12:30a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
957 M.D.	Malad City, Idaho	July 10,1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12,1972	Brigham City Cemetery	Brigham City, Bx Eldr, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10,1972	Ruth G. Lewton	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 18 1972

SEP 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3505
Local Reg. No. 14
Reg. Dist. No. 530

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics 360

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 347 N. 200 W

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAZEN	ELWOOD	GILGEN	July 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Oct. 1, 1916	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Malad High School	Daniels, Oneida, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRED GILGEN	Berns, Switzerland	LOUISE STAUFFER	Providence, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WORLD WAR II	528-12-9303	Vadis Gilgen	Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3979

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Fibrillation — Interval between onset and death: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiomyopathy — Years
DUE TO (c) Rheumatic Valvulardes — 4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to July 10, 19 72, that I last saw the deceased alive on July 10, 19 72, and that death occurred at 5:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Malad, Idaho	July 12,1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14,1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12,1972	Ruth G. Sweeten	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38.206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3506
Local Reg. No. 15
Reg. Dist. No. 530

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (In this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 78 North 150 East

3. NAME OF DECEASED (Type or Print): a. (First) MARCUS b. (Middle) J. c. (Last) GOLDWATER

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 17, 1913

9. AGE (In years last birthday): 58
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy equipment operator 5

10b. KIND OF BUSINESS OR INDUSTRY: Road & Dam Construction

11. BIRTHPLACE (State or foreign country): Tooele, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: PHILLIP MARCUS GOLDWATER
BIRTHPLACE: San Lucas, Calif

14. MOTHER'S MAIDEN NAME: HAZEL KIRK
BIRTHPLACE: Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 529-01-7949

17. INFORMANT'S OWN SIGNATURE: x Phillip W. Goldwater
ADDRESS: Malad, Idh.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Infarction — 4 hours.
DUE TO (c): Athero sclerosis — years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes - Kimmelstiel Wilson DJ — years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1970, to July 18, 1972, that I last saw the deceased alive on July 18, 1972, and that death occurred at 7:15a. m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): 959 M.D.

23b. ADDRESS: Malad City, Idaho

23c. DATE SIGNED: July 19,1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 21,1972

24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery

24d. LOCATION (City, town, or county) (State): Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.: July 19, 1972

REGISTRAR'S SIGNATURE: Ruth G. Sweeten

25. EMBALMER: Raiford G. Benson

LICENSE NO.: M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDA

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972
AUG 15 1972
AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3507
Local Reg. No. 16
Reg. Dist. No. 530

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holbrook
c. LENGTH OF STAY (In this place) --
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ~~Buist~~ Rou

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Obeida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
d. STREET ADDRESS (If rural, give location) 258 West 500 North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RAY	LEONARD	HESS	July 27 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	married	June 26, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Indiahoma, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM C. B. HESS	Embree, Missouri	SALLIE VICTORIA APPLEBY	Cumberland Co. Ken tucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 14 1253	Mildred R. Hess	Malad City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	Immed.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Occlusion	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30A *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Daniel A. Benson, Coroner	583 4	July 27, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 31, 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 29, 1972	Ruth G. Sweeten	Daniel A. Benson	M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME BENSON FUNERAL HOME * MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 12 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3508
Local Reg. No. 355
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Payette 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): 3 Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355	d. STREET ADDRESS (If rural, give location): 350 3rd. Ave. North

3. NAME OF DECEASED (Type or Print) a. (First): Blanche	b. (Middle): Mae Olson	c. (Last): IDLE	4. DATE OF DEATH (Month) (Day) (Year): July 3, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 26, 1887	9. AGE (In years last birthday): 85 — IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Rochester, Minnesota	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Jens Peter Christensen	BIRTHPLACE: Denmark	14. MOTHER'S MAIDEN NAME: Alma Rebecca Russell	BIRTHPLACE: Minnesota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —	16. SOCIAL SECURITY NO.: 518-70-9166	17. INFORMANT'S OWN SIGNATURE: LaVelle Moosman	ADDRESS: Payette, Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac decompensation	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1966, 19__, *to* July 3, 19 72, *that I last saw the deceased alive on* July 3, 1972, *and that death occurred at* 6:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W Watts Jr (Degree or title) M.D. 553	23b. ADDRESS: 16 So. 9th Payette, Idaho	23c. DATE SIGNED: 7/5/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 6, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county): Payette	(State): Idaho	
DATE REC'D BY LOCAL REG.: 7-11-72	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Keith M. Jensen
LICENSE NO.: M-517		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 17 1972 Bureau of Vital Statistics

State File No. 3509
Local Reg. No. 356
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 116 Plymouth Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 116 Plymouth Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Lee	SHIELDS	July	5,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	May 9, 1899	73	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Manager 2	State Liquor Dispensary	Mineral, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Harry Shields	Virginia	Florence Margaret Flynn	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-07-1250	John E Flynn	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Investigated, and saw the deceased on July 5, 1972, and that death occurred at Unk. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy Jackson	583 Coroner 4	Payette, Idaho	July 8, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-15-72.	Ernabel Anderson	Ruth M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 1972
SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. SEP 18 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3510
Local Reg. No. 357
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (In this place) 14 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casa Loma Nursing Home 355

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 5709 Fairview

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) c. (Last) SHELLY
4. DATE OF DEATH (Month) (Day) (Year) July 12, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH May 12, 1902
9. AGE (In years last birthday) 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Preston, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chris C. Shelly BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Inez Rosana Chesley BIRTHPLACE Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 518-54-3659
17. INFORMANT'S OWN SIGNATURE Ruth R Shelly ADDRESS 1121 State Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsonism — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1971, 19__, *to* July 12, 72, *that I last saw the deceased alive on* 7-1-72, 19__, *and that death occurred at* ____ m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 574
23b. ADDRESS Payette, Idaho
23c. DATE SIGNED 7-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 15, 1972
24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 7-21-72
REGISTRAR'S SIGNATURE Arnold Anderson
25. EMBALMER
LICENSE NO. M-410
FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3511
Local Reg. No. 359
Reg. Dist. No. 330

BIRTH NO.

RECEIVED JUL 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette (380)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural)
c. LENGTH OF STAY (In this place): Moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 80,10 Mi SE of City (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon (140)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route 7

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gerald	A.	Williams	July 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 3,1937	34		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairy Farmer 7	Dairy	Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Williams	Bowmont, Idaho	Blanche Edgecomb	Ripley, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-0556	John Williams	Council, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8129

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Traumatic Head and Chest Injuries — INTERVAL BETWEEN ONSET AND DEATH: Moments

Hemmorhage of Liver and Spleen

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 66	Rural New Plymouth (3-39) Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
July 19, 1972 11:22PM		Head-on Vehicle Collision

22. *I hereby certify that I attended the deceased from* Investigated *to* [illegible] *and that I last saw the deceased alive* [illegible] *on* July 19, 1972, *and that death occurred at* 11:22AM, *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Hardy Hickson (583) (Degree or title) Coroner	Payette, Idaho	July21,1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24, 1972	Kohlerlawn	Nampa, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-25-72.	[signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
JUN 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 14 1996

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 27 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3512
Local Reg. No. 358
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural)
c. LENGTH OF STAY (In this place): Moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000 Interstate 80,10 Mi. SE of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural)
d. STREET ADDRESS (If rural, give location): Route #1, SW of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kim	Elliot	JOHNSON	July 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Sept. 7, 1951	20	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Labor 7	Ranching	Boulder, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marion E. Johnson	Texas	Betty Ann Carlson	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	524-72-0102	Marion E Johnson	New Plymouth, Idaho

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Traumatic Frontal & Parietal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) / (STATE)
Accident	Highway 16	Rural New Plymouth, Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 19, 1972 11:22PM		Head-on vehicle Collision on Interstate 80,10 mi. SE of N. Ply.

22. *I hereby certify that I attended the deceased from* ~~XXXXXXXXXXXX~~ Investigated, ~~XXXXXXXXXXX

JUL 28 1972
AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

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(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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ADDITIONAL REMARKS by Physician.....

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Amended Aug 30, 1972

Certificate of Death

STATE OF IDAHO

State File No. 3513
Local Reg. No. 360
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG1 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Payette 380 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Payette c. LENGTH OF STAY (If hospital or institution): minutes d. FULL NAME OF HOSPITAL OR INSTITUTION: 22 Mi E of Payette Little Willow Road	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland d. STREET ADDRESS (If rural, give location): 521 S. Kansas Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vincent	Leroy	HORN	July 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 17, 1928	44	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
County Road Supervisor 2	Road Maintenance	Fruitland, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy E. Horn	Iowa	Maude Allen	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	Jan '46-Dec. '48	518-28-1009	Faith M. Hodson	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8147

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed abdominal and lower chest region. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-380 (COUNTY) (STATE)
Accident	County Road 66	Payette Payette Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
July 26, 1972 9:30 A.m.		backed over by rear dual wheels of loaded gravel truck.

22. *I hereby certify that I* ~~XXXXXXXXXXXXXXXX~~ Investigated, ~~XXXXXXXXXXXXXXX

AUG 18 1972
AUG 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
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(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
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ADDITIONAL REMARKS by Physician.....

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8 24 72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 20 5 20 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Payette } ss.

Certificate No. 72-3513

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Vincent Leroy Horn (Name on Original Certificate) who died (Was Born or Died) on July 26, 1972 (Date of Event)
in (Rural) Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	March 17, 1972	March 17, 1928

Subscribed and sworn to before me this 25th day of August, 1972
Marian A. Jensen
Notary Public, residing at Payette
My commission expires Nov. 15, 1972
(Seal)

Signed Keith M. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
112 N 9th, Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of August, 1972
Marian A. Jensen
Notary Public, residing at Payette, Idaho
My commission expires Nov. 15, 1972
(Seal)

Signed Lavella Mossman
(Signature of Any Credible Person)
112½ N 9th Payette, Idaho
(Street Address, City, State)

FORM DH 60-155

AUG-30 1972
SEP 1 8 1972

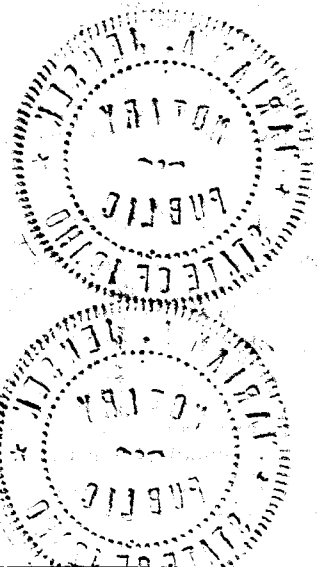

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3514
Local Reg. No. 361
Reg. Dist. No. 330

BIRTH NO.

AUG 1 1972 381

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette c. LENGTH OF (In this place) 17 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Plymouth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casa Loma Nursing Home 355	d. STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print) a. (First) Edith	b. (Middle) C.	c. (Last) Magnuson	4. DATE OF DEATH (Month) July (Day) 27, (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1892	9. AGE (In years last birthday) 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) McDonald, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME L. M. Capron	BIRTHPLACE New York State	14. MOTHER'S MAIDEN NAME Rennie Berry	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 543-12-6920 D	17. INFORMANT'S OWN SIGNATURE x Bob Magnuson	ADDRESS	

4409

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Generalized atherosclerosis	yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/4/57, 19__, *to* 7/27/__, 19 72, *that I last saw the deceased alive on* 7/26/__, 19 72 *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE Thomas W Watts Jr (Degree or title) 553 M.D.	23b. ADDRESS 16 So. 9th Payette, Idaho	23c. DATE SIGNED 7/28/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 31, 1972	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
24d. LOCATION (City, town, or county) Ontario, (State) Oregon		
DATE REC'D BY LOCAL REG. 7-31-72.	REGISTRAR'S SIGNATURE Annabel Anderson	25. EMBALMER Robert J Bertelsen
LICENSE NO. Ore. 78		

FIRM NAME Bertelson-Lienkaemper Ontario, Ore.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Watts

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3515
Local Reg. No. 362
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 4 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edith	Mabel	BOOR	July 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 12, 1884	87	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Homemaking	Castelia, South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Melcher		Julia McCord	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	519-56-0056T	Ralph Boor	Ontario, Oregon

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic heart disease	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1964, *to* July 27, 1972, *that I last saw the deceased alive on* July 26, 1972 *and that death occurred at* 1:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W Watkins M.D. 553	Payette, Idaho	7/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July31,1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-1-72	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 12 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3516
Local Reg. No. 26
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Power 391	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Pennsylvania 39 b. COUNTY Northumberland 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls c. LENGTH OF STAY (In this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kulpmont
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137	d. STREET ADDRESS (If rural, give location) 1243 Poplar St. No.

3. NAME OF DECEASED (Type or Print) a. (First) EMMETT	b. (Middle) CECIL	c. (Last) KENT	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1972		
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1930	9. AGE (In years last birthday) 41	IF UNDER 1 YR. Months 8 Days 11 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor 2	10b. KIND OF BUSINESS OR INDUSTRY Building Construction	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Gilbert Kent	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Evelyn L. Smith	BIRTHPLACE Missouri		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1948-1953	16. SOCIAL SECURITY NO. 541-28-8451	17. INFORMANT'S OWN SIGNATURE x Gilbert Kent Jr.	ADDRESS Am. Falls, Ida		

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Adeno Carcinoma of lung	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	" " " "	2 yrs
DUE TO (c)	- Heavy Smoker ? -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1972, *to* July, 1972, *that I last saw the deceased alive on* July 1, 1972, *and that death occurred at* 4:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 978 (Degree or title) M.D.	23b. ADDRESS American Falls, Idaho	23c. DATE SIGNED 7-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-5-72	24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery	24d. LOCATION (City, town, or county) American Falls, (State) Idaho
DATE REC'D BY LOCAL REG. July 10, 1972	REGISTRAR'S SIGNATURE Irene Deeg	25. EMBALMER Bud Kelly Bud Kelly	LICENSE NO. M-467

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 12 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3517
Local Reg. No. 27
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Power 391	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137	d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First): FERNANDO	b. (Middle): GARCIA	c. (Last): VASQUEZ	4. DATE OF DEATH (Month) (Day) (Year): July 2, 1972	
5. SEX: Male	6. COLOR OR RACE: Mex.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: April 26, 1972	9. AGE (In years last birthday): 0 — IF UNDER 1 YR. Months: 2 Days: 6 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Piedras Negras, Mexico	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Fernando Garcia	BIRTHPLACE: Mexico	14. MOTHER'S MAIDEN NAME: Oralia Vasquez	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: x Fernando M Garcia	ADDRESS: Am. Falls, Ida	

18. CAUSE OF DEATH — 0082

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Staphylococcus aureus septicemia	(?) 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Staphylococcus aureus Pyelonephritis	1 week
	Staphylococcus aureus enteritis	2 weeks
DUE TO (c)	Malnutrition	2 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2 (4 am), 1972, *to* July 2 (10 am), 1972, *that I last saw the deceased alive on* July 2, 1972, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 978 (Degree or title) M.D.	23b. ADDRESS: American Falls, Idaho	23c. DATE SIGNED: 7/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-3-72	24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery	24d. LOCATION (City, town, or county) (State): American Falls, Idaho
DATE REC'D BY LOCAL REG.: July 10, 1972	REGISTRAR'S SIGNATURE: Irene Deeg	25. EMBALMER: Bud Kelly Bud Kelly	LICENSE NO.: M-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3518

State File No.
Local Reg. No. 3
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (In this place) 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	HENRY	HENSEN	July 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	April 10, 1909	63	2 / 29	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equip. Operator 5	Land Improvement	Anchor, Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Hensen		Dora Nieche	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-2968	x Mrs Bob Hensen	Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic pneumonia	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Poor nutrition	3 months
DUE TO (c)	Metastatic Ca of colon	15. months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 1971	Ca of colon	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 16, 19 41 to July 9, 1972, 19____, that I last saw the deceased alive on July 9, 1972, 19____, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
P. L. Harris 203 (Degree or title) M.D.	American Falls, Idaho 83211	12 Jul 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-12-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14, 1972	Irene Deey	Bud Kelly Bud Kelly	M-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JUL 18 1972 Bureau of Vital Statistics

State File No. 3519
Local Reg. No. 4
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 319 Arthur

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
OLGA	S.	CHRISTENSEN	July 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	May 13, 1896	76	1 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Bergen, Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anders Osen	Norway	Johanna Simons	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-05-1690-D	Helen L. Nichols	Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiovascular collapse	1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic lymphocytec leucemia	?
DUE TO (c)	Food poisoning	7-9-72
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 14 Oct. 1965, 19____, *to* 10 July, 1972, 19____, *that I last saw the deceased alive on* 10 July, 1972, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. L. Harris, 263	M.D.	American Falls, Idaho 83211	13 Jul, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-15-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 15, 1972	Irene Deeg	Bud Kelly, Bud Kelly	M-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3520
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
LENGTH OF STAY (In this place) 8 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Power County Nursing Home 390

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DORA		NACHTIGAL	July 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	April 22, 1880	92	3 / 5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Alt Danzig, Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Giedd	Germany	Christena Quatier	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-56-2734	Martha Zimmerman	Am. Falls, Ida.

514X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Malnutrition	4 wks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Slowly growing vaginal tumor	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 16, 19 61, *to* 27 July, 19 72, *that I last saw the deceased alive on* 26 July, 19 72 *and that death occurred at* 8:12A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
C. L. Harris, 263 MD	American Falls, Idaho	31 Jul. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-29-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Irene Deeg	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 3 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 17 1972 Bureau of Vital Statistics

State File No. 3521
Local Reg. No. 150
Reg. Dist. No. 147

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Shoshone 400 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Enaville c. LENGTH OF STAY (In this place): Hrs. d. FULL NAME OF HOSPITAL OR INSTITUTION: North Fork River 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner d. STREET ADDRESS (If rural, give location): 429 Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
	Timothy	Frank	Butler	July 2, 1972		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Sept. 24, 1951	20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Smelter Worker 5	Mining	Wallace, Idaho	USA			
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE			
Raymond Butler	Idaho	Keo Stone	Idaho			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS		
No	None	518-68-1326	Keo Butler			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Drown — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., In or about home, farm factory, street, office bldg., etc.) River 09	21c. (CITY, TOWN, OR TOWNSHIP) Rural Enaville 13-40 (COUNTY) Shoshone (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-2-72 about 1:00 A.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? automobile ran into river	

22. I hereby certify that I attended the deceased ~~from~~ who died on 7-2-72 about 1:00a.m., [redacted], that I last saw the deceased ~~alive~~ on 7-2-72, 19__, and that death occurred at 1:00a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. M. Peterson M.D. 414	23b. ADDRESS Wallace Idaho	23c. DATE SIGNED 7-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/1972	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REG. 7-11-72	REGISTRAR'S SIGNATURE Dorothy Putnam	25. EMBALMER Alan A Peterson	LICENSE NO. M 534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

3522

State File No.
Local Reg. No. 386
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Murray
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Near Rivvette Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) AKA: Harry b. (Middle) Henry c. (Last) Chester Brault Brault

4. DATE OF DEATH: July 3, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 16, 1909

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumbering 5

10b. KIND OF BUSINESS OR INDUSTRY: Atlas Tie

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emile Brault
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Elizabeth Gibault
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 543-07-9839

17. INFORMANT'S OWN SIGNATURE: [redacted] Newport, Wash.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* who died on 7-3-72, 19[redacted], *that I last saw the deceased* [redacted] *on* 7-3-72, 19[redacted] *and that death occurred at* about 12:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE AND DEGREE OR TITLE: J. M. Peterson, M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 7-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-7-1972
24c. NAME OF CEMETERY OR CREMATORY: Evergreen hemetery
24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: July 11, 1972
REGISTRAR'S SIGNATURE: Darrell J. Juelfs
25. EMBALMER: Darrell J. Juelfs
LICENSE NO.: M-534

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972
AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3523
Local Reg. No. 151
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General (41)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone (402)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunshine Star Route
d. STREET ADDRESS (If rural, give location): Montgomery Gulch, Kellogg

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Joseph	Irvine	7	5	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 17, 09	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Judge	Legal	Cleavland Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Irvine	Unknown	Docia McLaughlin	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-7845	Eileen Irvine	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4310

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral hemorrhage	11 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 13 November, 19 64, to 5 July, 19 72, that I last saw the deceased alive on 5 July, 19 72, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Cordwell	MD	Kellogg, Idaho	6 July 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	7-7-72	Fairmont	Spokane	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-13-72	Dorothy Putnam	David Carl Merritt	M- 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1972
SEP 5 1972
AUG 3 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 9 1972 Bureau of Vital Statistics

State File No. 3524
Local Reg. No. 152
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): P. O. Box 88

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Willard	Elliott	7	11	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	April 5, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cafe Business
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Chapin Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Elliott	England	Bertha Littlewood	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-16-0707	Doris J. Joubert	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 Nov 1962 *to* 11 July 19 72 *that I last saw the deceased alive on* 11 July 19 72 *and that death occurred at* 8:50 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen M. Whitesel MD	Kellogg Idaho	12 July 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	7 14-72	Shoshone Memorial Gardens	Pinehurst	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7/24/72	Frances Farley	Carl Marriott	M 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 7 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3525
Local Reg. No. 388
Reg. Dist. No. 140

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Shoshone Hospital 134

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) #1 Earle Apts.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
STUART	MARTIN	GRAY	July 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	March 7, 1958	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	Public School	Tehachapi, Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Gray	Oklahoma	Margaret Nelson	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-74-2984	Margaret E. Gray	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 9229 Bullet wound of heart — INTERVAL BETWEEN ONSET AND DEATH: Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Mullan city street 96	Mullan 3400	Shoshone	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
July	12,	72	11:30 p.m.		Gunshot

22. *I hereby certify that I attended the deceased from* Who died on *19__, to* July 12, *19* 72 *, that I last saw the deceased alive on ____, 19____, and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Box 200, Wallace, Idaho	7-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	July 17, 1972	Mountain View Cemetery	Mullan,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3526
Local Reg. No. 389
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JUL 24 9 46 AM '72

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home 344	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): OLIVE	b. (Middle): ELIZABETH	c. (Last): TORKELSON	4. DATE OF DEATH (Month) (Day) (Year): July 26, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 27, 1885	9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 6	10b. KIND OF BUSINESS OR INDUSTRY: Restaurant	11. BIRTHPLACE (State or foreign country): Dubuque, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Alfred Horsfall	BIRTHPLACE: New York	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 518-12-4660 A	17. INFORMANT'S OWN SIGNATURE: John G. Torkelson	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

268X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 3, 1966, *to* July 26, 1972, *that I last saw the deceased alive on* July 26, 1972, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Smaedinger 182 (Degree or title) M.D.	23b. ADDRESS: Box 200, Wallace, Idaho	23c. DATE SIGNED: 7-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: July 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home	24d. LOCATION (City, town, or county) (State): Spokane, Washington
DATE REC'D BY LOCAL REG.: July 27, 1972	REGISTRAR'S SIGNATURE: Darrell J. Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M-518

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3527
Local Reg. No. 390
Reg. Dist. No. 140

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural near Burke	c. LENGTH OF STAY (In this place)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway at Tamarack Curve 000	d. STREET ADDRESS (If rural, give location): Gem Star Route

3. NAME OF DECEASED (Type or Print) a. (First): JOHN	b. (Middle): L.	c. (Last): HOLCOMBE	4. DATE OF DEATH (Month) (Day) (Year): July 27, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 1, 1906	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shaft Repairman 5	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Gadsden, Alabama	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Iver Holcombe	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War #2	16. SOCIAL SECURITY NO.: 417-01-6830	17. INFORMANT'S OWN SIGNATURE: Goldie Mae Holcombe	ADDRESS	

8169

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drown — INTERVAL BETWEEN ONSET AND DEATH: One minute

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 86	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gem, Shoshone, Idaho 13-400	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-27-72 about 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Ran off road in automobile	

22. *I hereby certify that I attended the deceased from* 7-27, 1972 *to* 7-27, 1972, *that I last saw the deceased alive on* 7-27, 1972 *and that death occurred at* about 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 8-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY: Nine Mile Cemetery	24d. LOCATION (City, town, or county): Wallace (State): Idaho
DATE REC'D BY LOCAL REG.: August 2, 1972	REGISTRAR'S SIGNATURE: Darrell J. Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3528
Local Reg. No. 155
Reg. Dist. No. 142

BIRTH NO.

RECEIVED AUG 23 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone Hospital 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 1141 Canyon Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GORDON	LAVAL	JOHNSON	July 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	July 10, 1951	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U. S. Marines	Military	Kellogg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald Johnson	Nebraska	Agnes Gemaehlich	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	518-56-8721	Mrs Agnes M Johnson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Laceration of right lung	1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured ribs, right	1 hour
DUE TO (c)	Auto accident	1 hour
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Skull fracture. Massive laceration of thigh with portion of emergency brake	rt. handle

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Laceration rt. posterior shoulder. Pro other internal injuries.	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
Accident	Highway 06	Osburn Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 30 1972 m.		Auto addident

22. *I hereby certify that I attended the deceased from* 30 July, 1972, *to* July 30, 1972, *that I last saw the deceased alive on* 30 July, 1972, *and that death occurred at* 5:14 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert K. Cordwell,	M.D	204 Oregon, Kellogg, Idaho	8/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Aug. 4, 1972	Nine Mile Cemetery	Wallace	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/17/72	Irene Farley	Dean H. Petersen	M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 10 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3529
Local Reg. No. 1
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Teton 410	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural area of Victor; c. LENGTH OF STAY (In this place): 5 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Rest Center 379	d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print)	a. (First) Leland	b. (Middle) Mac	c. (Last) James	4. DATE OF DEATH (Month) (Day) (Year) July 4, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: April 8, 1908	9. AGE (In years last birthday): 64; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 0	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Sidney, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Albert W. James	BIRTHPLACE: Oblong, Illinois	14. MOTHER'S MAIDEN NAME: Ida McCrillis	BIRTHPLACE: Oblong, Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 519-64-4709	17. INFORMANT'S OWN SIGNATURE: x Mrs. Thelma Mateska	ADDRESS: Macks Inn, Idaho

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18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Rupture of Gastro-Int. Tract	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hemorrhage of rupture into the stomach.	24 hours
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:00a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: A. Y. Greene 583 (Degree or title) Coroner 4	23b. ADDRESS: Driggs, Idaho	23c. DATE SIGNED: July 6, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Victor Cemetery	24d. LOCATION (City, town, or county) (State): Victor, Teton Co., Idaho
DATE REC'D BY LOCAL REG.: 7-6-72	REGISTRAR'S SIGNATURE: Ella Griggs	25. EMBALMER: Robert Q. Bean	LICENSE NO.: M-456

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3530
Local Reg. No. 3
Reg. Dist. No. 620

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 2 1/2 mo's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming 51
b. COUNTY: Teton 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson

d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley Hospital 142
d. STREET ADDRESS (If rural, give location): 641 E. Karns

3. NAME OF DECEASED (Type or Print): a. (First) Vivian b. (Middle) c. (Last) George
4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct 13, 1894
9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none given
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): X Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Wesley Welker BIRTHPLACE: X Utah
14. MOTHER'S MAIDEN NAME: Ruth Brisco BIRTHPLACE: X England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 570-26-7050
17. INFORMANT'S OWN SIGNATURE: Mrs. George Walker ADDRESS: Jackson, Wyoming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 193X Metastatic Thyroid Ca — INTERVAL BETWEEN ONSET AND DEATH: 1 + years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent CVA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1970, *to* 7-12, 1972, *that I last saw the deceased alive on* 7-12, 1972, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Driggs Idaho 83422
23c. DATE SIGNED: 8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1972
24c. NAME OF CEMETERY OR CREMATORY: Aspen Cemetery
24d. LOCATION (City, town, or county) (State): Jackson, Teton Co., Wyoming

DATE REC'D BY LOCAL REG.: 8-2-72
REGISTRAR'S SIGNATURE: Ella Driggs
25. EMBALMER: X [signature]
LICENSE NO.: X 260

FIRM NAME: Benson Mortuary, Jackson, Wyoming

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 31 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3531
Local Reg. No. 2
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Teton 410	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Utah 45 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Victor; c. LENGTH OF STAY (In this place) 16 hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ogden
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence in Victor, Idaho 000	d. STREET ADDRESS (If rural, give location) 5195 So 300 West

3. NAME OF DECEASED (Type or Print) a. (First) Christine	b. (Middle) Ann	c. (Last) Lauritzen	4. DATE OF DEATH (Month) (Day) (Year) July 14, 1972	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov 23, 1966	9. AGE (In years last birthday) 5; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 9	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (State or foreign country) Ogden, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Boyd Lauritzen	BIRTHPLACE Victor, Idaho	14. MOTHER'S MAIDEN NAME Marice (Daniels) Tanira	BIRTHPLACE Thames, N.Z.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no; (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE J. Boyd Lauritzen	ADDRESS Ogden, Utah	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1890

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Wilms Tumor	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/23, 1966, *to* 7/14, 1972, *that I last saw the deceased alive on* 7/12, 1972, *and that death occurred at* 6:05 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 1153 (Degree or title)	23b. ADDRESS 3515 Washington Ogden UT	23c. DATE SIGNED 7/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 17,1972	24c. NAME OF CEMETERY OR CREMATORY Victor Cemetery	24d. LOCATION (City, town, or county) (State) Victor, Teton Co., Idaho
DATE REC'D BY LOCAL REG. 7-27-72	REGISTRAR'S SIGNATURE Ella Griggs	25. EMBALMER [signature]	LICENSE NO. M-456

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 12 1972 Bureau of Vital Statistics

State File No. 3532
Local Reg. No.
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 422 9th Ave. N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 422 9th Ave. N.

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) Olof D.; c. (Last) Koch

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9, 1898

9. AGE (In years last birthday): 74
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 3

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Supplies

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl O. George Koch
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Charllota Strimston
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 554-28-1942

17. INFORMANT'S OWN SIGNATURE: X Peggy M Koch
ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — several yrs.

DUE TO (c) death natural

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy 1 month ago. Severe varicose veins in legs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1972 to July 1, 1972, that I last saw the deceased alive on did not, 19____, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Vern H Henderson, MD (Degree or title)

23b. ADDRESS: Buhl, Ida

23c. DATE SIGNED: 7-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 3, 1972

24c. NAME OF CEMETERY OR CREMATORY: Clover Lutheran Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: July 11, 1972

REGISTRAR'S SIGNATURE: Marva A. Marsh

25. EMBALMER: Jim A. Hopkins — Jim A Hopkins

LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3533
Local Reg. No. D-199
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 6 - 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY T.Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital 143
d. STREET ADDRESS (If rural, give location) 210 Buena Vista

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DALE	S.	RAINS	July 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 15, 1908	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Street Dept. Employ 6	City of Twin Falls	Stillwater, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William B. Rains	Kansas	Dora Ellen Mordica	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	448-05-0384	Edna M. Rains	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Hypernephroma 1890 — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 19 70, to 7/2, 19 72, that I last saw the deceased alive on 7/2, 19 72, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John C. Gibney 972 MD M.D.	Twin Falls, Idaho	7/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/5/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
July 5, 1972	Marva D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3534
Local Reg. Local No.
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen 83334
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 101 1st St. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen 83334
d. STREET ADDRESS (If rural, give location): 101 1st St. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESS	EARNEST	TURNER	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 13, 1888	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Berryville, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dave Turner	Berryville, Arkansas	Addie Mottley	Berryville, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-0411A	Mattie Turner	Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Right Heart Failure	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January, 19 63, *to* July 6, 19 72, *that I last saw the deceased alive on* July 3, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Glenn A. Hoss, M.D. 246 (Degree or title)	1221 Lynwood Mall Twin Falls	July 7, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 11, 1972	Marva D. Marsh	Donald D. Hamilton	M-470

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3535
Local Reg. No. D-202
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 13 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341
d. STREET ADDRESS (If rural, give location): Box 616

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	COLIN	JAMES	CAMPBELL	July 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR.: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	April 16, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lounge owner 2	Beverage	Shellbrock, Sask. Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Campbell	Michigan	Sophronia Eubanks	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-2370	Cora L Campbell	Kimberly,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4189

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-5- , 19 70 *to* 7-6- , 19 72 *, that I last saw the deceased alive on* 7-6-72 , 19 , *and that death occurred at* 10:15a *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 420	MD	560 Shoup Ave. W. TF	7-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1972	Marna D. Mann	Ronald D. Hamilton	M-470

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 17 1972 OCT 2 2 2014
AUG 7 1972
MAR 27 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to JAN 9 1976

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3536
Local Reg. No.
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 428 2nd Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 428 2nd Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILBURN	F.	CRAIG	July 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 31, 1898	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 3	Furniture	Elliott, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Craig	Indiana	Laura Bailey	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No -------	518-28-4578	Bernard L. Craig	Twin Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

955X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Head Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot Wound in Head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	a/	Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 7, 1972 10:15 A.m.		Self-Inflicted Gunshot Wound

22. I hereby certify that I attended the deceased from investigation only, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 10:15am from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd C. Edwards	583 Coronor	Rt # 3 Twin Falls, Idaho	8 Jy 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/11/1972	Elliott Hillside Cem.	Elloitt, IOWA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 11, 1972	Marva R. Marsh	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (Sec. 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3537
Local Reg. No. D 209
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hosp. 144	d. STREET ADDRESS (If rural, give location): 160 Fillmore

3. NAME OF DECEASED (Type or Print) a. (First): EDWARD	b. (Middle): THOMAS	c. (Last): GUTTERY	4. DATE OF DEATH (Month) (Day) (Year): July 9, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 26, 1886	9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Repairman 3	10b. KIND OF BUSINESS OR INDUSTRY: Automobile	11. BIRTHPLACE (State or foreign country): Flat Fork, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Louis Guttery	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: unknown	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-05-8054A	17. INFORMANT'S OWN SIGNATURE: Mrs Russell J. Brooks	ADDRESS: Twin Fall	

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Generalized Arteriosclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	2 weeks
DUE TO (c)	Ascending Cholangitis	1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-16, 1969, *to* 7-9, 1972, *that I last saw the deceased alive on* 7-8, 1972 *and that death occurred at* 3:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McCrosky MD 338 (Degree or title)	23b. ADDRESS: Twin Falls Idaho	23c. DATE SIGNED: 7-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: July 14, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Jerry D. Holman	LICENSE NO.: M-516

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

MAR 14 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3538
Local Reg. No. D-207
Reg. Dist. No. 460

RECEIVED JUL 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 231 West 25th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLL
b. (Middle): J.
c. (Last): CARMAN

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1919
9. AGE (In years last birthday): 53
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Watford City, Nth. Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Scollard
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Agnes Cowden
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 501-05-3577
X 17. INFORMANT'S OWN SIGNATURE: Melvin G. Carman
ADDRESS: Burley, Idaho

174X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Carcinomatosis c̄ Ascites — INTERVAL BETWEEN ONSET AND DEATH: 69 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinoma Rt Breast Radical Mastectomy — 1969
DUE TO (c): Adenocarcinoma Left Breast Radical Mastectomy — 1967

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1967, *to* 7/9/, 1972, *that I last saw the deceased alive on* July 9, 1972 *and that death occurred at* 3:20p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ellwood T Rees 431 (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/11/72
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 12, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Paul D. Reynolds
LICENSE NO.: M-495

FIRM NAME: Paul D. Reynolds

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3539
Local Reg. No. D-208
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 17 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hoso. 144	d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First): Chester	b. (Middle): O.	c. (Last): Roice	4. DATE OF DEATH (Month) (Day) (Year): July 10, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 6, 1885	9. AGE (In years last birthday): 87 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Osborne, Kansas	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Chester O. Roice	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Sarah Dick	BIRTHPLACE: Penn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 518-40-9504A	17. INFORMANT'S OWN SIGNATURE: John Roice	ADDRESS: Eden, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis c̄ incomplete urinary tract obstruction & uremia — 6 mo.
DUE TO (c) Carcinoma of the Prostate — 1964 to present

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio-Vascular Disease. — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 28, 1972, *to* July 10, 1972, *that I last saw the deceased alive on* July 9, 1972, *and that death occurred at* 7:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ellwood T. Reed MD (Degree or title) 431	23b. ADDRESS: Twin Falls, Idaho	23c. DATE SIGNED: 7.12.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7.13.72	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: July 14, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Ronald J. Hamilton	LICENSE NO.: M-470

FIRM NAME: White Mortuary TwinFalls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 18 1972

MAR 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3540
Local Reg. No. D-206
Reg. Dist. No. 460

RECEIVED JUL 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 143	d. STREET ADDRESS (If rural, give location): 1136 Wilmore

3. NAME OF DECEASED (Type or Print)	a. (First): WILLIAM	b. (Middle): J.	c. (Last): EMERICK	4. DATE OF DEATH (Month) (Day) (Year): July 10 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 22, 1925	9. AGE (In years last birthday): 47 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optician	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Torance Emerick	BIRTHPLACE: Lebanon, Iowa	14. MOTHER'S MAIDEN NAME: Eunice Mae Potter	BIRTHPLACE: Deadwood, S.D.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.# 2	16. SOCIAL SECURITY NO.: 518-22-8849	17. INFORMANT'S OWN SIGNATURE: Dora May Emerick	ADDRESS: Twin Falls, Idaho	

2001

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Lymphosarcoma	11 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Metastasis	1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1971, *to* July 10, 1972, *that I last saw the deceased alive on* July 10, 1972, *and that death occurred at* 8:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: John P. Gilmore 972 MD (Degree or title) M.D.	23b. ADDRESS: Twin Falls, Idaho	23c. DATE SIGNED: 7-11-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-13-72	24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho		
DATE REC'D BY LOCAL REG.: July 12, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: James C. Reynolds — LICENSE NO.: M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

JUL 20 1972

Bureau of Vital Statistics

State File No. 3541
Local Reg. No. D-212
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T. Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1970 Poplar

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARION	L.	PERKINS	July 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 5, 1918	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Bennington, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Perkins	unknown	Edith Downing	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.#2	518-16-5600	Gladys L. Perkins	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5400

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolus	1 hour.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Wound Dehisence	3 days.
DUE TO (c)	Perforated Appendix	8 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Arteriosclerotic Heart Disease with Infarcts. Osteoarthritis.	9 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/11, 19 72, to 7/14/, 19 72, that I last saw the deceased alive on 7/14, 19 72, and that death occurred at 11:35a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kayd Shaub M.D. 466 M.D.	Twin Falls, Idaho	7-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/17/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 19, 1972	Marva D. Mark	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 20 1972 JUL 28 1972

JAN 25 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

3542

State File No.

Local Reg. No. D-211

Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY IN THIS PLACE (If dead on arrival, leave blank): 421
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341
d. STREET ADDRESS (If rural, give location): Route # 2 7mi. South ¼ East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hazel	Dell	Brown	July 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Sept. 23, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Rancher 7	Livestock	Albion, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Montgomery Brown	Kentucky	Kate Parke	Bountiful, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-34-7043	X R E Brown	Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	1519 Carcinoma of	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Stomach	1year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-1, 1961, *to* 7-15, 1972, *that I last saw the deceased alive on* 7-15, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean L Cuthbertson MD	Twin Falls Id	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 18, 1972	Nawa D. Marsh	Jerry D. Holman	M-516

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JUL 20 1972 Bureau of Vital Statistics

State File No. 3543
Local Reg. No. D-210
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE California 05 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lockford,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Magic Valley Mem. Hosp. 000	d. STREET ADDRESS (If rural, give location) 18450 Hiway 88

3. NAME OF DECEASED (Type or Print) a. (First) GARVIN	b. (Middle)	c. (Last) BRODEHL	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1918	9. AGE (In years last birthday) 54 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY Automotive	11. BIRTHPLACE (State or foreign country) Goodrich, No. Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Brodehl	BIRTHPLACE Odessa, Russia	14. MOTHER'S MAIDEN NAME Kathrine Plines	BIRTHPLACE Odessa, Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 501-16-2971	17. INFORMANT'S OWN SIGNATURE x Duane G. Perry	ADDRESS California	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pronounced Dead only *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE Bruce A. Buck, M.D. 1025 (Degree or title)	23b. ADDRESS 676 Shoup Ave. W.	23c. DATE SIGNED 7-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Lockford Cemetery	24d. LOCATION (City, town, or county) (State) Lockford California
DATE REC'D BY LOCAL REG. July 17, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Ronald J. Hamilton	LICENSE NO. M-470

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 30 1972

OCT 24 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3544

Certificate of Death
STATE OF IDAHO

RECEIVED JUL 20 1972 Bureau of Vital Statistics

State File No. 3544
Local Reg. No. D-213
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 421
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Route Box 17 Bliss
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William Worden
b. (Middle):
c. (Last): McPherrin

4. DATE OF DEATH (Month) (Day) (Year): July 16 1972

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 14, 1915
9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): film technician 4
10b. KIND OF BUSINESS OR INDUSTRY: Movie
11. BIRTHPLACE (State or foreign country): Los Angeles, Calif.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy D. McPherrin
BIRTHPLACE: N/R
14. MOTHER'S MAIDEN NAME: Ethel Worden
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 547-28-8846
17. INFORMANT'S OWN SIGNATURE: + Robert M Brown
ADDRESS: Bliss, Id

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): respiratory insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): severe emphysema
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
lung tumor with brain metastasis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 7/14/72
19b. MAJOR FINDINGS OF OPERATION: mucous--bronchospasm--emphysema
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/13, 1972, *to* 7/16, 1972, *that I last saw the deceased alive on* 7/16, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John M. McKain (Degree or title) 678
23b. ADDRESS: 253 Martin Street Twin Falls, Idaho 83301
23c. DATE SIGNED: 7/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: July 21, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: July 19, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Clark R. Sears
LICENSE NO.: M-460

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 12 1972
DEC 22 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 31 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3545
Local Reg. No. 215
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420 a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly 83341
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp. 143	d. STREET ADDRESS (If rural, give location) 508 Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) ELEE	c. (Last) DUNLAP	4. DATE OF DEATH (Month) July (Day) 18, (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1895	9. AGE (In years last birthday) 76 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business owner 2	10b. KIND OF BUSINESS OR INDUSTRY Cafe & Motel	11. BIRTHPLACE (State or foreign country) Graham, Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Dunlap	BIRTHPLACE Louisiana	14. MOTHER'S MAIDEN NAME unknown	BIRTHPLACE ;unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1	16. SOCIAL SECURITY NO. 518-07-4688	17. INFORMANT'S OWN SIGNATURE X Faye Dunlap	ADDRESS Kimberly, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Occlusion right coronary artery.	
DUE TO (c)	Arteriosclerotic heart disease.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma right lung lower lobe, primary.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* April 18, 19 62, *to* July 18, 19 72, *that I last saw the deceased alive on* July 18, 19 72, *and that death occurred at* 11.45 pm *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 422	(Degree or title) M.D.	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 7/20/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/22/1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. July 21, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Edgar J. Robertson	LICENSE NO. M-507

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 17 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-7662

State File No. 3546
Local Reg. No. D-225
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1216 2nd Ave. East

3. NAME OF DECEASED (Type or Print) a. (First) JASON b. (Middle) c. (Last) ROBERTS
4. DATE OF DEATH (Month) (Day) (Year) July 18, 1972
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH July 11, 1972
9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 9
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jeffery Roberts BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Joyce Renae Gulick BIRTHPLACE Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Jeffery Roberts ADDRESS Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 740X Meningitis — INTERVAL BETWEEN ONSET AND DEATH 48hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anencephaly
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30a m., from the causes and on the date stated above.

23a. SIGNATURE X M. Humphrey 1030 (Degree or title) MD
23b. ADDRESS 560 Shoup Ave. West
23c. DATE SIGNED 7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7-20-72
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Aug. 1, 1972
REGISTRAR'S SIGNATURE Marva D. Marsden
25. EMBALMER Mark L. Patterson
LICENSE NO. M-451

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3547
Local Reg. No. D-217
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 821 12th Ave. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Francis	Burkhart	July 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 26, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic	Auto Repair	Logansport, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Burkhart	Penn.	Millia Watts	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WWI	393-03-7929	Mrs John F Burkhart	Buhl, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	acute Urinary Retention Adenocarcinoma of Prostate Gland with mets	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/10/72	Adenocarcinoma of Prostate Gland	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/6, 1972 to 7/18, 1972, that I last saw the deceased alive on 7/18, 1972, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George T Davis	133 MD	236 Main St. Twin Falls Id	7/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 22, 1972	Buhl Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 25, 1972	Mavis D. Marsh	Jim A. Hopkins	M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3548
Local Reg. No. D-224
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 173

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kimberly
d. STREET ADDRESS (If rural, give location): R.R.# 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	CARL	McCLURE	7 - 19 - 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	1 - 22 - 1928	44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manufactor 2	Awning	Vian, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sol McClure	Unknown	Fanny Mae Franiebarger	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
No	551-30-4265	Ruth L. McClure Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-26, 1972 to 7-19, 1972, that I last saw the deceased alive on 7-19, 1972, and that death occurred at 10:25p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	920 M.D.	Twin Falls, Idaho	7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-22-1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 2-72	Marva D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 4 1972

MAR 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3549
Local Reg. No. D-214
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 24 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 752 Main Ave Nth. 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421 a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls d. STREET ADDRESS (If rural, give location): 752 Main Ave. Nth.

3. NAME OF DECEASED (Type or Print)	a. (First): GEORGE	b. (Middle): C.	c. (Last): WOODS	4. DATE OF DEATH (Month) (Day) (Year): 7 - 19 - 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 6 - 9 - 1897	9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Thomas Woods	BIRTHPLACE: Irland	14. MOTHER'S MAIDEN NAME: Heneretta Henley	BIRTHPLACE: Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W.W.# 1	16. SOCIAL SECURITY NO.: 528-10-2694	17. INFORMANT'S OWN SIGNATURE: Margaret E. Grant	ADDRESS: Jerome Idaho

4109

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Coroner Investigation *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9:55 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Cloyce O. Edward 583 (Degree or title) Coroner 4	23b. ADDRESS: R#3 Twin Falls, Ida.	23c. DATE SIGNED: 7-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-21-1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: July 21, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Paul D. Reynolds [signature]	LICENSE NO.: M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 24 1972
SEP 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 25 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3550
Local Reg. No. D-228
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HaRRal Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Harral Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) PHOEBE; b. (Middle) A.; c. (Last) GURWELL

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 8, 1889
9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Alamosa, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lundin — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Matilda Johansen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-6129 A
17. INFORMANT'S OWN SIGNATURE: Irene L Hartley — ADDRESS: Redwood city Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 26, 1964, *to* July 20, 19 72, *that I last saw the deceased alive on* July 20, 19 72, *and that death occurred at* 12:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Willard H. Clark M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/25/72
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F.
24d. LOCATION (City, town, or county): Filer, (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 7, 1972
REGISTRAR'S SIGNATURE: Mamie D. Marsh
25. EMBALMER: George Farmer
LICENSE NO.: M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3551
Local Reg. No. 216
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 804 6th St. W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
d. STREET ADDRESS (If rural, give location): 804 6th St. W.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALEXANDER		WELLS	July 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married	July 17, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail carrier	Postal	Baker, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin T. Wells	Ohio	Jeanette Chessman	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	518-20-8076	Mrs. Alexander Wells	Filer

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 7, 1962, *to* July 20, 1972, *that I last saw the deceased alive on* July 1, 1972, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M	122 9th Ave. No. Buhl, Idaho	7-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/22/1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 24, 1972	Marna A. Marsh	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3552
Local Reg. No. D-220
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls — JUL 31 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 365 Alturas Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DOLLIE	R	MARTIN	july 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	No. 6, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Cloud Chief, Oklahoma	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reece	Alabama	unk	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-9987A	Jane N. Standley	365 Alturas Dr.

4124

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure due to arteriosclerotic cardiovascular disease atrial fibrillation.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:40P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
7/5	Twin Falls, Idaho	7.26.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/25/1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-28-72	Vera Ryals	Jerry D. Holman	M-516

FIRM NAME: White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3553
Local Reg. No. D-219
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 27 1972 Vital Statistics #21

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Magic Valley Memorial 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421
a. STATE Idaho
b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. STREET ADDRESS (If rural, give location) 226 No. Washington St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDITH	ALMIRA	HARP	July 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Aug. 22, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Homemaking	Lakeshore, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph H. Huff	Utah	Lula Edith Meyers	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-14-0062	x Dora M. Buckell	Red Bluff, California

4272

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of Heart disease
DUE TO (c) with Pace Maker insertion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) Twin Falls (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* inv. only, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd L. Edwards 583	Coroner	R#3 Twin Falls Ida	7-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/25/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Marna D. Marsh	Ronald F. Hamilton	M-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972
SEP 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-5314

State File No. 3554
Local Reg. No. D-218
Reg. Dist. No. 460

RECEIVED JUL 27 1972 421 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place): 421 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 Quincy	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421 a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, 83301 d. STREET ADDRESS (If rural, give location): 212 Quincy

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KEVIN	CHRISTOPHER	CORNETT	July 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	May 18, 1972		2 / 4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 9		Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marvin Cornett	San Francisco, Calif.	JanetGillespie	Leavenworth, Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Janet L Allen	Twin Falls.,

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

484X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Interstitial Pnewnonitis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crib Death
DUE TO (c) Sudden unexpected death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Twin Falls	Twin Falls	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inv. only *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gloria O. Edwards	585 Coroner 4	Rt #3	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July25,1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1972	Marva D. Marsh	Edgar Robertson	M-507

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3555
Local Reg. No. D-223
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301 c. LENGTH OF STAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TwinFakls 83301
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1033 Morningside Dr.	d. STREET ADDRESS (If rural, give location) 1033 Morningside Dr.

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) B.	c. (Last) HOLLIFIELD	4. DATE OF DEATH	(Month) July	(Day) 23,	(Year) 1972
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH December 21, 1892	9. AGE (In years last birthday) 79	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) OrangeCity, Iowa	12. CITIZEN OF WHAT COUNTRY? US			
13. FATHER'S NAME Herman Van Zante	BIRTHPLACE Holland		14. MOTHER'S MAIDEN NAME Clara Terpstra	BIRTHPLACE Holland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 54 0935		17. INFORMANT'S OWN SIGNATURE Mrs Lee Topplewell	ADDRESS Buhl, Idaho			

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable acute myocardial infarction due to arteriosclerotic cardiovascular disease.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 7/5	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 7.24.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7.26.72	24c. NAME OF CEMETERY OR CREMATORY Sunset MemorialPark	24d. LOCATION (City, town, or county) (State) Cem. Twin Falls, Idaho
DATE REC'D BY LOCAL REG. July 31, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER	LICENSE NO. 343

FIRM NAME: White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3556
Local Reg. No. D-222
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls 421 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 143	
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly d. STREET ADDRESS (If rural, give location): 229 East Madison

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA	HELEN	KOCH	7 - 24 - 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	11 - 11 - 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Mount Vernon, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hughes	Unknown	Florence Lightfoot	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-5551	x Jessie J. Jard	Pocatello, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5193

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) respiratory failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) COPD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHF

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-23, 19 72, *to* 7-26, 19 72, *that I last saw the deceased alive on* 7-26, 19 72, *and that death occurred at* 12:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
920 M.D.	Twin Falls, Idaho	7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-27-1972	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31, 1972	Marva D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Paul D. Reynolds

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1972

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3557
Local Reg. No. D-221
Reg. Dist. No. 460

BIRTH NO.

REC JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, 83301
STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route #1 South of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Route #1 South of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAURA	M.	TIBBS	July 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 30, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Broadford, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward V. Hall	Palmyra, Missouri	Helen Wilcox	Mason City, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-54-8189	Mrs. Joseph Kelleher	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4272

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
	Home	Twin Falls, County	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Inv. only, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:05p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joyce O. Edwards 583	Coroner	RT#3 Twin Falls, Ida.	7-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1972 July 28,	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-28-72	Vera Ryals	Ronald D. Hamilton	M-470

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 10 1972 Bureau of Vital Statistics

State File No. 3558
Local Reg. No. D-231
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1009 2nd Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) WILLIE b. (Middle) LORENZO c. (Last) CHATTERTON

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 24, 1910

9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouseman 8

10b. KIND OF BUSINESS OR INDUSTRY: trucking

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hyrum James Chatterton
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Flora Smith
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: 518-07-5131

17. INFORMANT'S OWN SIGNATURE: Lucille D. Chatterton ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

191X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Glioblastoma multiforme, left temporal lobe.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 5/26/72

19b. MAJOR FINDINGS OF OPERATION: Left temporal lobe brain tumor.

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8/ 19 72 to 7/28 19 72, that I last saw the deceased alive on 7/28 19 72, and that death occurred at 3:10p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 918 (Degree or title)

23b. ADDRESS: 666 Shoshone St. E. Twin Falls, Idaho

23c. DATE SIGNED: 8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7-31-72

24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery

24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: Aug. 9, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Dale L. Patterson

LICENSE NO.: M-451

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC.A 38-208 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 10 1972

FEB 24 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED 1972 Bureau of Vital Statistics

State File No. 3559
Local Reg. No. D-227
Reg. Dist. No. 460

BIRTH NO. 4068

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 820 Sprague

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	A.	Stanley	July 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	July 2, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Sheldon, Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Burton Stanley	Mo.	Janette Gonterman	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518-36-7198	Lyle Gonterman	Castleford, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4103

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: weeks-

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 22, 19 68, *to* July 29, 19 72, *that I last saw the deceased alive on* July 28, 19 72, *and that death occurred at* 4:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Cullins MD	122 9th Ave. No. Buhl, Idaho	7-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 1, 1972	Buhl Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7, 1972	Marian D. Marsh	Jim A. Hopkins	M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3560
Local Reg. No. 21
Reg. Dist. No. 310

BIRTH NO.

RECEIVED JUL 25 1972

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Banks
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Middle Fork Boyette River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Rt. 1, Box 337A

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jorgia	Lee	Irving	June 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	never married	Mar. 24, 1967	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
child 9	---	Virginia Beach, Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Irving, Jr.	Emmett, Idaho	Judith Lee Robinson	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No No	None	X Mrs. J. H. Robinson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8160

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Middle Fork Boyette R. 66	13-43E rural Banks. Valley, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June 4, 1972 m.		one car rolled in river

22. I hereby certify that I attended the deceased from _____ 19__ to _____ 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above. Investigation Only

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Burton E Walker, Coroner 585 (Degree or title) 4	McCall, Idaho	7-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-17-72	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17, 1972	Maryanne Hill	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM Del. 6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 17 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3561
Local Reg. No. 20
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Valley	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: VALLEY 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Confluence of Copper & Monumental Creek's. c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Primitave Area 000	d. STREET ADDRESS (If rural, give location): 6716 W. STATE ST.

3. NAME OF DECEASED (Type or Print)	a. (First): Ursula	b. (Middle): Katherine	c. (Last): Simonds	4. DATE OF DEATH (Month) (Day) (Year): 7-1-72
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 10-21-1	9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Homemaker	11. BIRTHPLACE (State or foreign country): Monroe, Michigan	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: unknown DuShane	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 301-14-5528	17. INFORMANT'S OWN SIGNATURE: Leon C Simonds	ADDRESS: 6716 State St. Boise, Ida.	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) arteriosclerotic heart disease	1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): primitive area	21c. (CITY, TOWN, OR TOWNSHIP): rural (COUNTY): Valley (STATE): Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 1, 1972 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Investigation only *, 19____ to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton E Walker 583 (Degree or title) Coroner 4	23b. ADDRESS: McCall, Idaho	23c. DATE SIGNED: 7-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 7/4/72	24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: July 12, 1972	REGISTRAR'S SIGNATURE: Maryanne Hill	25. EMBALMER: Andrew P. Dembowski	LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home
Box 7212-83707-Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 9/6/72

Certificate of Death

STATE OF IDAHO

State File No. 3562
Local Reg. No. 37
Reg. Dist. No. 310

BIRTH NO.

RECEIVED AUG 22 1972 430 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cascade
c. LENGTH OF STAY (In this place) Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clear Creek Near Cascade, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2909 N. Maple Grove Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRY	V.	O'BRIEN	July 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 8, 1912	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Government Employee 2	U. S. Government	St. Louis, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph O'Brien	Missouri	Gertrue Wernsing	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW II	492-07-1839	X Bertha K O'Brien	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9520

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Asphyxiation

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) inhalation of carbon monoxide
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
suicide	rural Cascade, Idaho	Cascade	Valley	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
July 7, 1972 m.		exhaust piped into automobile

22. I hereby certify that I attended the deceased from INVESTIGATION ONLY, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton E. Walker 583	Coroner	McCall, Idaho	8/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-7-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 15, 1972	Maryanne Hill	Burton E Walker	M-386

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 22 1972

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STAT

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 72-3562

County of ..... } SEP 6 2 57 PM '72 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Harry V. O'Brien (Name on Original Certificate) who died (Was Born or Died) on July 7, 1972 (Date of Event)

in Cascade (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #15	World War I	World War II

Subscribed and sworn to before me this 6th day of Sept. 1972

Ruby Hambelton

Notary Public, residing at Boise

My commission expires Jan 10, 1974

(Seal)

Signed Clyde Vassar

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1200 N Cloverdale Rd Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of Sept. 1972

Ruby Hambelton

Notary Public, residing at Boise

My commission expires Jan 10, 1974

(Seal)

Signed Amelia Stanger

(Signature of Any Credible Person)

510 N. Cloverdale Rd, Boise, Ida

(Street Address, City, State)

FORM DH 60-155

8-3-72 nm. in office Cloverdale F.H. gml

SEP 28 1972

RECEIVED
AUG 7 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3563
Local Reg. No. 22
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Donnelly
c. LENGTH OF STAY (In this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #55 Milepost 189.7 nw

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1632 S. Owyhee

3. NAME OF DECEASED (Type or Print) a. (First) PAULINE b. (Middle) FRANCES c. (Last) WARD
4. DATE OF DEATH (Month) (Day) (Year) July 22, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 27, 1942
9. AGE (In years last birthday) 29 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier-Clerk 3
10b. KIND OF BUSINESS OR INDUSTRY Retail Food
11. BIRTHPLACE (State or foreign country) Linton, North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Ell BIRTHPLACE Linton, North Dakota
14. MOTHER'S MAIDEN NAME Mary Mathern BIRTHPLACE Wishnek, North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 501-44-5738
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Traumatic Head and Neck Injuries — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) HiWay #55 Milepost 189.7
21c. (CITY, TOWN, OR TOWNSHIP) Rural Donnelly (COUNTY) Valley (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 22, 1972 4:15PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile

22. *I hereby certify that I attended the deceased from* for Investigation Only *to* on July 22, , 19 72 *and did not see alive, and that death occurred at* 4:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton E Walker (Degree or title) 4
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED July 23, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-26-72
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. August 1, 1972
REGISTRAR'S SIGNATURE Maryanne Hill
25. EMBALMER Burton E Walker
LICENSE NO. M-386

FIRM NAME: Walker & Cloverdale Chapels

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

MAR 20 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3564
Local Reg. No. 26
Reg. Dist. No. 310

RECEIVED AUG 15 1972 Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY VALLEY 430	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCALL — LENGTH OF STAY (In this place) 2 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCALL MEMORIAL HOSPITAL 209	d. STREET ADDRESS (If rural, give location) ROUTE #2

3. NAME OF DECEASED (Type or Print) a. (First) BERNIECE	b. (Middle) RUTH	c. (Last) BUDGE	4. DATE OF DEATH (Month) JULY (Day) 25 (Year) 1972	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 14 1894	9. AGE (In years last birthday) 77 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WATERLOO IOWA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOSEPH WEAVER RICKERT	BIRTHPLACE IOWA	14. MOTHER'S MAIDEN NAME ELIZABETH	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS

485 X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stasis bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 d.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death ① multiple injuries ② Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972, *to* July, 1972, *that I last saw the deceased alive on* July 25, 1972, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 371	23b. ADDRESS McCall, Idaho	23c. DATE SIGNED 7-31-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 28 1972	24c. NAME OF CEMETERY OR CREMATORY CLOVERDALE	24d. LOCATION (City, town, or county) BOISE (State) IDAHO
DATE REC'D BY LOCAL REG. August 7, 1972	REGISTRAR'S SIGNATURE Maryanne Hill	25. EMBALMER G. Conway Grant	LICENSE NO. M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972
SEP 7 1978
APR 7 1982
MAY 12 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3565
Local Reg. No. 23
Reg. Dist. No. 310

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics 430

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon 38
b. COUNTY: Multnomah 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seaside
d. STREET ADDRESS (If rural, give location): 2328 Edgewood Drive

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): ANGELO ANTHONY AKA ANTHONY A. MARCIANELLI

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1903
9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery and Produce Retailer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dominic Marcianelli — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Corinda — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 541-40-0391-A
17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS: Seaside, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cascade Valley Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 19__, *to* July 27 19__, *that I last saw the deceased alive on* July 27, 19__, *and that death occurred at* 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 376 (Degree or title) MD
23b. ADDRESS: Cascade
23c. DATE SIGNED: 7/29

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July Aug. 31, 1972
24c. NAME OF CEMETERY OR CREMATORY: Finley's Sunset Hills
24d. LOCATION (City, town, or county) (State): Multnomah County Oregon

DATE REC'D BY LOCAL REG.: August 4, 1972
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Burton E. Walker
LICENSE NO.: M-386
FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful igvestigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 1 3 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3566
Local Reg. No. 24
Reg. Dist. No. 310

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics 430

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): Box 382

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSE	WILLIAM	CREASON	July 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 1, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Patrol Foreman 4	U.P. Railroad	Cascade, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Creason	Kansas	Mary Calar	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W 2	519-01-3927	Florence Creason	Cascade, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: HR

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		CASCADE VALLEY IDA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7th Sept, 19__, *to* July, 19 72, *that I last saw the deceased alive on* 28 July, 19 72, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John T. Moon 376 (Degree or title) M.D.	CASCADE, IDA	8/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 31, 1972	Margaret Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3 1972	Maryanne Hill	Burton E. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 8 1972

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3567
Local Reg. No. 25
Reg. Dist. No. 310

RECEIVED AUG 7 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA McCall Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	HENRY	GARDNER	7	30	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	2/25/72	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Equipment operator 5	State of Idaho	Wilson, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Gardner	--	Iva Cox	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		[signature]	New Meadows, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) undetermined natural causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular disease - 9 yr history
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
natural		DOA McCall	Valley	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July	30	1972	m.		

22. I hereby certify that I attended the deceased from investigation Only, 19, that I last saw the deceased alive on , 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton E. Walker	Coroner	McCall, Idaho	8-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	8/3/72	Meadows Cemetery	Meadows, Adams	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3 1972	[signature]	Burton E. Walker	E-386

FIRM NAME: Walker Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

N # 8

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3568
Local Reg. No. 1
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROLLIE	O.	STEPHENS	7	2	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	widowed	8/3/1893	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad work	Union Pacific	Portland, Oregon	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Stephens	--	Mary Portwood	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW I		Pauline Kerr	Weiser

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 10 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/22, 1972, to June 2, 1972, that I last saw the deceased alive on June 2, 1972, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Weiser, Idaho	7/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/6/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-5-72	K. Dale Thomason	K. Dale Thomason	M388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3569
Local Reg. No. 2
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUL 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Convalescent Center 392

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 331 E. Park

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KARL	----	KEYES	7	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	widowed	6/12/1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	RR	Montague, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 28 3648	R. M. Keyes	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple cerbro-vascular accident — several weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-19, 1965, to 7-3, 1972, that I last saw the deceased alive on 6-7, 1972, and that death occurred at 12:50 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Diever, M. D. 186	Weiser, Idaho	7-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/7/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	R. Dale Thomason	R. Dale Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JUL 18 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3570
Local Reg. No. 3
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 44/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial Hospital/53

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Washington 44/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 19 West Park St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HENRY	LAWRENCE	STRANGE		7	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	caucasian	divorced	1/1/1900	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mining 5	Mining	Lemington, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Ruth B. Hogan	Weiser, Idaho

5193

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute uremia	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic right heart failure	3 weeks
DUE TO (c)	Severe chronic obstructive pulmonary	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	disease with cor pulmonale	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-14 *,19* 71 *, to* 7-8 *, 19* 72 *, that I last saw the deceased alive on* 7-1 *, 19* 72 *, and that death occurred at* 6:55 a *m, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Giever, M. D. 186	P.O. Box 629 Weiser, ID 83672	7-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
bur-removal	7/11/72	Fairview Cemetery	Weiser Malhuer Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-13-72	R. Dale Thomason	R. Dale Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3571
Local Reg. No. 4
Reg. Dist. No. 320

BIRTH NO. 71-12634

RECEIVED JUL 21 1972 440 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Washington 440
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Cambridge c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Cambridge
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home North of Cambridge	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) RENEE	b. (Middle) JEAN	c. (Last) EVANS	4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1972	
5. SEX female	6. COLOR OR RACE caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10/12/1971	9. AGE (In years last birthday)	IF UNDER 1 YR. Months 9 Days 5 / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 9	10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (State or foreign country) Cambridge, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charley H. Evans	BIRTHPLACE Glenada, Oregon	14. MOTHER'S MAIDEN NAME Martha Kester	BIRTHPLACE Cambridge, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. infant	17. INFORMANT'S OWN SIGNATURE ✓ Charley H Evans	ADDRESS Cambridge	

7963

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subject had been ill for a day or two. Due to religious belief, a doctor was not consulted. To the best of my knowledge and belief, subject died of natural causes.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Coroner's investigation *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 3:30 p *from the causes and on the date stated above.*

23a. SIGNATURE R. Dave Thomason 583 Wash. Co Coroner 4 (Degree or title)	23b. ADDRESS Weiser, Idaho	23c. DATE SIGNED 7/18/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/20/72	24c. NAME OF CEMETERY OR CREMATORY Cambridge Cemetery	24d. LOCATION (City, town, or county) (State) Cambridge, Washington, Idaho
DATE REC'D BY LOCAL REG. 7-18-72	REGISTRAR'S SIGNATURE R. Dave Thomason	25. EMBALMER R. Dave Thomason	LICENSE NO. M 388

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3572
Local Reg. No. 5
Reg. Dist. No. 320

BIRTH NO.

JUL 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 739 W. 3rd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	G.	MATHIAS	July	21	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 19, 1899	73	1 / 2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	St. James, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustav Mathias	Germany	Dorothea Muller	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x Henry G. Mathias	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma rt. lung — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Weiser, 1929, *to* 7/21, 1972, *that I last saw the deceased alive on* 7/21, 1972 *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward Rembeeler MD	Weiser, Idaho	July 21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24, 1972	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 21, 1972	T. Dale Thomason	T. Dale Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3573
Local Reg. No. 6
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUL 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	V.	STARCHER	7	22	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	7/27/1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	agriculture	Nelsonville, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George B. Starcher	West Virginia	Estella B. Stephenson	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		508 05 1181 A	Mrs. LaVaughn Kemper	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1971, to July 22, 1972, that I last saw the deceased alive on July 22, 1972, and that death occurred at 11:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Weiser, Idaho	7/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/26/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-27-72	L. Dale Thomson	L. Dale Thomson	M 388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3574
Local Reg. No. 7
Reg. Dist. No. 320

RECEIVED JUL 31 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Washington 441	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington 440
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital 153	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): DWIGHT	b. (Middle): LIVINGSTON	c. (Last): MERRELL	4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1972	
5. SEX: male	6. COLOR OR RACE: caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 9/19/1889	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Dwight, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: --	BIRTHPLACE: --	14. MOTHER'S MAIDEN NAME: --	BIRTHPLACE: --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. I	16. SOCIAL SECURITY NO.:	17. INFORMANT'S OWN SIGNATURE: Clyde M. Boyer	ADDRESS: Midvale, Id	

4/21

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral vascular accident	1 1/2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Sen. arteriosclerosis c̄ HCVD	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June *, 19*72*, to* July 26 *, 19*72*, that I last saw the deceased alive on* July 26 *, 19*72*, and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E Rewheeler (Degree or title): MD	23b. ADDRESS: Weiser, Idaho	23c. DATE SIGNED: 7/27/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: July 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county): Boise (State): Idaho		
DATE REC'D BY LOCAL REG.: July 27, 1972	REGISTRAR'S SIGNATURE: R. Dale Thomason	25. EMBALMER: R. Dale Thomason
LICENSE NO.: M 388		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 16 1972 Bureau of Vital Statistics

State File No. 3575
Local Reg. No. 9
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Washington 441	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Convalescent Center 392	d. STREET ADDRESS (If rural, give location) Shoshone Bldg. Apt. #7

3. NAME OF DECEASED (Type or Print)	a. (First) CLARA	b. (Middle) MATHENY	c. (Last) ELLIS	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 31, 1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Viola, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Nelson Matheny	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Hattie Keeney	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 535-18-0959-A	17. INFORMANT'S OWN SIGNATURE Glen A. Ellis	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gen arteriosclerosis & ASHD	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1971, *to* July 30, 1972, *that I last saw the deceased alive on* July 28, 1972, *and that death occurred at* 12:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Rev Heeler 907 (Degree or title) DMD	23b. ADDRESS Weiser, Idaho	23c. DATE SIGNED July 30/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Aug. 5, 1972	24c. NAME OF CEMETERY OR CREMATORY Smith Fu neral Home	24d. LOCATION (City, town, or county) (State) Spokane, Washington
DATE REC'D BY LOCAL REG. July 30/72	REGISTRAR'S SIGNATURE R. Lou Thomason	25. EMBALMER Marshall S. Dockerson	LICENSE NO. M 464

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
NOV 16 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3576
Local Reg. No. 8
Reg. Dist. No. 320

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUISE	WOODRUFF	CALDWELL	7/	31	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	11/20/1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Vernal, Utah	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Woodruff	--	Arabella Hatch	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Neva Caldwell	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4360

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C.V.A. -

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19 , 1960 to 7-31- , 1972 , that I last saw the deceased alive on 7-31-72 , 1972 , and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: July 31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8/4/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 31,1972	K. Lee Thomason	K. Lee Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3577

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 511
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4500 State Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMORY	A.	SEALEY	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	August 1, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 4	Automotive	Stromsburg, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A. H. Sealey	Iowa	Jennie Johnson	Lincoln, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			X Mrs. Grace Dedey	Manley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1966

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1966 *to* death, 19____, *that I last saw the deceased alive on* August 1, 1972 *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise Idaho	8/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-3-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 10, 1972	Myrtle Palmer	G. W. Waters [signature]	M-461

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3578
Local Reg. No. 128
Reg. Dist. No. 371

BIRTH NO.

AUG 22 1972 011

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: MINIDOKA 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 27 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RUPERT
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): 817 NORTH "D" STREET

3. NAME OF DECEASED (Type or Print)	a. (First): PIERRE	b. (Middle): (NMI)	c. (Last): PEYRON	4. DATE OF DEATH (Month) (Day) (Year): AUGUST 1, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: JULY 22, 1888	9. AGE (In years last birthday): 84 — IF UNDER 1 YR. Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 7	10b. KIND OF BUSINESS OR INDUSTRY: FARMING	11. BIRTHPLACE (State or foreign country): FRANCE	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: JOSEPH PEYRON	BIRTHPLACE: FRANCE	14. MOTHER'S MAIDEN NAME: MARIE PEYRON	BIRTHPLACE: FRANCE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-44-0237	17. INFORMANT'S OWN SIGNATURE: Claudia Hence Hall	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cancer of lung	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary emphysema ASHD with atrial fibrillation	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* JULY 5, 1972, *to* AUGUST 1, 1972, *that I last saw the deceased alive on* XXXXXXXXXXXXXXXXXXXXXX *and that death occurred at* 7:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: DANIEL KLEIN, M.D. Daniel Klein M (Degree or title) 597	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 8-3-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Aug 4 1972	24b. DATE: Removal	24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery	24d. LOCATION (City, town, or county) (State): Rupert Idaho
DATE REC'D BY LOCAL REG.: 8-22-72	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Ralph McMenthey	LICENSE NO.: M-410

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3579
Local Reg. No. 488
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2190 Annett St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wendell	Ralph	Higham	August 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caue.	Married	Dec. 7, 1922	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Correlator & Pilot	Construction	Pocatello, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas B. Higham	Utah	Ida Hutchison	Florida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	507-16-2453	* Doris J. Higham	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Coronary Occlusion 7 to 7/11

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1972 *to* July 31, 1972, *that I last saw the deceased alive on* July 31, 1972 *and that death occurred at* 4:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
306 (Degree or title)	Boise Ida	8/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7 1972	Myrtle Palmer	Alden-Waggoner Chapel	M- 549

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3580
Local Reg. No. 126
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 14 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: 004 VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 211 16TH AVENUE

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) D c. (Last) CRESSMAN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 3, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 5-12-92

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months ___ Days ___
IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBERMAN

10b. KIND OF BUSINESS OR INDUSTRY: LOGGING

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW CRESSMAN
BIRTHPLACE: PENNSYLVANIA

14. MOTHER'S MAIDEN NAME: EVA DYER
BIRTHPLACE: PENNSYLVANIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 543-10-4966

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3099

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic brainsyndrome — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Decubitus ulcers — 3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I attended the deceased from JULY 20, 1972, to AUGUST 3, 1972 and that death occurred at 8:40 P m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Lewis, M.D. (Degree or title) M.D.

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 16, 1972

24c. NAME OF CEMETERY OR CREMATORY: Willamette Nat. Cemetery

24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: Aug. 16, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Richard W. Mesenbrink

LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 9 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3581
Local Reg. No. 504
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place) 9 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boise Convalescent Center 332	d. STREET ADDRESS (If rural, give location) 2834 Weaver Circle

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE	b. (Middle) L.	c. (Last) EMME	4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1893	9. AGE (In years last birthday) 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Lost Springs, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Abraham Shupe	BIRTHPLACE Canada	14. MOTHER'S MAIDEN NAME Barbara Schuchter	BIRTHPLACE Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 518-70-8423	17. INFORMANT'S OWN SIGNATURE x Corinne B. Redmond	ADDRESS 2800 Eldorado Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Congestive Heart Failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1967, *to* Aug 3, 1972, *that I last saw the deceased alive on* Aug 3, 1972 *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 654	23b. ADDRESS 425 W Bannock Boise, Ida	23c. DATE SIGNED 8/8/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-72	24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Aug. 9, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER [signature]	LICENSE NO. M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

NOV 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3582
Local Reg. No. 136
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
LENGTH OF STAY (In this place) 1 DAY
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EAGLE
d. STREET ADDRESS (If rural, give location) BOX 253

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSE	D.	WHITE	AUGUST 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	5-6-23	49	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
GROCERYMAN 3	FOOD	WEST VIRGINIA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DEWEY WHITE	TENNESSEE	ELLA STEVENS	WEST VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	233-34-9375	Linda Renee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c) — 3032

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute hemorrhagic pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic pancreatitis
DUE TO (c) alcoholism, chronic.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from AUGUST 3, 1972, to AUGUST 3, 1972 and that death occurred at 10:30A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MURRAY G. STROMBERG, M.D. 597	VA CENTER, BOISE, IDAHO	8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 6, 1972	Meadows Valley	Meadows Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-8-72	Myrtle Palmer		M 549

FIRM NAME: Walker Funeral Home

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 18 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3583
Local Reg. No. 527
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) 4 Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boise Convalescent Home 332	d. STREET ADDRESS (If rural, give location) 5020 Albion

3. NAME OF DECEASED (Type or Print) a. (First) EDNA	b. (Middle) GRACE	c. (Last) LIVINGSTON	4. DATE OF DEATH (Month) (Day) (Year) August 5, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1, 1911	9. AGE (In years last birthday) 61 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Salmon, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles A. Beers	BIRTHPLACE Monroe, Iowa	14. MOTHER'S MAIDEN NAME Grace E. Conlee	BIRTHPLACE Salmon, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-07-8114	17. INFORMANT'S OWN SIGNATURE X Carlos B. Livingston	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma Cervix - metastatic.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* , 1968, *to* Aug 5, 1972, *that I last saw the deceased alive on* July 27, 1972, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert Frazier M (Degree or title)	23b. ADDRESS Boise Idaho	23c. DATE SIGNED Aug 14, 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-72	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	24d. LOCATION (City, town, or county) Boise, Idaho (State)
DATE REC'D BY LOCAL REG. Aug. 18, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER G. W. Waters [signature]	LICENSE NO. M-461

FIRM NAME Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 10 12 AM '72

Certificate of Death
STATE OF IDAHO

State File No. 3584
Local Reg. No. 519
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 7108 Hummel Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTHA	LARENE	CULBERTSON	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 29, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Maxtown, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Martin	Maxtown, Ohio	Adeline Claprood	Erie, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-12-3264	X W Maxine King	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Degeneration

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar, 1972, to Aug 5, 1972, that I last saw the deceased alive on July 10, 1972, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Johnson 261	MD	Boise Idaho	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-8-72	Terrace Lawn Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 14, 1972	Myrtle Palmer	G. W. Waters	M-461

FIRM NAME Cloverdale Memorial Park

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3585
Local Reg. No. 531
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 5 Days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise d. STREET ADDRESS (If rural, give location): 2025 No. 24th. St.
3. NAME OF DECEASED (Type or Print) a. (First): CAROL b. (Middle): ANN c. (Last): GARRO			4. DATE OF DEATH (Month) (Day) (Year): August 5, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 8, 1934 9. AGE (In years last birthday): 38 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: Home			11. BIRTHPLACE (State or foreign country): Boise, Idaho 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Carol Zapp BIRTHPLACE: Idaho			14. MOTHER'S MAIDEN NAME: Helen Blackinger BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------		16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Frances J. Garro ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5719

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cirrhosis of liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Biopsy of liver - 8/1/72	19b. MAJOR FINDINGS OF OPERATION: Cirrhosis of liver	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/30, 1972, *to* 8/4, 1972, *that I last saw the deceased alive on* 8/4, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.	23b. ADDRESS: Boise, Idaho	23c. DATE SIGNED: 8/14/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-10-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug 16 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 14 1986 DEC 7 1972
DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 8/21/72

RECEIVED BUREAU VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 3586
Local Reg. No. 520
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada — AUG 15 10 12 AM '72
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho — b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 502 E. 42nd. Street

3. NAME OF DECEASED (Type or Print): a. (First) ROSIE — b. (Middle) L. — c. (Last) CONGER
4. DATE OF DEATH (Month) (Day) (Year): August 6, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9, 1916
9. AGE (In years last birthday): 56 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Janet Conger — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Malignancy

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis - Pleural effusion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1972, to Aug 6, 1972, that I last saw the deceased alive on Aug 6, 1972, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE: C. E. Johnson 261 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-7-72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug. 14, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters
LICENSE NO.: M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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8 15 72

RECEIVED
BUREAU OF VITAL STATISTICS
AUG 21 8 15 AM '72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Rosie L. Conger (Name on Original Certificate) who died (Was Born or Died) on Aug. 6, 1972 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Age	46	56

Subscribed and sworn to before me this 18th day of August, 1972
Florence Curtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Clyde Vassar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; of other credible person.)
1200 N. Cloverdale
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1972
Florence Curtright
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Donny J. Robling
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 Clyde Vassar Cloverdale Funeral Home
will pick up 8-15-72

DEC 1 1980

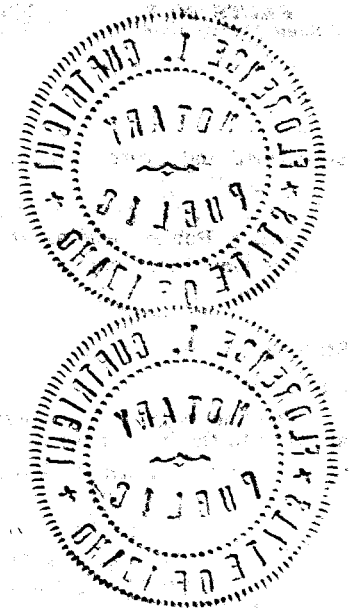

3587

Certificate of Death
STATE OF IDAHO

State File No. 3587
Local Reg. No. 556
Reg. Dist. No. 370

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — LENGTH OF STAY (In this place): 1 year	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RIVIERA REST HOME 281	d. STREET ADDRESS (If rural, give location): 413 So. Orchard

3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN	b. (Middle) PINK	c. (Last) BROCKMAN	4. DATE OF DEATH (Month) Aug. (Day) 6 (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 20, 1887	9. AGE (In years last birthday): 84 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Portland Mills, Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John J. Thompson	BIRTHPLACE: Portland Mills, Ind.	14. MOTHER'S MAIDEN NAME: Susan Jane Garner	BIRTHPLACE: Galesburg, Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 558 05 5835B	17. INFORMANT'S OWN SIGNATURE: John W. Brockman	ADDRESS	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Thrombosed Coronary Artery	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Occulsion	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-6-72 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Natural Causes	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Steven Jablonski - Deputy Coroner 583 (Degree or title) 4	23b. ADDRESS: 1214 Ada - Boise Idaho	23c. DATE SIGNED: 9-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 14, 1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Sept. 6 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. Conway Grant	LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 - 1972

DEC 2 3 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3588
Local Reg. No. 546
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): Box 156

3. NAME OF DECEASED (Type or Print)	a. (First): ESTELLA	b. (Middle): J.	c. (Last): CAMBELL	4. DATE OF DEATH (Month) Aug. (Day) 6 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: May 15, 1891	9. AGE (In years last birthday): 81 IF UNDER 1 YR. Months 2 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): West Plains, Mo.	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Richard Edmondson	BIRTHPLACE: ----	14. MOTHER'S MAIDEN NAME: Eliza Jane Smith	BIRTHPLACE: ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 539-20-3274A	17. INFORMANT'S OWN SIGNATURE: Gladys Sager	ADDRESS: Eagle Idaho	

18. CAUSE OF DEATH 4109
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cong Heart Failure & Pul Edema

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Mycardial Infarction

DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1971, *to* Aug. 4, 1972, *that I last saw the deceased alive on* Aug. 4, 1972, *and that death occurred at* 2:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Bruce Moody MD 368 (Degree or title)	23b. ADDRESS: Boise, Idaho	23c. DATE SIGNED: Aug.6,1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug.10,1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county): Weiser (State): Idaho
DATE REC'D BY LOCAL REG.: Aug.6,1972	REGISTRAR'S SIGNATURE: Myrtle Palmer HC	25. EMBALMER: Marshall S. Dickerson	LICENSE NO.: M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3589
Local Reg. No. 514
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (If not in this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): Box 173

3. NAME OF DECEASED (Type or Print) a. (First) Ralph	b. (Middle) Raymond	c. (Last) Fluharty	4. DATE OF DEATH (Month) (Day) (Year) August 7, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 17, 1889	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster 6	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office	11. BIRTHPLACE (State or foreign country): Bedford, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry M. Fluharty	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Martha Parks	BIRTHPLACE: Indiana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-54-8654	17. INFORMANT'S OWN SIGNATURE: Don Fluharty	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Antemortem Vascular Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Post Op Cystitis	2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8/63, 19__, *to* 8/7/72, 19__, *that I last saw the deceased alive on* 8/7/72, 19__, *and that death occurred at* 8:14 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 516 (Degree or title)	23b. ADDRESS: 1703 Hill Road, Boise	23c. DATE SIGNED: 8/10/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8/11/1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 14, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3590
Local Reg. No. 528
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7123 Everett

3. NAME OF DECEASED (Type or Print): a. (First) RALPH b. (Middle) R. c. (Last) SCOTT

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1894

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heating Engineer 21

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): Harrison Co., Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Graham Scott BIRTHPLACE: Jefferson Co., Indiana

14. MOTHER'S MAIDEN NAME: Aneliza Bandy BIRTHPLACE: Knox Co., Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-48-1270A

17. INFORMANT'S OWN SIGNATURE: Bessie B Scott ADDRESS: 7123 Everett St Boise

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Arrhythmia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Digitalis intoxication

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5-72, 19__, *to* 8-7-, 19 72, *that I last saw the deceased alive on* 8-7, 19 72, *and that death occurred at* 6:30am *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 401 W Idaho St.

23c. DATE SIGNED: 8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-9-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug. 18, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DR-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate
September 14, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3591
Local Reg. No. 524
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
d. STREET ADDRESS (If rural, give location): BOX 316

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BRADLEY	MORTON	IDOHL	AUG. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JULY 16, 1935	37		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CAT. OPERATOR 5	BOISE CASCADE	BOISE, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HOMER IDOHL	DANVILLE, KENTUCKY	RENA CALDERWOOD	GRIMES PASS, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES KOREAN CONFLICT	519-36-4891	Elaine M Idohl	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

916X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Peritonitis & Sepsis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture of duodenum
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/29/72	Rupture of duodenum	Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Construction site	Council, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7-25-72 m.		Ft. struck in cervical spine area (Rock) during blasting. Accident

22. I hereby certify that I attended the deceased from 7/27, 1972, to 8/7, 1972, that I last saw the deceased alive on 8/7, 1972, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature illegible] M.D. 8/14	2121 College Blvd	9/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	AUG. 11, 1972	I.O.O.F. CEMETERY	COUNCIL, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 16, 1972	Myrtle Palmer	L. Conway Grant	97478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. _____
Local Reg. No. 524
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 17 1972

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): Statistical
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COUNCIL
d. STREET ADDRESS (If rural, give location): BOX 316

3. NAME OF DECEASED (Type or Print): a. (First) BRADLEY b. (Middle) MORTON c. (Last) IDOHL

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 7, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 16, 1935

9. AGE (In years last birthday): 37
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAT. OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: BOISE CASCADE

11. BIRTHPLACE (State or foreign country): BOISE, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HOMER IDOHL
BIRTHPLACE: DANVILLE, KENTUCKY

14. MOTHER'S MAIDEN NAME: RENA CALDERWOOD
BIRTHPLACE: GRIMES PASS, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): KOREAN CONFLICT

16. SOCIAL SECURITY NO.: 519-36-4891

17. INFORMANT'S OWN SIGNATURE: x Elaine M Idohl
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Peritonitis & Sepsis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rupture of duodenum
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 7/29, 19 72, to 8/1, 19 72, that I last saw the deceased alive on 8/7, 19 72 and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MD (Degree or title)

23b. ADDRESS: 2121 College Blvd

23c. DATE SIGNED: 8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUG. 11, 1972

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F CEMETERY

24d. LOCATION (City, town, or county) (State): COUNCIL, IDAHO

DATE REC'D BY LOCAL REG.: Aug. 16, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: A. Conway Strand

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 25 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. SEP 14 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. NOV 16 1993

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3592
Local Reg. No. 521
Reg. Dist. No. 340

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 15 10 12 AM '72

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IDANHA HOTEL-RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): MAIN & 10

3. NAME OF DECEASED (Type or Print): a. (First) HARVEY b. (Middle) c. (Last) MC LAUGHLIN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 8, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: JUNE 20, 1910

9. AGE (In years last birthday): 62
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER 7

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NOTUS, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: H. I. MC LAUGHLIN BIRTHPLACE: NEWARK, OHIO

14. MOTHER'S MAIDEN NAME: CARRIE M. STAFFORD BIRTHPLACE: DOUGLAS, KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-4425

17. INFORMANT'S OWN SIGNATURE: Harvey E McLaughlin ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4107

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occulsion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-8-72 6:00 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

21f. HOW DID INJURY OCCUR? Natural Causes

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Steven Jablonski 583 (Degree or title) Deputy Coroner

23b. ADDRESS: 1214 Ada, Boise Idaho

23c. DATE SIGNED: 8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUGUST 12, 1972

24c. NAME OF CEMETERY OR CREMATORY: LOWER BOISE

24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Aug. 14, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: D. Conway Grant

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3593
Local Reg. No. 522
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002	d. STREET ADDRESS (If rural, give location): 2016 N. 28th St.

3. NAME OF DECEASED (Type or Print)	a. (First): Fay	b. (Middle): Viola Manilla	c. (Last): Williams	4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 15, 1897	9. AGE (In years last birthday): 74	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Myrtle Creek, Oregon	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME: Edward L. Wonacott	BIRTHPLACE: Decatur, Ill.	14. MOTHER'S MAIDEN NAME: Adeline Alice Hardin	BIRTHPLACE: Galesville, Oregon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-05-7219	17. INFORMANT'S OWN SIGNATURE: Robert Williams	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Mucinous cystadenocarcinoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	left ovary, with metastases to small bowel, colon, omentum,	unknown
DUE TO (c)	gall bladder & porta hepatis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	jaundice secondary to above	

19a. DATE OF OPERATION: 8/1/72	19b. MAJOR FINDINGS OF OPERATION: As above, jaundice due to tumor obstructing common bile duct	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Aug 8, 1972, *that I last saw the deceased alive on* 8/7/, 1972, *and that death occurred at* 2:12 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard O. Ogilvie 545 (Degree or title)	23b. ADDRESS: 201 E Bannock, Boise	23c. DATE SIGNED: 8/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 15, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-549

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3594
Local Reg. No. 515
Reg. Dist. No. 370

RECEIVED AUG 15 1972 011

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 1315 Capital Blvd. Space # 20

3. NAME OF DECEASED (Type or Print)	a. (First) Howard	b. (Middle) E.	c. (Last) Wade	4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 24, 1904	9. AGE (In years last birthday): 68 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 6	10b. KIND OF BUSINESS OR INDUSTRY: Barbering	11. BIRTHPLACE (State or foreign country): Decatur Co., Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Charles Wade	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Alice Plumb	BIRTHPLACE: Wisconsin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 507-05-5978 A	17. INFORMANT'S OWN SIGNATURE X Harley Wade	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardioneglia — 2 m

DUE TO (c) Arteriosclerotic Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, 19__, *to* Aug 8, 1972, *that I last saw the deceased alive on* Aug 7, 1972 *and that death occurred at* 5 AM *from the causes and on the date stated above.*

23a. SIGNATURE: M Chalcupka 088 (Degree or title) 412	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED: 8/9/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-11-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 14 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Paul Waggoner	LICENSE NO.: M-422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 10 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3595
Local Reg. No. 547
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hosp. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 218 So. Comm.

3. NAME OF DECEASED (Type or Print): a. (First) Bertha; b. (Middle) Francis; c. (Last) Nikirk
4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1972
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Jan. 28, 1902
9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): kitchen labor
10b. KIND OF BUSINESS OR INDUSTRY: hospital
11. BIRTHPLACE (State or foreign country): Carrollton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Oliver Elliott — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Warren — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-7478
17. INFORMANT'S OWN SIGNATURE: Jack L. Nikirk — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 188X Cancer of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/28/71
19b. MAJOR FINDINGS OF OPERATION: extensive cancer of bladder
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1970 to death, 19____, that I last saw the deceased alive on Aug 9, 1972, and that death occurred at 10 p m., from the causes and on the date stated above.

23a. SIGNATURE: F B Jeppesen 259 (Degree or Title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-12-72
24c. NAME OF CEMETERY OR CREMATORY: Emmett cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 8-22-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Walter Patty
LICENSE NO.: M-445
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 18 1972 Bureau of Vital Statistics

State File No. 3596
Local Reg. No. 526
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If this place): residence
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3905 Grover St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3905 Grover St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELEANOR	M.	REARICK	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 26, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Union, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Teresa Murray	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------		x John C. Rearick	Boise, Idaho

3949

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mitral insufficiency — 1 yr
DUE TO (c) arteriosclerotic heart disease — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
pulmonary emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/17/71, 19____, *to* 7/27/72, 19____, *that I last saw the deceased alive on* 7/27/72, 19____, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John C. Hyden 1018 (Degree or title) / M.D.	220 N. First Boise, Idaho	8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8012-1972	Cloverdale Mem. Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 18, 1972	Myrtle Palmer	Donald J. Gibson	M-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3597
Local Reg. No. 529
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 22 1972 dates

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place) 3 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location) Rt. 3

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) D. c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13, 1892	9. AGE (In years last birthday) 79; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Star, Idaho	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME William Lewis	BIRTHPLACE England		14. MOTHER'S MAIDEN NAME Sarah Hillman	BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-14-8376A		17. INFORMANT'S OWN SIGNATURE Ruth Lewis	ADDRESS Rt. 3 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA - resp. failure — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~[illegible]~~ cerebral arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* death, 19____, *that I last saw the deceased alive on* 9 Aug 72, 19____, *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Lee Gillaughs (Degree or title) 624	23b. ADDRESS 925 E 1st Meridian	23c. DATE SIGNED 11 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-12-72	24c. NAME OF CEMETERY OR CREMATORY Cloverdale	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Aug. 15, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Gary A. Cowger	LICENSE NO. M-526

FIRM NAME Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 6 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-8242

RECEIVED AUG 22 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3598
Local Reg. No. 535
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon 38
b. COUNTY: Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) c. (Last) Hanley

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Aug. 10, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months Days: 2 IF UNDER 24 HRS. Hours Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mike Hanley BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Judy Terry BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE ADDRESS: Michael Hanley USN

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7460

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Truncus arteriosus	birth
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Single ventricle with absent mitral valve	defects
DUE TO (c)	Coarctation of truncus	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe congestive failure	24 hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 August, 1972, *to* 11 August, 1972, *that I last saw the deceased alive on* 11 August, 1972, *and that death occurred at* 4:47 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J Noble MD 945 (Degree or title)

23b. ADDRESS: 620 W. Hays St. Boise, Idaho 83702

23c. DATE SIGNED: 15 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-15-72

24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley, Oregon

24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.: Aug. 18, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: James R. Dakan

LICENSE NO.: M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3599
Local Reg. No. 525
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 17 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6222 Elmer Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6222 Elmer Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ALICE	WARREN	Aug. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 11, 1920	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	LeFlore Co., Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Miles Collins	Oklahoma	Della Ethel Walker	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	569-26-5102	x Wm. J. Warren	6222 Elmore St. Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Bronchogenic Carcinoma, — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) lt lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/26/70	Adenocarcinoma, rt upper lobe	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/20/70, 19__, to 8/11/72, 19__, that I last saw the deceased alive on June 19, 19 72, and that death occurred at 8:15 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Healdren 236 Dir	201 W State St	15 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-14-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1972	Myrtle Palmer	Darrell D. Omasay	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

SEP 9 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate
Rec'd Aug 29, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3600
Local Reg. No. 534
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): yrs .
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1218 E. Bannock

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Kreider	Mooney	August 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 26, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self employed 2	Antique dealer	Red Lodge Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph B. Mooney	Iowa	Marie Kriedler	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW # 2	519-28-9246	Andrew P. Dembowski	Box 7212 Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) THROMBOSED CORONARY ARTERY — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY OCCUSSION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
NATURAL CAUSES		BOISE	ADA	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8-11-72 8:15 P.m.		NATURAL CAUSES

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Steven Johnson 583 (Degree or title) DEPUTY-CORONER	1214 Ada, Boise, Idaho	8-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8/13/72	Mt'n. View Crematory,	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Myrtle Palmer	Andrew P. Dembowski	M-527

FIRM NAME: Mountain View Funeral Home Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 21 1972

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 534
Reg. Dist. No. 370

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 26 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location): 1218 E. Bannock

3. NAME OF DECEASED (Type or Print) a. (First): Richard	b. (Middle): Kreidler	c. (Last): Mooney	4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 6-20-11	9. AGE (In years last birthday): 61; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed	10b. KIND OF BUSINESS OR INDUSTRY: Antique shop	11. BIRTHPLACE (State or foreign country): Red Lodge, Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Ralph B. Mooney	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Marie Kreidler	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW # 2	16. SOCIAL SECURITY NO.: 519-28-9246	17. INFORMANT'S OWN SIGNATURE: Andrew P. Dembowski	18. ADDRESS: Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Thrombosed Coronary Artery	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Occulsion	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL CAUSES	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP): BOISE (COUNTY): ADA (STATE): IDAHO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-11-72 8 15 p m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? NATURAL CAUSES	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Steven Jablonski (Degree or title): DEPUTY CORONER	23b. ADDRESS: 1214 Ada, Boise, Idaho	23c. DATE SIGNED: 8-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 8-17-72	24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 17 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Andrew P. Dembowski	LICENSE NO.: E-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 21 1972
AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 9 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 8 1976
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. JUL 24 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3601
Local Reg. No. 533
Reg. Dist. No. 370

RECEIVED AUG 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): residence
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 Ranch Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 815 Ranch Road

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) LOUISE c. (Last) HOLDREN
4. DATE OF DEATH (Month) (Day) (Year): August 12, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3, 1923
9. AGE (In years last birthday): 49 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY: Obstetrics
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James L. Hinson — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Beatrice Ann Vore — BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Robert Holdren — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Sever ennanilton

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): metas - for
DUE TO (c): Ca of Ovary

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Nov. 72
19b. MAJOR FINDINGS OF OPERATION: Ca of Ovary
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1972, *to* _____, 19____, *that I last saw the deceased alive on* Aug 11, 1972, *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gideon J Edge 944 (Degree or title) 1
23b. ADDRESS: 2121 College Blvd. Boise, Idaho
23c. DATE SIGNED:
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-15-1972
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Aug. 21 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clyde J Vassar
LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1972

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3602
Local Reg. No. 530
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 1139 E. Fairview Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle); c. (Last) Wang

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 26, 1898

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Choice, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unk Vitsie
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Clar Unk.
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 393-26-1505

17. INFORMANT'S OWN SIGNATURE: Clarence L. Wang
ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4183

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Unknown
INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
ASHD

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1971 *to* present, 19____, *that I last saw the deceased alive on* 11 Aug 72, 19____, *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lee Shelley (Degree or title) MD
23b. ADDRESS: 925 E 1st Meridian
23c. DATE SIGNED: 14 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 8-15-72
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug. 15 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gary A. Courage
LICENSE NO.: M-526
FIRM NAME: Robison-Jeppesen Chapel of the Chimes

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3603
Local Reg. No. 370
Reg. Dist. No. 538

BIRTH NO.

RECEIVED AUG 23 1972 011 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 4307 Albion St.

3. NAME OF DECEASED (Type or Print)	a. (First) Pearl	b. (Middle) Richard	c. (Last) Terry	4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 16, 1894	9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Cook	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Corder, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Crawford	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-16-1926A	17. INFORMANT'S OWN SIGNATURE: Rachel Terry	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1729

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Metastases	1 Month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Malignant Melanoma	5 Months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1972, *to* Aug 10, 1972, *that I last saw the deceased alive on* Aug 10, 1972, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James M Luce, MD 1044 (Degree or title)	23b. ADDRESS: 151 E. Bannock	23c. DATE SIGNED: 8-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8/14/1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: August 23, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer, JPB	25. EMBALMER: Ashley Scantlin	LICENSE NO.: M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 25 1972
OCT 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3604
Local Reg. No. 125
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE; c. LENGTH OF STAY (In this place): 16 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO	d. STREET ADDRESS (If rural, give location): 917 NORTH 27TH.

3. NAME OF DECEASED (Type or Print)	a. (First): WILLIAM	b. (Middle): H.	c. (Last): COOPER	4. DATE OF DEATH (Month) (Day) (Year): AUGUST 12, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: FEBRUARY 2, 1890	9. AGE (In years last birthday): 82; IF UNDER 1 YR. Months — Days —; IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION	11. BIRTHPLACE (State or foreign country): MINNESOTA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: SYLVESTER COOPER	BIRTHPLACE: UNKNOWN	14. MOTHER'S MAIDEN NAME: LAVINA DELANO	BIRTHPLACE: ILLINOIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-09-7641	17. INFORMANT'S OWN SIGNATURE: Jamie Bentley	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic heart disease	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic obstructive pulmonary disease	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. ~~I hereby certify that I~~ VA attended the deceased from JULY 27, 19 72 to AUGUST 12, 19 72, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE: FRED B. HINE, M.D. (Degree or title)	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 8-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: August 15, 1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 15, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 05 1988

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3605
Local Reg. No. 540
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 23 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7104 Sunnybrook Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARITY	MAY	DUNHAM	Aug. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 30, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Sperry, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Roberts	Ohio	Alice May Harris	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-12-1052	William R. Dunham	7104 Sunnybrook Dr. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular thrombosis with Coma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal Bronchopneumonia (10 da.)
DUE TO (c) Pulmonary Edema.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis & Bronchiectasis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Pulmonary Emphysema	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-27-69 *to* 8-13-72, *that I last saw the deceased alive on* 8-13-72, *and that death occurred at* 2:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Cepparo M.D.	311 Idaho St, Boise	8-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Removal	8-15-72	Sabbath Home Cemetery	Kirksville, Missouri	8-23-72	Myrtle Palmer	Lowell W. Summers	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
Sept 22, 1972

Certificate of Death

STATE OF IDAHO

State File No. 3606
Local Reg. No. 536
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
AUG 22 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Pearl Route

3. NAME OF DECEASED (Type or Print): a. (First) VIVIAN b. (Middle) A. c. (Last) HANLEY
4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1922
9. AGE (In years last birthday): 49 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Oak, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: William Roy Adams — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Margaret Elizabeth Ford — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-36-1035
17. INFORMANT'S OWN SIGNATURE: Vale L. Hanley — ADDRESS: Pearl Route Eagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1830 Gram negative septremia — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Leukopenia — 2 days
DUE TO (c) ~~CA~~ Adenocarcinoma of ovary — 6 Mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26, 1972, *to* 8/9, 1972, *that I last saw the deceased alive on* 8/9, 1972, *and that death occurred at* 10:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: James M Luce (Degree or title) M.D
23b. ADDRESS: 151 E. Bannock St
23c. DATE SIGNED: 8/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-72
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-22-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert J. Clifford
LICENSE NO.: M-554
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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9 20 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 22 3 40 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. .....

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Vivian A. Hanley (Name on Original Certificate) who died (Was Born or Died) on Aug. 14, 1972 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Social Security No.	519-14-1035	519-36-1035

Subscribed and sworn to before me this 20th day of September, 1972

Genevieve Creswell

Notary Public, residing at Boise

My commission expires Sept 10, 1974

(Seal)

Signed Adele McMurtrey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3214 Crescent Rd. Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September 1972

Genevieve Creswell

Notary Public, residing at Boise

My commission expires Sept 10, 1972

(Seal)

Signed Howell L. Maray

(Signature of Any Credible Person)

2111 Ellis Ave. Boise Idaho

(Street Address, City, State)

FORM DH 60-155

Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3607
Local Reg. No. 131
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 807 NECTARINE

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): R.
c. (Last): HAY

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 14, 1972

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-26-17
9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months — Days —
IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOBILE
11. BIRTHPLACE (State or foreign country): MONTANA
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ANDREW HAY
BIRTHPLACE: IOWA
14. MOTHER'S MAIDEN NAME: MARY SCAUGHNESY
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 520-14-3807
17. INFORMANT'S OWN SIGNATURE: Claudia Renee Hale
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH 4309
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aneurism, cerebral artery — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ I attended the deceased from AUGUST 9, 1972, to AUGUST 14, 1972 ~~[illegible]~~ and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE: FRED B. HINE, M.D. Fred B. Hine MD
(Degree or title): 597
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-72
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 8-23-72
REGISTRAR'S SIGNATURE: Myrtle Palmer MD.
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: M-481
FIRM NAME: Flahiff Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 8 1972
SEP 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 3 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3608
Local Reg. No. 370
Reg. Dist. No. 537

RECEIVED AUG 23 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location) 2911 Tamarack

3. NAME OF DECEASED (Type or Print) a. (First) Susie	b. (Middle) Ellen	c. (Last) Hiner	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1972	
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14, 1892	9. AGE (In years last birthday) 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (State or foreign country) Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Butler	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME Louisa E. Knox	BIRTHPLACE Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-24-9133D	17. INFORMANT'S OWN SIGNATURE + Margaret E. Togerson	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial Infarction	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Aug, 1972, *to* 15 Aug, 1972, *that I last saw the deceased alive on* 15 Aug, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE George B. Jaume 1016 (Degree or title)	23b. ADDRESS 6003 Overland Rd	23c. DATE SIGNED 18 Aug 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial; 24b. DATE Aug. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. August 23 1972; REGISTRAR'S SIGNATURE Myrtle Palmer/JB	25. EMBALMER [signature]	LICENSE NO. M-549

FIRM NAME Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3609

State File No.
Local Reg. No. 574
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 1 month
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mountain Home
d. STREET ADDRESS (If rural, give location) Star Rt. "B" Box 5A

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MRS.	DORIS	LOUISE LANGFORD	August 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 20, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sullivan, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
-	-	-	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	564-22-8569	Joe M. Langford	Mt. Home, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1420

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Parotid gland — INTERVAL BETWEEN ONSET AND DEATH 14 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 23, 1972 to Aug 16, 1972, that I last saw the deceased alive on Aug 16, 1972, and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ward E. Hickey 984 (Degree or title) MD	102 Warm Springs Boise	9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/19/72	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 8 1972	Myrtle Palmer	Cecil Smith	M-403

FIRM NAME Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 23 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3610
Local Reg. No. 542
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 708 Village Lane

3. NAME OF DECEASED (Type or Print)	a. (First) DALENA	b. (Middle)	c. (Last) SULLIVAN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 27, 1902	9. AGE (In years last birthday): 69; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: (Unknown) Thompson	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 518-01-5143	17. INFORMANT'S OWN SIGNATURE: James A. Phillips	ADDRESS: Calgary, Alberta Canada	

3032

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metabolic acidosis	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Malnutrition	unknown
DUE TO (c)	Acute and Chronic alcoholism	several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Aug, 1972, *to* 17 Aug, 1972, *that I last saw the deceased alive on* 17 Aug, 1972, *and that death occurred at* 9:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1016 (Degree or title)	23b. ADDRESS: 6003 Overland Rd	23c. DATE SIGNED: 21 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-22-72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 8-23-72	REGISTRAR'S SIGNATURE: Myrtle Palmer HO.	25. EMBALMER: Howell D. Kelmaray	LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3611
Local Reg. No. 544
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 24 1972 011

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau of Vital Statistics c. LENGTH OF STAY (In this place) 5 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Luke's Hospital 002	d. STREET ADDRESS (If rural, give location) 11 N. Orchard

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE	b. (Middle) J.	c. (Last) DURAND	4. DATE OF DEATH (Month) (Day) (Year) August 16, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 24, 1881	9. AGE (In years last birthday) 90 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Appleton City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME C. C. Peeler	BIRTHPLACE South Carolina	14. MOTHER'S MAIDEN NAME Mary McDavid	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 572-34-9612B	17. INFORMANT'S OWN SIGNATURE Mrs Mildred Gardner	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio Vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~Aug 16 1972~~ m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Aug, 1972, *to* 16 Aug, 1972, *that I last saw the deceased alive on* 16 Aug 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 357 (Degree or title)	23b. ADDRESS Boise Ida	23c. DATE SIGNED 8-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-19-72	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	24d. LOCATION (City, town, or county) Boise, Idaho (State)
DATE REC'D BY LOCAL REG. 8-24-72	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Clyde J. Vassar	~~LICENSE~~ NO. M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1972

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3612
Local Reg. No. 130
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 15 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITE BIRD
d. STREET ADDRESS (If rural, give location): UNKNOWN

3. NAME OF DECEASED (Type or Print): a. (First) DALE; b. (Middle) LAWRENCE; c. (Last) TIPTON

4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 5, 1911

9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months ___ Days ___
IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MARION TIPTON
BIRTHPLACE: OREGON

14. MOTHER'S MAIDEN NAME: INEZ C. COLE
BIRTHPLACE: IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 519-01-0157

17. INFORMANT'S SIGNATURE: Ronnie Bentley
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

4444

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Infarction, Right — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Embolism — Unknown
DUE TO (c) Phlebothrombosis of lower extremities — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. VA attended the deceased from AUGUST 1, 19 72 to AUGUST 16, 19 72 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): RAYMOND J. BUNGARD, M.D.
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 8-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-16-72
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: 8-22-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER
LICENSE NO.: M-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3613
Local Reg. No. 555
Reg. Dist. No. 370

RECEIVED AUG 31 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1300 East Bannock Street

3. NAME OF DECEASED (Type or Print): a. (First) L. b. (Middle) HOLLIS c. (Last) PETTERSON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 8, 1878

9. AGE (In years last birthday): 93
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Labette Co., Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James M. Edmundson
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Emma C. Hayes
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-60-0594

17. INFORMANT'S OWN SIGNATURE: Emmy Lou Bodell
ADDRESS: 1300 E. Bannock St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition + old age — 5 years
DUE TO (c): generalized arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 19 72 to Aug. 16, 19 72, that I last saw the deceased alive on Aug. 16, 19 72, and that death occurred at 3:35 P.M. from the causes and on the date stated above.

23a. SIGNATURE: C.A. Blackburn 046 (Degree or title) MD

23b. ADDRESS: Boise, Ida

23c. DATE SIGNED: 29 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-19-72

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: Aug 31, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer /gb

25. EMBALMER: Dale McMurtrey

LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. **INFORMANT** SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3614
Local Reg. No. 588
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Newland Trailer Court

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
a. (First) Hester	b. (Middle) Lou	c. (Last) Nippert	Aug. 16 1972	Female	White	never married	Aug. 23, 1947	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
habilitation therapist	hospital	Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donn Nippert	Ohiowa, Nebraska	Anita Reeves	Border, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-58-0724	Donn N. Nippert	Melba, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe closed head — INTERVAL BETWEEN ONSET AND DEATH: 48 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): injury
DUE TO (c): Auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Blunt abd. trauma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Liver laceration	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/14, 19 72 to 8/16, 19 72, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:55 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Hawkins MD	701 Idaho Boise	9/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 21, 1972	Melba Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1972	Myrtle Palmer	Richard W. Mesenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 15 1972

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3615
Local Reg. No. 545
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give) Boise c. LENGTH OF STAY (In this place) 6 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Luke's Hospital 002	d. STREET ADDRESS (If rural, give location) 603 Allumbaugh

3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE	b. (Middle) DEPEW	c. (Last) BEATTIE	4. DATE OF DEATH (Month) (Day) (Year) August 17, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1890	9. AGE (In years last birthday) 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent 2	10b. KIND OF BUSINESS OR INDUSTRY Holly Sugar Corp.	11. BIRTHPLACE (State or foreign country) Sterling, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David Beattie	BIRTHPLACE Scotland	14. MOTHER'S MAIDEN NAME Park Kirby	BIRTHPLACE Colorado	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 516- 05-2305A	17. INFORMANT'S OWN SIGNATURE X Margaret H Beattie	ADDRESS

493X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple Pulmonary Emboli	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchial Asthma	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Aug, 1972 *to* 17 Aug, 1972, *that I last saw the deceased alive on* 17 Aug 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE George [illegible] 1016 (Degree or title)	23b. ADDRESS 6003 Overland Rd	23c. DATE SIGNED 22 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-19-72	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 8-24-72	REGISTRAR'S SIGNATURE Myrtle Palmer HO.	25. EMBALMER Clyde J. Vassar	LICENSE NO. M-535

FIRM NAME Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 25 1974
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3616
Local Reg. No. 562
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 7 - 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): HOME 011
d. FULL NAME OF HOSPITAL OR INSTITUTION: MRS NELSON'S RESTHAVEN RETIRE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MERIDIAN
d. STREET ADDRESS (If rural, give location): RT# ROLLING DRIVE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRTLE	L.	WHITFORD	AUG. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	JUNE 27, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MINNEAPOLIS, MINN.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE NORMAN	Unknown	BERTHA (unknown)	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
NO	---	Doris O Lofsvold

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7824

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Degge M.D. 176	Boise	8-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	AUG. 21, 1972	RIVERSIDE MEMORIAL PARK	SPOKANE, WASH.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 1 1972	Myrtle Palmer	L. Conway Hurst	4784

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 7 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3617
Local Reg. No. 551
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 333

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 342 E. Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) E. c. (Last) Carter
4. DATE OF DEATH: (Month) August (Day) 17, (Year) 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1876
9. AGE (In years last birthday): 95 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burlington Junction, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David C. Robison BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Elizabeth King BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-32-1605B
17. INFORMANT'S OWN SIGNATURE: Ray Palmer ADDRESS: 342 E. Broadway Meridian, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4379 respiratory failure
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (R) lower leg thrombophlebitis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1964, 19__, to present, 19__, that I last saw the deceased alive on 15 Aug 72, 19__, and that death occurred at 7:25a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Lee Sullivan MD 624
23b. ADDRESS: 925 E 1st Meridian
23c. DATE SIGNED: 21 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1972
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county): Meridian (State): Idaho

DATE REC'D BY LOCAL REG.: 8-29-72
REGISTRAR'S SIGNATURE: Myrtle Palmeter
25. EMBALMER: Mary A. Cowger LICENSE NO.: M-526
FIRM NAME: Robison Chapel of The Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3618
Local Reg. No. 541
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 23 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6208 Butte Street

3. NAME OF DECEASED (Type or Print): a. (First) DONALD b. (Middle) F. c. (Last) HARTLEY

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 5, 1905

9. AGE (In years last birthday): 67
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 5

10b. KIND OF BUSINESS OR INDUSTRY: Federal Gov.

11. BIRTHPLACE (State or foreign country): Preston, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hartley
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Maude Myrtle Wise
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 523-14-8209

17. INFORMANT'S OWN SIGNATURE: Vilas M. Hartley
ADDRESS: 6208 Butte St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3959

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aortic stenosis — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary emphysema — 7 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1964, to Aug 17, 1972, that I last saw the deceased alive on Aug 14, 1972, and that death occurred at 3:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Paul F. Miner M.D. 364

23b. ADDRESS: 1333 W. Jefferson St Boise Idaho 83702

23c. DATE SIGNED: 8/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-21-72

24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-23-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Dale McMurtrey

LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 23 1972
SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3619
Local Reg. No. XXX 133
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 25 1972

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3, So. Cole Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 3, So. Cole Road

3. NAME OF DECEASED (Type or Print): a. (First) Claude b. (Middle) William c. (Last) Henderson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1900

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Nazarene Church

11. BIRTHPLACE (State or foreign country): Bedford, Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: William Henderson
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Mary
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 316-38-8121

17. INFORMANT'S OWN SIGNATURE: Elmira Copkins Henderson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary asteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 27 June, 1967, *to* 18 Aug, 19 72, *that I last saw the deceased alive on* 17 Aug, 19 72 *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Kerg Attebery (Degree or title): MD
23b. ADDRESS: 401 Idaho St Boise Idaho
23c. DATE SIGNED: 24 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-25-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER:
LICENSE NO.: M-549
FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED AUG 23 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3620
Local Reg. No. 543
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location): 6410 Poplar Street

3. NAME OF DECEASED (Type or Print)	a. (First): HAZEL	b. (Middle): E.	c. (Last): KNAPEK	4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 19, 1921	9. AGE (In years last birthday): 51; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Salem, Oregon	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Hart	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Kathie Scott	BIRTHPLACE: South Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 518-30-9712	17. INFORMANT'S OWN SIGNATURE: Anthony Knapek	ADDRESS: 6410 Poplar St. Boise, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

174X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Breast Cancer — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10, 1971, *to* 8/18/72, 19____, *that I last saw the deceased alive on* 8/18, 1972, *and that death occurred at* 4:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 011 (Degree or title)	23b. ADDRESS: 848 La Cassia Boise	23c. DATE SIGNED: 8/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 8-21-72	24c. NAME OF CEMETERY OR CREMATORY: Mtn View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 8-23-72	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Howell Hemaray	LICENSE NO.: M-509

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MOUNTAIN VIEW CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3621
Local Reg. No. 539
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: TREASURE VALLEY MANOR 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 5031 BEL AIR

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) A. c. (Last) FISHER

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 18, 1972

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 5, 1896

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): LA CROSSE, WISCONSIN

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: PETER WIEDERMAN BIRTHPLACE: GERMANY

14. MOTHER'S MAIDEN NAME: ANNA ECKERT BIRTHPLACE: LA CROSSE, WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-44-0073

17. INFORMANT'S OWN SIGNATURE ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2041 Leukemia - Chronic Lymphatic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1972, *to* Aug 18, 1972, *that I last saw the deceased alive on* Aug 18, 1972, *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 333 (Degree or title)

23b. ADDRESS 808 La Cassia Dr Boise

23c. DATE SIGNED 8/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUG. 21, 1972

24c. NAME OF CEMETERY OR CREMATORY: SUNSET MEMORIAL

24d. LOCATION (City, town, or county) (State): TWIN FALLS, IDAHO

DATE REC'D BY LOCAL REG.: 8-23-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: L. Conway Grant — **LICENSE NO.**: M478

FIRM NAME: REILLEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 23 1972
DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 03 1998
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3622
Local Reg. No. 558
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 6 - 1972 011 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon 38
b. COUNTY: Jackson 035
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BUETTA	KAY	JACKSON	Aug. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	9-18-1948	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Visalia, Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wallace	Oklahoma	Buetta Iolene Kingsley	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
-------	-------		John M Wallace	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

480X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Viral Pneumonia ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/18/72, to 8/18/72, that I last saw the deceased alive on 8/18/72 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Edward Kinder 381 (Degree or title) MD	Boise, Idaho	8/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem- bur-	8-19-72	Ashland	Ashland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 1 1972	Myrtle Palmer	L. Dale Thomason	M-388

FIRM NAME: Northam-Jones Service

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 - 1972

SEP 8 1972

MAR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3623
Local Reg. No. 560
Reg. Dist. No. 370

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 2285 S. Maple Grove Road

3. NAME OF DECEASED (Type or Print)	a. (First): JAMES	b. (Middle): G.	c. (Last): ARNOLD	4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 31, 1892	9. AGE (In years last birthday): 79 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY: Highway Dept.	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel Arnold	BIRTHPLACE: Pennsylvania	14. MOTHER'S MAIDEN NAME: Lydia Sigler	BIRTHPLACE: Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 507-24-0969	17. INFORMANT'S OWN SIGNATURE: x Ella F Arnold	ADDRESS: 2285 S. Maple Grove Boise, Idaho	

4389

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral & Cardio Vascular artery disease	progressive
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Adenocarcinoma of Prostate Latent Diabetes	2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/12, 1957, *to* 8-21, 1972, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 318 (Degree or title) MD.	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Aug. 29 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3624
Local Reg. No. 132
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 40 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1124 GRAND

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	NATHANIEL	ROBINSON	AUGUST 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	NEGRO	MARRIED	FEBRUARY 26, 1919	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SHOE SHINER	SAME	WEST VIRGINIA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CHARLES ROBINSON	VIRGINIA	SARAH BUFORD	GEORGIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
YES	WWII	231-09-9907	Thomas Bentley	VA HOSPITAL RECORDS BOISE, IDAHO

5710

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cirrhosis of liver	many years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic alcoholism	many years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY occur?
VA m.		

22. [redacted] attended the deceased from JULY 12, 1972, to AUGUST 21, 1972, [redacted] [redacted], and that death occurred at 4:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
DANIEL KLEIN, MD. Daniel Klein M.D.	VA CENTER BOISE, IDAHO	8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-24-72	Syringa Gardens	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-72	Myrtle Palmer	Robert G. Lon	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3625
Local Reg. No. 548
Reg. Dist. No. 370

BIRTH NO. 72-8749

RECEIVED AUG 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Y)
TRAVIS	VICTOR	JONES	August 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Aug. 18, 1972		4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant		McCall, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Victor Gordon Jones	Idaho	Opal McHan	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Victor A. Jones	McCall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Neonatal septicemia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 August, 1972, to 21 August, 1972, that I last saw the deceased alive on 21 August, 1972 and that death occurred at 9:05P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J Noble MD 945 (Degree or title)	620 W. Hays St. Boise, Idaho 83702	25 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug 23, 1972	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-72	Myrtle Palmer		M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DR-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3626
Local Reg. No. 129
Reg. Dist. No. XX 371

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 W 36th St.		d. STREET ADDRESS (If rural, give location): 213 W. 36th St.	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Arthur	Herron	Aug. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 21, 1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self Employed	Dray Business	Huntington, Ore.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isick Herron	Ohio	Isabell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-36-1894	Rachel Herron	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* As Coroner only...Did not see alive *, 19 , to , 19 , at* XXXXXXXXXXXXXXXXXX *, and that death occurred at* 2:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn Jackman 503 Deputy Coroner 4	Boise, Idaho	8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-26-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-72	Myrtle Palmer	Alden-Waggoner Chapel	M-549

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972
APR 16 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3627
Local Reg. No. 549
Reg. Dist. No. 370

RECEIVED AUG 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (In this place): 36 Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4420 Rim Street 000	d. STREET ADDRESS (If rural, give location): 4420 Rim Street

3. NAME OF DECEASED (Type or Print)	a. (First): MERLE	b. (Middle): JAMES	c. (Last): HOSFORD	4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 16, 1907	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor of Transp. 2	10b. KIND OF BUSINESS OR INDUSTRY: Atlantic Richfield	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Emmett Hosford	BIRTHPLACE: Montana	14. MOTHER'S MAIDEN NAME: Grace Kimble	BIRTHPLACE: Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 518-09-0846	17. INFORMANT'S OWN SIGNATURE: Mary Ellen Hosford	ADDRESS: 4420 Rim St. Boise, Idaho

1621

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Lung Cancer — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1971, *to* Aug 22, 1972, *that I last saw the deceased alive on* Aug 8, 1972, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M M Rubbholder, M.D. 071 (Degree or title)	23b. ADDRESS: 848 La Cassia, Boise	23c. DATE SIGNED: 8/24/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-25-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 8-28-72	REGISTRAR'S SIGNATURE: Myrtle Palmer HO	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 28 1972

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3628
Local Reg. No. 561
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2211 Ray St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Audrey	I.	Shaffer	August 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 23, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Falls City, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen L. Travis	Kansas	Maude Graham	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-24-8717	Gordon L. Buck	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Intra-cranial arterial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1951 *to* 8-22 1972 *that I last saw the deceased alive on* 8-22 1972 *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E Kenrick	288 MD	1819 Cleveland Caldwell Idaho	8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-25-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 1, 1972	Myrtle Palmer	Clyde McMurtrey	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972
SEP 29 1972
OCT 21 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 11 1982
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 29 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3629
Local Reg. No. 550
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 3614 North Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Dewey	b. (Middle) Warren	c. (Last) Gearhart	4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 18, 1898	9. AGE (In years last birthday): 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lineman 5	10b. KIND OF BUSINESS OR INDUSTRY: Idaho Pwr, Co.	11. BIRTHPLACE (State or foreign country): McClelland, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: William Riley Gearhart — BIRTHPLACE: Ill.		14. MOTHER'S MAIDEN NAME: Martha L. Ridgeway — BIRTHPLACE: Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-07-2820	17. INFORMANT'S OWN SIGNATURE: x Verda Gearhart	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular lesions

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19 Aug 18, 1972, *to* _____, 19__, *that I last saw the deceased alive on* March 19 *and that death occurred at* 2:30 p.m. *from the causes and on the date stated above.* 8/18/72

23a. SIGNATURE: [signature] 306 (Degree or title)	23b. ADDRESS: Boise Ida	23c. DATE SIGNED: 8/28/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-25-1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 8-29-72	REGISTRAR'S SIGNATURE: Myrtle Palmer HO.	25. EMBALMER: [signature]	LICENSE NO.: M-549

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972
FEB 1 1973
AUG 22 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3630
Local Reg. No. 552
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3527 Federal Way #46

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHRYN	BELLE	ROUTSON	Aug. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never-married	May 20, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marker	Troy Laundry	Cheyenne, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Routson	Wyoming	Chloe Anne Church	Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-07-7178	C C Wade	3527 Federal Way Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Arrhythmia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Ischemia
DUE TO (c): Coronary Atherosclerosis Severe

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 15, 1958, *to* Aug 24, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:20 AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Routson	261 MD	Boise Ida	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-28-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-29-72	Myrtle Palmer	Lowell A Summers	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972

FEB 10 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3631
Local Reg. No. 135
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (rural)
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Route # 3 001

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (rural)
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Roy	Heater	August 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Jan. 29, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Thornburg, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John D. Heater	Ohio	Julie Fricker	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-5970A	X Mrs. Carl Starr	6025 Peg St. Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) THROMBOSED CORONARY ARTERY — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY OCCULSION
DUE TO (c) ARTERIAL SCLOROTIC HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
NATURAL CAUSE		BOISE	ADA	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX	21f. HOW DID INJURY OCCUR?
8-24-72 8:15 A. m.		NATURAL CAUSES

22. *I hereby certify that I attended the deceased from* _____ 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	583 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jackson M.D.	DEPUTY-CORONER 4	1214 Ada BOISE IDAHO	8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug. 28, 1972	Cloverdale Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-29-72	Myrtle Palmer Reg.	Gary A. Cowger	M-526

FIRM NAME: Robison Chapel of The Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3632
Local Reg. No. 554
Reg. Dist. No. 370

RECEIVED AUG 31 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KUNA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ALPHONSUS HOSPITAL 003	d. STREET ADDRESS (If rural, give location) RT. #1 902 OWYHEE AVE.

3. NAME OF DECEASED (Type or Print) a. (First) WAYNE	b. (Middle)	c. (Last) INSELMAN	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 24, 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT.22, 1890
9. AGE (In years last birthday) 81	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 7	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) BELLVUE, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN INSELMAN	BIRTHPLACE MICHIGAN	14. MOTHER'S MAIDEN NAME BEULAH ASHLEY	BIRTHPLACE MICHIGAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 32 2157	17. INFORMANT'S OWN SIGNATURE Roy Inselman	ADDRESS Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5513

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia aspiration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hiccups Chronic 6da

DUE TO (c) Hiatal Hernia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Ht Disease old

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Bronchopneumonia

20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18 — *,* 1972 *, to* Aug 24 *,* 1972 *, that I last saw the deceased alive on* Aug 24 1972 *and that death occurred at* 2:20 *m. from the causes and on the date stated above.*

23a. SIGNATURE Carl B. Smithson MD 484 (Degree or title)	23b. ADDRESS Boise Idaho	23c. DATE SIGNED Aug-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG.26,1972	24c. NAME OF CEMETERY OR CREMATORY CLOVERDALE	24d. LOCATION (City, town, or county) BOISE IDAHO (State)
DATE REC'D BY LOCAL REG. 8-31-72	REGISTRAR'S SIGNATURE Myrtle Palmer HO.	25. EMBALMER G Conway Grant	LICENSE NO. M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

7802

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3633
Local Reg. No. 580
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 9910 Sunflower Lane

3. NAME OF DECEASED (Type or Print): a. (First) DOUGLAS b. (Middle) C. c. (Last) YENSEN

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 25, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 3, 1909

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prison Guard 6

10b. KIND OF BUSINESS OR INDUSTRY: Prison

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Douglas Yensen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Belle Greenup
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-09-2606

17. INFORMANT'S OWN SIGNATURE: x Lucile Yensen
ADDRESS: 9910 Sunflower Ln. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Cancer of Lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Met. to Brain
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1972 *to* August, 1972 *that I last saw the deceased alive on* August 25, 1972, *and that death occurred at* 10:30 PM *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 784

23b. ADDRESS: 401 Idaho, Boise, Idaho

23c. DATE SIGNED: 9-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 29, 1972

24c. NAME OF CEMETERY OR CREMATORY: Holmes Cemetery

24d. LOCATION (City, town, or county) (State): Valley County, Idaho

DATE REC'D BY LOCAL REG.: Sept. 11, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Robert G. Rose

LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 7 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3634
Local Reg. No. 135
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) XXXXXXX Boise c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley View Rest Home 213	d. STREET ADDRESS (If rural, give location) 736 W 1st St.

3. NAME OF DECEASED (Type or Print)	a. (First) Nellie	b. (Middle) M.	c. (Last) McFarland	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 25, 1888	9. AGE (In years last birthday) 84 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Caldwell, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clinton Meyers	BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Elizabeth Shaffer	BIRTHPLACE Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-36-2260A	17. INFORMANT'S OWN SIGNATURE X Gerald J Cox	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	THROMBOSED CORONARY ARTERY	IMMEDIATE
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CONGESTIVE HEART FALIURE	CHRONIC
DUE TO (c)	ARTERIAL SCLOROTIC HEART DISEASE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL CAUSES	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) BOISE (COUNTY) ADA (STATE) IDAHO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-25-73 4:05 A.M.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX	21f. HOW DID INJURY OCCUR? NATURAL CAUSES	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 583 (Degree or title) 4 DEPUTY-CORONER	23b. ADDRESS 1214 Ada BOISE, IDAHO	23c. DATE SIGNED 8-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Sept. 5 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER James R. Dakan	LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3635
Local Reg. No. 553
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2507 S. Orchard

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) Mae c. (Last) King

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1909

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Young County, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. C. Owen
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Sophia Makeig
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 463-10-6307

17. INFORMANT'S OWN SIGNATURE: Paul A. King
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoid of the rectum with metastases
INTERVAL BETWEEN ONSET AND DEATH: 3½ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastases to the liver and lungs

19a. DATE OF OPERATION: April, 1969

19b. MAJOR FINDINGS OF OPERATION: As above

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1964, *to* 8-25, 1972, *that I last saw the deceased alive on* 8-25 1972 *and that death occurred at* 12:00 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD

23b. ADDRESS: 401 Idaho St., Boise, Idaho

23c. DATE SIGNED: 8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 28, 1972

24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-30-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl Waggoner

LICENSE NO.: M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 19 1972

State File No. 3636
Local Reg. No. 146
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 324 DAYS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: V. A. Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): IDAHO VETERANS HOME, 320 COLLINS ROAD

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RALPH	ADOLPH	CARLSON	AUGUST 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	AUGUST 19, 1913	59	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	SAME	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CARL G. CARLSON	SWEDEN	HELGA LEANE	NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES WWII	519-16-6243	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

1481

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Intra peritoneal hemorrhage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gastrostomy	6 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Squamous cell carcinoma of pyriform sinus, right, recurrent	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	AUTOPSY Yes / No
Oct. 7, 1971	Squamous cell carcinoma of pyriform sinus, right, c laryngectomy	Yes X / No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. VA attended the deceased from SEPTEMBER 7, 1971, to AUGUST 27, 1972, and that death occurred at 1:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Physician or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. LAXSON, M.D. 597	VA CENTER, BOISE, IDAHO	8-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/31/72	Mt. View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15 1972	Myrtle Palmer	[signature]	M-410

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3637
Local Reg. No. 575
Reg. Dist. No. 370

BIRTH NO. 72-8314

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2008 Walnut

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hope		Woolery	Aug. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	never married	Aug. 28, 1972			4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James R. Woolery	Caldwell, Ida.	Danette Scott	McCook, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	None	Danette Woolery

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

0389

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Septicemia of newborn — INTERVAL BETWEEN ONSET AND DEATH: birth

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extreme prematurity (25-26 wk) — INTERVAL BETWEEN ONSET AND DEATH: "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CNS Hemorrhage suspected — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 28 August, 19 72 *to* 28 August, 19 72, *that I last saw the deceased alive on* 28 August, 19 72, *and that death occurred at* 11:45 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J Noble MD	945 /	620 W. Hays St. Boise, Idaho 83702	7 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9/6/1972	Mtn. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 8 1972	Myrtle Palmer	Wesley Martin	M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3638
Local Reg. No. 560
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2706 W. Jefferson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2706 W. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mamie
b. (Middle): Mary
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1891
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Corral, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Kromrei — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Emma Andregg — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-8287B
17. INFORMANT'S OWN SIGNATURE: Robert Sharples Jr. — ADDRESS: 480 E Blaemere Boise Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): coronary arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28, 1965, *to* 8-28, 1972, *that I last saw the deceased alive on* 20/m, 1972, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh Atchley Jr. MD (Degree or title) 014
23b. ADDRESS: 401 Idaho Boise Ida
23c. DATE SIGNED: 31 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/31/1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Alesley Scantlin
LICENSE NO.: M-549

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALDEN-WAGGONER CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3639
Local Reg. No. 571
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Iowa
b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Percival
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Laura	L.	Lemrick	Aug. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 2, 1928	44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	self	Nebraska City, Neb.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence Barrett	Kansas	Lois Stiles	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	505-30-2277	Gary A Hudnall	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Head injury — INTERVAL BETWEEN ONSET AND DEATH: 3hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	10	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David Weeks MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	9/2/72	Hamburg Cemetery	Hamburg, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 7 1972	Myrtle Palmer	Fremont C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

MAY 28 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 12 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3640
Local Reg. No. 576
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): Residence	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2128 W. State Street	d. STREET ADDRESS (If rural, give location): 2128 W. State Street

3. NAME OF DECEASED (Type or Print) a. (First): ELVA	b. (Middle): ----	c. (Last): LeROUX	4. DATE OF DEATH (Month) (Day) (Year): August 30, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 25, 1886	9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Oregon	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Hiram L. Kirk	BIRTHPLACE: Oregon	14. MOTHER'S MAIDEN NAME: Mary Evans	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 518 09 4609 D	17. INFORMANT'S OWN SIGNATURE: Mrs Philip G Waters	ADDRESS: Woodburn, Oregon	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1971, *to* Aug 30, 1972, *that I last saw the deceased alive on* 4-20, 1971, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner 364 (Degree or title) MD.	23b. ADDRESS: 1333 W. Jefferson St Boise, Idaho	23c. DATE SIGNED: 9/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-1-1972	24c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery	24d. LOCATION (City, town, or county) (State): Colma, California
DATE REC'D BY LOCAL REG.: Sept. 8, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde Vassar	LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3641
Local Reg. No. 566
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1908 S. Eagleson Road

3. NAME OF DECEASED (Type or Print): a. (First) MELVIN; b. (Middle) J.; c. (Last) LARSEN

4. DATE OF DEATH: (Month) Aug. (Day) 30, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1912

9. AGE (In years last birthday): 60
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans P. Larsen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mary Rassmusen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-09-1124

17. INFORMANT'S OWN SIGNATURE: Betty Lou Larsen
ADDRESS: 1908 S. Eagleson Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/30/72, 19__, *to* 8/30/72, 19__, *that I last saw the deceased alive on* 8/30/72, 19__, *and that death occurred at* 9 10p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John C. Hyden, 1018 (Degree or title) /

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek

24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Robert G. Ross

LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 8 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3642
Local Reg. No. 557
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2225 NEZPERCE

3. NAME OF DECEASED (Type or Print): a. (First) ZELL b. (Middle) MABEL c. (Last) AUDETTE
4. DATE OF DEATH: (Month) (Day) (Year) AUG. 30, 1972
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 12, 1903
9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CYLINDER, IOWA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: EDGAR HOVIS
BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: MABEL DURANT
BIRTHPLACE: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 543-24-6994-A
17. INFORMANT'S OWN SIGNATURE: x Fred E Audette
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 4123 ocats

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 19 54 *to* 8-30, 19 72, *that I last saw the deceased alive on* 8-30, 19 72, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W D Tony 173 (Degree or Title) M D
23b. ADDRESS: 425 Bannock Boise
23c. DATE SIGNED: 8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: SEPT. 2, 1972
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Sept. 6, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: H. Conway Grant
LICENSE NO.: M478
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 - 1972
JAN 22 1973
NOV 23 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3643
Local Reg. No. 564
Reg. Dist. No. 370

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2133 W. Boise Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): Ada
c. (Last): Sparks

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1972

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 4, 1889
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired-telephone empl. 3
10b. KIND OF BUSINESS OR INDUSTRY: telephone ind.
11. BIRTHPLACE (State or foreign country): San Diego, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert E. Woodruff — BIRTHPLACE: Marietta, Ohio
14. MOTHER'S MAIDEN NAME: Carrie Huscher — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 518-07-2162
17. INFORMANT'S OWN SIGNATURE: Laverna A Nelson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Breast Cancer — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1969, *to* 8-31, 1972, *that I last saw the deceased alive on* 6-12, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 071 (Degree or title) MD
23b. ADDRESS: 848 La Cassia, Boise
23c. DATE SIGNED: 9/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 7, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-549

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

~~SEP 8 - 1972~~
SEP 8 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 13 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 23 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 14 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3644
Local Reg. No. 137
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): IDAHO STATE SOLDIER'S HOME

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) M. c. (Last) MOORE
4. DATE OF DEATH (Month) (Day) (Year): AUGUST 31, 1972
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-6-86
9. AGE (In years last birthday): 86 — IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED NURSE
10b. KIND OF BUSINESS OR INDUSTRY: NURSING
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN F. MOORE — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: SARAH L. SMITH — BIRTHPLACE: INDIANA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 518-38-2600
17. INFORMANT'S SIGNATURE: Claudia Rence Hall — ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of larynx — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I [redacted] attended the deceased from AUGUST 28, 19 72 to AUGUST 31, 19 72, [redacted] and that death occurred at 10:20a m., from the causes and on the date stated above.

23a. SIGNATURE: FRED B. HINE, M.D. 597 (Degree or title) — Fred B. Hine M.D.
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 9-6-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-72
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho
DATE REC'D BY LOCAL REG.: Sept. 11, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gary A. Cowger
LICENSE NO.: M-526
FIRM NAME: Robison-Jerred Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3645
Local Reg. No. 582
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 12 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 331 East 2nd Street

3. NAME OF DECEASED (Type or Print): a. (First) Chadwick b. (Middle) Allen c. (Last) Ryan

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 31, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours 4 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Basil L. Ryan — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Kathy J. Ryan — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --------

17. INFORMANT'S OWN SIGNATURE: X Basil L. Ryan — ADDRESS: 331 E. 2nd St. Meridian, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7769 Neonatal atelectasis — INTERVAL BETWEEN ONSET AND DEATH: birth

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity (25-26 wk gestation)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 August, 1972, *to* 31 August, 1972, *that I last saw the deceased alive on* 31 August, 1972, *and that death occurred at* 4:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Noble M.D. 745 (Degree or title)

23b. ADDRESS: 620 W. Hays St. Boise, Idaho 83702

23c. DATE SIGNED: 5 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county): Meridian (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 11, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gary A. Cowger

LICENSE NO.: M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 12 1972 Bureau of Vital Statistics

State File No. 3646
Local Reg. No. 577
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 1 Week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 1903 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First) BERYL	b. (Middle) MAUDE	c. (Last) PURCELL	4. DATE OF DEATH (Month) (Day) (Year) August 31, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: August 12, 1897	9. AGE (In years last birthday): 75 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Canada	12. CITIZEN OF WHAT COUNTRY? Canada	
13. FATHER'S NAME: Sidney S. Cruikshank	BIRTHPLACE: Canada	14. MOTHER'S MAIDEN NAME: Bertha Lindsay	BIRTHPLACE: Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 518 07 8962	17. INFORMANT'S OWN SIGNATURE: Shirley Sullivan	ADDRESS: Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma, Liver	3 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Lung	6 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension, ASH.D.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972, *to* Aug, 1972, *that I last saw the deceased alive on* 30 Aug, 1972 *and that death occurred at* 4:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: David G Cerlebaugh MD 1088 (Degree or title)	23b. ADDRESS: 123 E IDAHO ST Boise	23c. DATE SIGNED: 5 Aug. 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-5-1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Sept. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde J Vassar	LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

OCT 11 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3647
Local Reg. No. 14
Reg. Dist. No. 300

BIRTH NO.

RECEIVED AUG9 1972 020 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): 110 N. Fairfield

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELLIE	KALARINA	WINKLER	August 1 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 11, 1896	76	2 / 20	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Rock Springs, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Phillips	----	----	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Ralph R. Bass	Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1560 Carcinoma of the Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 7, 1972, *to* August 1, 1972, *that I last saw the deceased alive on* August 1, 1972, *and that death occurred at* 10:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Council, Idaho	Aug. 1, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 3, 1972	I.O.O.F. Cemetery	Council Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 1, 1972	[signature]	[signature]	M 388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 12 1972
OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3648
Local Reg. No. 15
Reg. Dist. No. 300

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 5 2 24 PM '72

1. PLACE OF DEATH a. COUNTY: Adams	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital	d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGIA	b. (Middle) ALMA	c. (Last) YORK	4. DATE OF DEATH (Month) Aug. (Day) 28 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug.21, 1886	9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months 0 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): The Dalles, Oregon	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: ----	BIRTHPLACE: ----	14. MOTHER'S MAIDEN NAME: ----	BIRTHPLACE: ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Fred W York	ADDRESS: Council, Ida.	

4122

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	5 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cardio Vascular Disease	15 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 26 *19* 72, *to* August 28, *19* 72, *that I last saw the deceased alive on* August 28, *19* 72, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 872	23b. ADDRESS: Council, Idaho	23c. DATE SIGNED: Aug.28/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Rem.Burial	24b. DATE: Sept.1,1972	24c. NAME OF CEMETERY OR CREMATORY: Salubria Cemetery
24d. LOCATION (City, town, or county): Cambridge	(State): Idaho	
DATE REC'D BY LOCAL REG.: Aug.28,1972	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: [signature] Marshall R. Dickerson
LICENSE NO.: M 464		

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 14 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3649
Local Reg. No. 27.3
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): Downey, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): CORA
c. (Last): ROWSELL

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 18, 1879
9. AGE (In years last birthday): 93
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Granger, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph D. Park
BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Agnes Chappell
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Willis Rowsell
ADDRESS: Grace, Idaho

18. CAUSE OF DEATH 4123
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic Heart Disease
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): Fall Fracture of Hip
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26, 1960, *to* 7-27, 1972, *that I last saw the deceased alive on* 7-27, 1972, *and that death occurred at* 6:10 am *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo G. Burkel 070 (Degree or title)
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1972
24c. NAME OF CEMETERY OR CREMATORY: Lava Hot Springs Cemetery
24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.: 8-31-72
REGISTRAR'S SIGNATURE: Ida Mae Cunningham
25. EMBALMER: Theron Miller
LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3650
Local Reg. No. 249
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 15 1972

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Community Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1951 E. Clark

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH		THOMPSON	Aug. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 2, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mining		New Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Thompson	Ill.	Ann Irving	Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	563-03-2714	Mrs. J. Thompson	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

2509

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral vascular thrombosis	approx. 1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive arteriosclerotic heart disease	sev. yrs.
DUE TO (c)	Diabetes mellitus	a c
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/17/71, 19__, *to* 8/2/72, 19__, *that I last saw the deceased alive on* 8/2/72, 19__, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D.	Box 852, Pocatello, Id.	8/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 7, 1972	Mount Moriah Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 14 1972	Gloria Orsetta	John P. Gorman	M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3651
Local Reg. No. 242
Reg. Dist. No. 511

BIRTH NO.

RECEIVED AUG 11 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABEL	M.	HARRIS	August 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb.21,1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Kaysville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James H. Davis		Eliza Marston	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Eugene M. Harris	McCammon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	4-6 hours.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old arteriosclerotic heart disease	6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒ XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 5, 19 72 *to* Aug. 2, 19 72, *that I last saw the deceased alive on* ~~August~~ May 5 19 72, *and that death occurred at* 4:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Anderson M.D.	1448 E Center, Pocatello	8-07-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug.5,1972	McCammon Cemetery	McCammon, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 10 1972	Gloria Ospita	Theron Spilles	M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3652
Local Reg. No. 243
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 347 No. 4th. Avenue Apt. #2

3. NAME OF DECEASED (Type or Print): a. (First) WILLIE b. (Middle) C. c. (Last) JONES
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1972
5. SEX: Male
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: January 2, 1927
9. AGE (In years last birthday): 45 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Akron Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Jones BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Gussie B. Daniels BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 258-38-5676
17. INFORMANT'S OWN SIGNATURE: Personal Records ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2825

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized venous thrombosis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sickle cell disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 August, 1972, *to* August 5, 1972, *that I last saw the deceased alive on* August 5, 1972, *and that death occurred at* 11:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title) M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 8, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: AUG 10 1972
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: Jack Henderson
LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
NOV 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3653
Local Reg. No. 244
Reg. Dist. No. 511

BIRTH NO.

RECEIVED AUG 11 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. D. Mobile Court #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: Deschutes
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bend
d. STREET ADDRESS (If rural, give location): 334 Lee Lane

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	INEZ	CLAIR	BLESSINGER	August 5 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 18, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	At Home	San Jacinto California	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Hoyt		Lillian Winona Emery	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	518-09-3726A	(S) June Slate	Bend, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify* [redacted] *that I last saw the deceased* [redacted] *dead on* August 5, 1972, *and that death occurred* [redacted] *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton H. Johns	Bannock County Coroner	Pocatello, Idaho	Aug. 7, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 8, 1972	Deschutes Memorial Gardens	Bend Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 10 1972	Gloria Dopita	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Corrected copy

Received Sept 29, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3654
Local Reg. No. 250
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock Memorial Hospital Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location) Memorial Drive

3. NAME OF DECEASED (Type or Print)	a. (First) Alta	b. (Middle) M.	c. (Last) Christensen	4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH June 4, 1902	9. AGE (In years last birthday) 70	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Hjalmar Peterson	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Anna Ingebretsen	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-16-0922A	17. INFORMANT'S OWN SIGNATURE Lois C West	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

887X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fracture Right Hip	6 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Partial Bowel obstruction	6 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home 01	21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) Pocatello Bannock (STATE) Idaho	
21d. TIME OF INJURY (Month) July (Day) 30 (Year) 72 (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Fell	

22. *I hereby certify that I attended the deceased from* 8-1, 1972, *to* 8-5, 1972, *that I last saw the deceased alive on* 8-4, 1972, *and that death occurred at* 12:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 113 (Degree or title) MD	23b. ADDRESS 8041 E. Center Pocatello	23c. DATE SIGNED 9-27-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-72	24c. NAME OF CEMETERY OR CREMATORY RestlawnMemorial	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho 83201
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Manning Chapel [signature]	LICENSE NO. 19-537

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 15 1972 Bureau of Vital Statistics

State File No. 3654
Local Reg. No. 250
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California b. COUNTY: Los Angeles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa Monica
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First) ALTA	b. (Middle) MARINDA	c. (Last) CHRISTENSEN	4. DATE OF DEATH (Month) (Day) (Year) August 5, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 4, 1902	9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Hjalmar Petersen	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Anna Ingebretsen	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Lois C. West	ADDRESS: Palos Verdes, Calif.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

887X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fracture at hip	30 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Partial bowel obstruction	20 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT # SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 2 72 m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Fell	

22. *I hereby certify that I attended the deceased from* Aug 2, 1972, *to* Aug 5, 1972, *that I last saw the deceased alive on* Aug, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: Pocatello Id	23c. DATE SIGNED: 8-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.: AUG 14 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972
AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3655
Local Reg. No. 245
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place) years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Nursing Home 094	d. STREET ADDRESS (If rural, give location) 1071 Renee

3. NAME OF DECEASED (Type or Print) a. (First) MANUEL	b. (Middle)	c. (Last) BUENO	4. DATE OF DEATH (Month) August (Day) 7 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 14, 1910	9. AGE (In years last birthday) 61 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 5	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Mexico	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Pasquo Bueno	BIRTHPLACE Mexico	14. MOTHER'S MAIDEN NAME Maria (UnK)	BIRTHPLACE Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 710-05-3413	17. INFORMANT'S OWN SIGNATURE Buddy Bueno	ADDRESS Buenos Wyo

4409

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 2, 19 68, *to* 7 Aug, 19 72, *that I last saw the deceased alive on* 2 Aug, 19 72, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 113 (Degree or title)	23b. ADDRESS 804 E. Center Pocatello	23c. DATE SIGNED 8-8-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11 Aug 72	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) Pocatello	(State) Idaho	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER [signature]
LICENSE NO. M 409		

FIRM NAME Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3656
Local Reg. No. 246
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Pocatello 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 178 E. Quinn Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	VERNON	MARTIN	ATWOOD	Aug. 8 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 27, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance 8	University	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Millan Atwood	Utah	Mary Ann Bird	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519-09-8969A	Mrs. V. M. Atwood	Pocatello, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1890

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Melanotic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Rt. kidney — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/23/72	Carcinoma Rt. kidney	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 20, 1972, *to* Aug 8, 1972, *that I last saw the deceased alive on* August 7, 1972, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. E. Thorn, M.D. (Degree or title)	1505 E. Center	8/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11 Aug 72	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 10 1972	D. Louise Dopita	Dwight E. Knott	M 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

SEP 12 1972

MAY 3 1973

JUN 5 1973

SEP 26 1983

APR 08 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3657

Certificate of Death

STATE OF IDAHO

State File No. 3657
Local Reg. No. 253
Reg. Dist. No. 511

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Chubbuck
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 231 Stuart

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Chubbuck
d. STREET ADDRESS (If rural, give location): 231 Stuart

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PAUL	L	SPENCER	Aug. 9 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Apr. 28, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker	Bakery	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elwin M. Spencer	Kansas	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II	548-14-8147	Barbara Bruce	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun-Shot Wound, Head — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from — , 19 , to — , 19 , that I last saw the deceased alive on 8-9-72, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton L. Hohn	Coroner	Bannock Co. Ida.	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 Aug 72	Restlawn Mem. Gdns.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 15 1972	Gloria Rosita	George Knoff	409

FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

SEP 21 1972

SEP 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 12 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 22 1972 Bureau of Vital Statistics

State File No. 3658
Local Reg. No. 254
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 303 North Hayes

3. NAME OF DECEASED (Type or Print)	a. (First) EVELYN	b. (Middle) H.	c. (Last) KEY	4. DATE OF DEATH (Month) (Day) (Year) August 10, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov. 9, 1914	9. AGE (In years last birthday): 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Turner, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Elijah Hancock	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Mildred Mary Egbert	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Verle E Hendrick	ADDRESS: 1017 S. 115th Tacoma Wash 98444	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3940

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Severe chronic pulmonary edema	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Mitral and tricuspid insufficiency	3 yrs.
DUE TO (c)	old rheumatic heart disease	since childhood.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	5 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1969, *to* August 10, 1972, *that I last saw the deceased alive on* August 10, 1972, *and that death occurred at* 7:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 009 (Degree or title)	23b. ADDRESS: 1448 E Center, Pocatello	23c. DATE SIGNED: 8-15-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug.12,1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho		
DATE REC'D BY LOCAL REG.: AUG 18 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller
LICENSE NO.: M-524		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972

JUN 1 3 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3659
Local Reg. No. 257
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 115 Roosevelt

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLADYS		BEUS	Aug. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 12,1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Mapleton, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Andrew Wheeler	Utah	Ida E. Wheatley	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	xxx	519 18 4682	Glenn Beus	Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/19/72	Arteriosclerosis; diabetes mellitus; gangrene left leg.	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 20 19 57, *to* August 12, 19 72, *that I last saw the deceased alive on* 8/12/72 19, *and that death occurred at* 8 32 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	185 MD	1541 E. Clark St. Pocatello, Idaho	8/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug.15,1972	Moreland Cemetery	Moreland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 22 1972	Glenn Beus	Theron Spiller	M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3660
Local Reg. No. 262
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello LENGTH OF STAY (In this place) 6 mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot - Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Gate Nursing Home 370	d. STREET ADDRESS (If rural, give location) Rural Route #3

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Lillian	c. (Last) Hales	4. DATE OF DEATH (Month) (Day) (Year) August 15, 1972
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 22, 1886	9. AGE (In years last birthday) 85 — IF UNDER 1 YR. Months 7 Days 24 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Rotherham, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Gillett Hales	BIRTHPLACE Nauvoo, Illinois	14. MOTHER'S MAIDEN NAME Fanny Glenn	BIRTHPLACE Preston, England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-38-4017	17. INFORMANT'S OWN SIGNATURE O. E. Hiatt	ADDRESS Blackfoot, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ~~Mary Hiatt~~ generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Jun, 1972, *to* 8-15, 1972, *that I last saw the deceased alive on* 8-8, 1972, *and that death occurred at* 7:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD 113	23b. ADDRESS Pocatello Idaho	23c. DATE SIGNED 8-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 19, 1972	24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	24d. LOCATION (City, town, or county) Blackfoot, Bingham (State) Idaho
DATE REC'D BY LOCAL REG. AUG 29 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Howard Packham	LICENSE NO. M-338

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 2 3 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3661
Local Reg. No. 258
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 141 N. Oak

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer		Clark	August 15 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	May 1, 1902	70	3 / 14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mechanic	State Hiway Dept.	Moreland, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Clark	Scotland	Phoebe Elizabeth Adams	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-10-6808	Boyd J Clark	Rt#3 Box 214 Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1681

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Inanition — INTERVAL BETWEEN ONSET AND DEATH: sev. days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recurrent carcinoma of lung with bony metastasis — sev. mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 31, 1972 to August 15, 1972, that I last saw the deceased alive on August 15, 1972 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D. /01	Box 852, Pocatello, Id.	8/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1972	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 24 1972	Gloria Caseta	Howard Packham	M-338

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 28 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3662
Local Reg. No. 261
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): months
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Hill Crest Haven 294

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 184 South Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID	ASBERY	SOUTH	Aug.	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Jan. 20, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	farming	Tracy, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN O. SOUTH	North Carolina	SALLIE E. THOMAS	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-40-3044	John O. South	Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple pressure sores 486X	6 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-15, 1972, to 8-16, 1972, that I last saw the deceased alive on 8-16, 1972, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	113	[signature]	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 19, 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 24 19[illegible]	Gloria Depew	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 9 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3663
Local Reg. No. 259
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GARY	LYNN	KIRKHAM	August 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Dec. 12, 1948	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 6	U.P.R.R.	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stan W. Kirkham		June	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Mrs June B. Jones	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 8162 Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Internal Injuries Chest + Abdomen

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) /3-09/ (COUNTY) (STATE)
Accidant	Street 06	Pocatello, Bannock Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8-16-72 1:15 A.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Motorcycle out of Control

22. *I hereby certify that I attended the deceased from* — , 19 — , *to* — , 19 — , *that I last saw the deceased alive on* 8-16-72, *and that death occurred at* 1:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton T Hoth 533	Coroner 4	Bannock Co. Ida.	8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 21, 1972	Restlawn Mem. Gardens,	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 24 1972	Eloma Dopita	Theron Snyder	M-554

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3664
Local Reg. No. 260
Reg. Dist. No. 511

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	SCOTT	HALL	August 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 14, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer and Rancher	Farming-Ranching	Portage, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Scott Hall		Mary	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Donald C. Hall	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4709 Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Prem. Atrial Contractions — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965 , 19__ , *to* Aug 72 , 19__ *that I last saw the deceased alive on* Aug 18 , 19 72 *and that death occurred at* 1248 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.C. Howard M.D.	Pocatello	8-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 21, 1972	Portage Cemetery	Portage, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Eloise Nipita	Lee C. Manning	49-537

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

AUG 6 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3665
Local Reg. No. 274
Reg. Dist. No. 511

RECEIVED SEP 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (In this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) VERNON
c. (Last) KAY

4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 23, 1895
9. AGE (In years last birthday) 77
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY Cattle
11. BIRTHPLACE (State or foreign country) Swan Lake, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph William Kay
BIRTHPLACE Paradise, Utah
14. MOTHER'S MAIDEN NAME Mary Elizabeth Merrill
BIRTHPLACE Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 42 8660
17. INFORMANT'S OWN SIGNATURE X Nora H. Kay
ADDRESS Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia; etc. It means the disease, injury, or complication which caused death.

4/22

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous strokes

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1951, to Aug 23, 1972 that I last saw the deceased alive on Aug 23, 1972 and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or Title) 878
23b. ADDRESS Downey Id
23c. DATE SIGNED 8-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug.28,1972
24c. NAME OF CEMETERY OR CREMATORY Swan Lake Cemetery
24d. LOCATION (City, town, or county) (State) Swan Lake, Idaho

DATE REC'D BY LOCAL REG. 8-31-72
REGISTRAR'S SIGNATURE Ila Mae Cunningham
25. EMBALMER Douglas S. Webb
LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3666
Local Reg. No. 263
Reg. Dist. No. 511

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020	d. STREET ADDRESS (If rural, give location): 9 South 1st West

3. NAME OF DECEASED (Type or Print)	a. (First) LUTISHIE	b. (Middle) DUKES	c. (Last) COLVIN	4. DATE OF DEATH (Month) AUG. (Day) 23 (Year) 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: July 17, 1894	9. AGE (In years last birthday): 78 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker X	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Alma, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: J. I. DUKES	BIRTHPLACE: Arkansas	14. MOTHER'S MAIDEN NAME: BELLE SMITH	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 567-07-0704	17. INFORMANT'S OWN SIGNATURE: Frances L. Montague	ADDRESS: San Jose, Cal.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Cardiovascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis Generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probably Ruptured Aneurysm

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 23, 1972 *to* Aug 23, 1972, *that I last saw the deceased alive on* Aug 23, 1972 *and that death occurred at* 11 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE: Cecil G Burk (Degree or title) 070	23b. ADDRESS: Downey Id	23c. DATE SIGNED: 8-29-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rest Lawn Cemetery	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Raiford G. Benson	LICENSE NO.: M-351

FIRM NAME: Benson Funeral Home - Malad, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3667
Local Reg. No. 265
Reg. Dist. No. 510

72-7949
BIRTH NO.

RECEIVED SEP 5 - 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1272 Wilson

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) DANIEL; c. (Last) SIEVERS
4. DATE OF DEATH (Month) (Day) (Year): August 24, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: August 24, 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours 3 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9
10b. KIND OF BUSINESS OR INDUSTRY: xxxx
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Roger Sievers
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Susan Marie Edeen
BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S OWN SIGNATURE: Roger M. Sievers
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7485 probable lung aplasia — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) premeturity — birth
DUE TO (c) ruptured bag of water

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Aug, 1972 to 24 Aug, 1972, that I last saw the deceased alive on 24 Aug, 1972 and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 1023 (Degree or title)
23b. ADDRESS: 527 So 12th Ave. Pocatello
23c. DATE SIGNED: 29 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25, 1972
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 1 1972
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: Sheron Miller
LICENSE NO.: M-534
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended October 19, 1972

Certificate of Death

STATE OF IDAHO

State File No. 3668
Local Reg. No. 269
Reg. Dist. No. 510

BIRTH NO. - -

RECEIVED SEP 12 1972 031 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (in this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Bannock Memorial Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello d. STREET ADDRESS (If rural, give location): 111 Princeton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROGER	CHARLES	WEBB	Aug.	24,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 25, 1936	35		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Driver	IML Freight Inc	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles L. Webb		Delpha Bloxham	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1954-1956		Mrs Roger Webb	111 Princeton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2509

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 1961

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Electrolyte imbalance, hypoglycemia, coronary and renal athrosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 24, 1964, *to* Aug. 24, 1972, *that I last saw the deceased alive on* Aug. 24, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D. (Degree or title)	P.O. Box 852, Pocatello, Id	9/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 28, 1972	Downey Cemetery	Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 11 1972	Gloria Donita	Theron Ingalls	M-554

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10 13 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
OCT 18 10 03 AM '72

State of Idaho } ss.
County of Bannock

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Roger Charles Webb (Name on Original Certificate) who died (Was Born or Died) on Aug 24, 1972 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept. 25, 1972	Sept. 25, 1936

Subscribed and sworn to before me this 17th day of October, 19 72

Notary Public, residing at Pocatello, Idaho

My commission expires Dec. 24, 1975

(Seal)

Signed Mrs Roger Webb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

111 Princeton, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 19 72

Notary Public, residing at Pocatello, Idaho

My commission expires Dec. 24, 1975

(Seal)

Signed Pauline Thompson
(Signature of Any Credible Person)

1236 East Clark, Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155

OCT 1 9 1972

MAY 2 1973

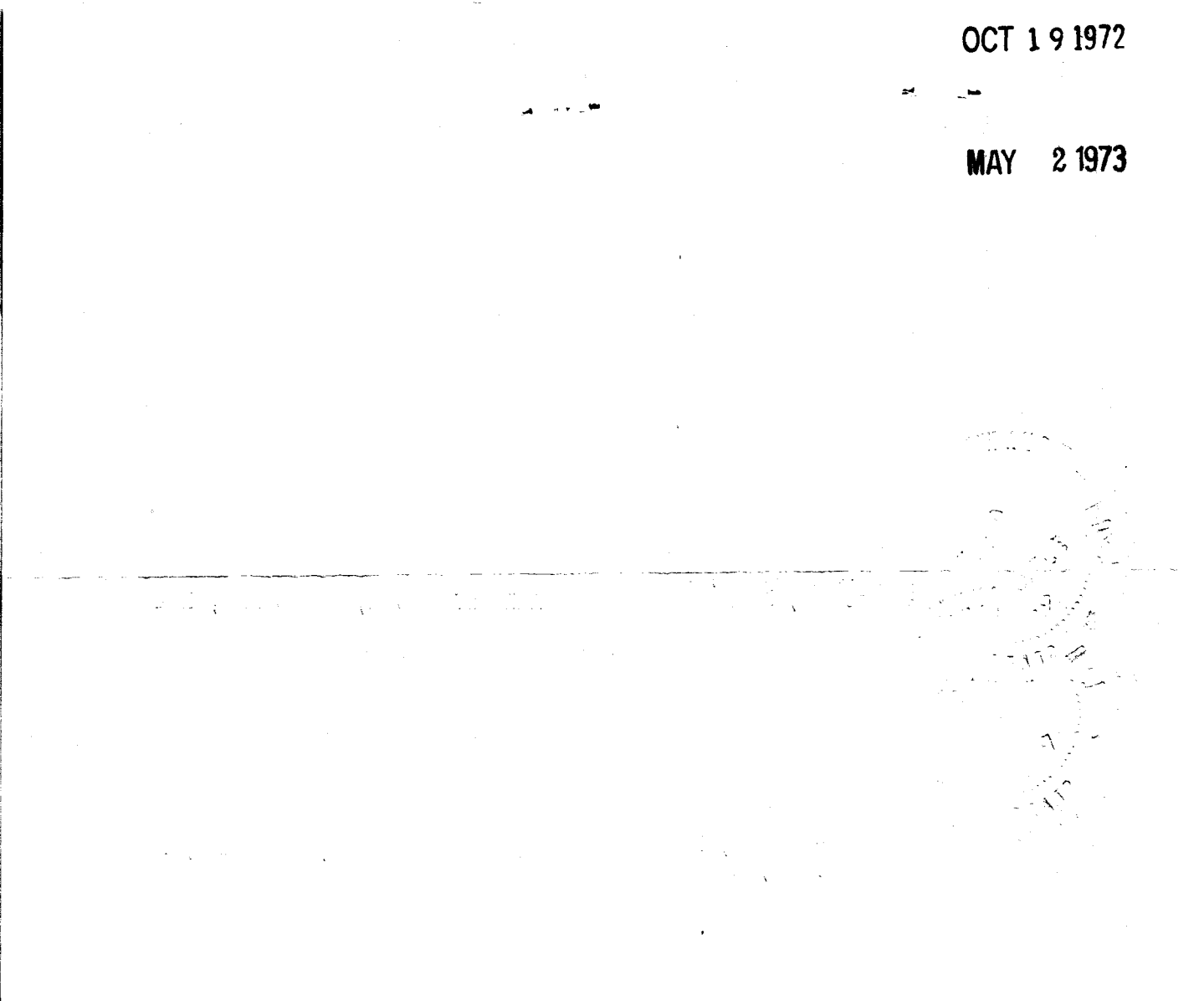

Certificate of Death
STATE OF IDAHO

State File No. 3669
Local Reg. No. 264
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): –
d. FULL NAME OF HOSPITAL OR INSTITUTION: 191 Valleyview Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 191 Valleyview Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LELAND	DAVIS	JONES	AUG	26	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 14, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Dist. Mntnce Supt. Ida.	State Highway Dept.	Cherry Creek, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DAVID W. JONES	Malad, Idaho	MARIA WILLIAMS	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes World War II	519-10-1267	Mrs. Thomas Jones	191 Valleyview Drive

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cardiac Arrest — Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerot. Hrt. Dis. — 1968
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1968, 19__, *to* Aug 26, 19 72, *that I last saw the deceased alive on* Aug 24, 19 72 *and that death occurred at* 1:00a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
RD Howard MD 348	Pocatello, Idaho	8-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 1 1972	Gloria Dopita	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3670
Local Reg. No. 270
Reg. Dist. No. 50

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 4337 Opal

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SIDNEY	E.	BROWN	August 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 8, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman
10b. KIND OF BUSINESS OR INDUSTRY Pacific Fruit Express Co.
11. BIRTHPLACE (State or foreign country) Rockland, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry A. Brown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Eleanor Lish — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX
16. SOCIAL SECURITY NO. 519 10 2518
17. INFORMANT'S OWN SIGNATURE Thomas E Brown ADDRESS Inkom, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Aug, 1972, to 26 Aug, 1972, that I last saw the deceased alive on 26 Aug, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 113 (Degree or title) MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 8 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 29, 1972
24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. SEP 11 1972
REGISTRAR'S SIGNATURE Gloria Dopita
25. EMBALMER Theron Miller
LICENSE NO. M-554
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

3671

State File No. 3671
Local Reg. No. 266
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 031
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 294 Hillcrest Haven Convalscent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka 34
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PETER	ROBERT	LINK	August 28 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	February 26, 1879	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Self-employed	South Russia	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Link	So. Russia	(no data)	South Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	519-24-1223A	[signature]	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. *, 19*62*, to* August 28 *, 19*72*, that I last saw the deceased alive on* August 28 *, 19*72*, and that death occurred at* 10:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Pocatello, Idaho	9-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1972	Rupert City Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 8 1972	[signature]	[signature]	M - 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 6 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3672
Local Reg. No. 267
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home 294	d. STREET ADDRESS (If rural, give location): 1071 Renee

3. NAME OF DECEASED (Type or Print) a. (First): JOHN	b. (Middle): C	c. (Last): WALTERS	4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Mar. 20, 1885	9. AGE (In years last birthday): 87	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggageman 5	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Rockford, Minn.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Emanuel Walters	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 712-05-1607	17. INFORMANT'S OWN SIGNATURE: C. J. Walters	ADDRESS: Menlo Park, Ca.		

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1953, *to* 8-29, 1972, *that I last saw the deceased alive on* 8-29, 1972, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 8-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 31 Aug 72	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: SEP 8 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: John P. Gorman	LICENSE NO.: M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 15 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3673
Local Reg. No. 41
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 051
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 45
b. COUNTY: Whitman 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tekoa
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)
a. (First): Winifred
b. (Middle): Helen
c. (Last): Prince

4. DATE OF DEATH (Month) (Day) (Year): August 8 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 15 1941
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Everett, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ross Morris Witter — BIRTHPLACE: —
14. MOTHER'S MAIDEN NAME: Dora Ray — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 538 36 1845
17. INFORMANT'S OWN SIGNATURE: Donald Prince — ADDRESS: Tekoa, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basilar Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Laceration scalp.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 mile South of Plummer Benewah Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 8 1972 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 8 Aug, 1972, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E McSullivan MD 511
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 10 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-11-1972
24c. NAME OF CEMETERY OR CREMATORY: Goldenrod
24d. LOCATION (City, town, or county) (State): Tekoa Wash.

DATE REC'D BY LOCAL REG.: Aug. 14, 1972
REGISTRAR'S SIGNATURE: Donna Brown
25. EMBALMER: Jack E Kramer — LICENSE NO. 636

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home Tekoa, Wa.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 2 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3674
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 19 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 42 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree (Rural)

d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital 029
d. STREET ADDRESS (If rural, give location): Pingree (Rural)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer	Ervin	Mecham	July 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	June 26, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7		Wallesburg, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lafayette Mecham	Rush Valley, Utah	Sara Ann Richens	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Pearl Mecham	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia, Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema, Asthma — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASHD - Cardiac decompensation 1 week
Rheumatoid arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Blackfoot	Bingham	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February 1966, 19____, to July 30, 1972, 19____, that I last saw the deceased alive on July 30, 1972, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. C. Mills Jr	361 M.D.	Blackfoot, Idaho	Aug. 1, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 3, 1972	Thomas-Riverside Cem.	Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 14 1972	Dorothy J. Jones	C. Dean Hill	M-466

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

FEB 23 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3675
Local Reg. No. 95
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

d. FULL NAME OF HOSPITAL OR INSTITUTION: Airport Lake
d. STREET ADDRESS (If rural, give location): 145 Juniper P.O. Box 931

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) C. c. (Last) RODRIGUEZ
4. DATE OF DEATH: (Month) Aug. (Day) 2, (Year) 1972

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 7, 1958
9. AGE (In years last birthday): 13 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Casa Grande, Arizona
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Rodriguez — BIRTHPLACE: Lockhart, Texas
14. MOTHER'S MAIDEN NAME: Adell Cervantes — BIRTHPLACE: Gonzalez, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jacob Rodriguez — ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 9109 Suffocation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning victim
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 89
21c. (CITY, TOWN, OR TOWNSHIP) Blackfoot (COUNTY) Bingham (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2, 1972, *that I last saw the deceased alive on* [illegible] *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583 (Degree or title) Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Aug. 4, 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG. AUG 4 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Dean Hill
LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3676
Local Reg. No. 97
Reg. Dist. No. 600

BIRTH NO.

AUG 22 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (In this place) 6 years
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham County Nursing Home 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) PEARL c. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1972

5. SEX Female
6. COLOR OR RACE Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 11, 1882
9. AGE (In years last birthday) 90 IF UNDER 1 YR. Months 3 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Lake Shore, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Job Measom BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Ann Jane Youd BIRTHPLACE Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-60-4597
17. INFORMANT'S OWN SIGNATURE X Johnnie S Jones ADDRESS Aberdeen, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409 MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. necrosis of Rt Leg + Foot — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19 68 to Aug 5, 19 72, that I last saw the deceased alive on Aug 5, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 467 (Degree or title) MD
23b. ADDRESS 625 West Pacific
23c. DATE SIGNED 8-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.&Burial
24b. DATE 8-10-72
24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State) Aberdeen, Idaho

DATE REC'D BY LOCAL REG. 17 Aug. 72
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER [signature] H. L. Davis M-253
FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Sept 19,1972

Certificate of Death
STATE OF IDAHO

State File No. 3677
Local Reg. No. 96
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 305 W. Taylor St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANCES	D.	URBAN	August 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	13 Aug 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert H. Dyer	Missouri	Cora Alice Dieter	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-44-9583	Mary Coyne	Med. Records-State Hospital South

4100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — 5 yrs.
DUE TO (c) Head injury with severe lacera-tion of forehead about 1 week before admission to hospital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — over 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3 August, 1972, to 7 August, 1972, that I last saw the deceased alive on 7 August, 1972, and that death occurred at 7:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard C. Cowlishaw, M.D.	State Hospital South-Blackfoot, Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-7-72		Twin Falls-Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 9 1972	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 19 11 55 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Frances D. Urban (Name on Original Certificate) who died (Was Born or Died) on August 7, 1972 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#16 Social Security No.	518-44-9583	519-44-9583

Subscribed and sworn to before me this 18 day of
September, 1972
Notary Public, residing at Rupert, Idaho
My commission expires 7-1-76
(Seal)

Signed Frank D. Harder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of
September, 1972
Notary Public, residing at Rupert, Idaho
My commission expires 7-1-76
(Seal)

Signed Julia Mae Hamby
(Signature of Any Credible Person)
Route #2 Hansen Idaho 83334
(Street Address, City, State)

FORM DH 60-155

L 9-14-72 AP

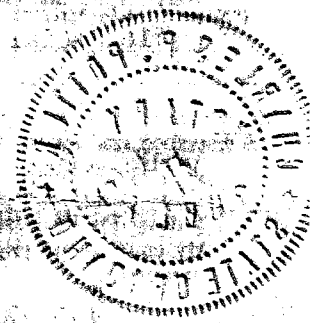

Certificate of Death
STATE OF IDAHO

State File No. 3678
Local Reg. No. 98
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 6 mo's.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. #1 (Rose)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	ELLIS	RIDER	Aug. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 27, 1902	69	9 / 13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Own Farm	Basalt, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John M. Rider	Kanab, Utah	Rhoda L. Jensen	Orderville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-5608	Dalton Rider	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C.V.A.	48-72 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	generalized arteriosclerosis	a/bout 5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	diabetes mellitus, mild early ASHD Hypercardiac insufficiency	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1967, 19___, *to* August 9, 19 72, *that I last saw the deceased alive on* August 9, 19 72, *and that death occurred at* 4:45a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C E Mullen Jr 361 (Degree or title) M.D.	9 Airport Rd. Blackfoot, Idaho	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	8-12-72	Riverside-Thomas Cem.	Blackfoot Rt2, Idaho	M-338

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER
AUG 24 1972	Dorothy J. Jones	Howard Packham

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

APR 1 2 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

APR 1 7 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3679
Local Reg. No. 99
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham (06)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital (029)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham (06)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 695 South Broadway (Colonial Motel)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	FRED	GLOY	August 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 19, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Motel Manager		Sandpoint, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Kay Gloy	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

955.X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gunshot wound in head — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) self inflicted
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
2	Suicide	10	Blackfoot 13-06	Bingham	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 17, 1972 *to* [illegible] *and that death occurred at* 8:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staley 583	Coroner	Blackfoot, Idaho	Aug. 22, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	Aug. 20, 1972		Riverton	Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
25 Aug. 72	Dorothy J. Jones	Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3680
Local Reg. No. 100
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
LENGTH OF STAY (In this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Rural Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Rachel		Carlson	August	23	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Dec. 4, 1891	80	8	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Logan, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Nyman	Fahland, Sweden	Christian Henderson	Penston, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-42-9320 D	E. L. Carlson	Rt. #1 Box 218

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5631

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ulcerative Colitis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cardiac Decompensation 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. High Blood Pressure - 15 yrs
Arthritis - 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1950, to August 23, 1972, that I last saw the deceased alive on Aug 23, 1972, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	404 M.D.	Idaho 625 W. Pacific, Blackfoot,	8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	August 26, 1972	Grove City Cemetery	Blackfoot, Bingham	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 28 1972	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 7 1972

SEP 15 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3681
Local Reg. No. 31
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine AUG 10 1972 670
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smiley Creek, Stanley
c. LENGTH OF STAY (Bureau of Vital Statistics)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock C 3 /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 4943 Cherokee

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICKY	DEE	PARRIS	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Sept.20,1957	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	School	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
Rex Parris	Joyce Christiansen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	XXX	XXX	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Head and neck injuries — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Motorbike Accident — 30 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) / (STATE)
Accident	Street	Smiley Creek Blaine Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug	5	1972	12 10 p.m.		Motorbike Accident.

22. I hereby certify that I attended the deceased from 5 Aug, 19 72, to 5 Aug, 19 72, that I last saw the deceased alive on 5 Aug, 19 72, and that death occurred at 1 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George J. Cox MD	Pocatello, Idaho	5 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug.8,1972	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 9-1972	Cynthia B. Wright	Theron Miller	M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated in items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3682
Local Reg. No. 32
Reg. Dist. No. 410

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine County Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 121 West Bullion

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Andrew	Sigglin	Aug. 9 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Wht	Married	Apr. 21, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Road Construction 5		Horseshoe Bend, Ida.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Sigglin	Sweeden	Margaret Charters	Garden Valley Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE. ADDRESS
No	518-07-5248	Patrick B. Sigglin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Acute myocardial infarction	3-4 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Several yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiogenic Shock.	36 HRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1967, 19____, *to* 1972, 19____, *that I last saw the deceased alive on* 8-9-72, 19____, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen M Packer 40 MD.	Hailey, Idaho	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 12, 1972	Hailey Cemetery	Hailey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug-10-1972	Cynthia B. Wright	Keith Bird Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3683
Local Reg. No. 33
Reg. Dist. No. 410

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

070

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 036 Mortiz Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine
070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Manuel; b. (Middle) M.; c. (Last) Lete

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Basque	Never Married	Feb. 2, 1902	70	6	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
7	Sheep	Spain Anduain, Guipuzcoa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Domingo Lete	Spain	Ramona ZZubizarreta	Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-7143	Judy Myers	Bellevue, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

1738

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Adenoma (Hurthrocytoma) — INTERVAL BETWEEN ONSET AND DEATH: 16 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar. 1971	thurthrocytoma of R. Lung	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar. 1971 *to* 8/10 19 72, *that I last saw the deceased alive on* 8/10 1972, *and that death occurred at* 12 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Dean J. Sinclair 973 (Degree or title) MD	Sun Valley, Idaho	8/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 14, 1972	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug-14-1972	Cynthia B. Wright	Kurt Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3684
Local Reg. No. 34
Reg. Dist. No. 410

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 036 Mortiz Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California b. COUNTY 05 Los Angeles 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale
d. STREET ADDRESS (If rural, give location) 1144 No. Pacific Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alfred	Drake	Harris	Aug. 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	caucasian	Married	Dec. 12, 1906	65	8 / 1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Brick Tender		Camebridge Mass.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Simon Harris	Newfoundland	Ella Wood	New Brunswick, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	023-01-4059	Eva F. Harris	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

8199

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) probable pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FX (L) femur & knee
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8/6/72	FX (L) femur	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	highway 93 x 6	Stanley	Custer	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
8	√	72	8A m.		auto accident

22. I hereby certify that I attended the deceased from 8/5/72, 19__, to 8/13/72, 19__, that I last saw the deceased alive on 8/12/72, 19__, and that death occurred at 9:13 A.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Tapper	MD 947	Sun Valley, Idaho	8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 14, 1972	Forest Lawn Cemetery	Glendale California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug-14-1972	Cynthia B. Wright	Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3685
Local Reg. No. 35
Reg. Dist. No. 410

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Blaine Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gannett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Conrad	Sherbine	Aug. 26 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Wht	Widowed	June 10, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Stanton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Sherbine	Ohio	Martha Spray	Virginia City, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	519-16-3077	William C. Sherbine

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1970, *to* Aug, 1972, *that I last saw the deceased alive on* 7/24, 1972 *and that death occurred at* 9:22 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burwell H. Irwin MD	Box 637 Hailey	8/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug. 31, 72	Bellevue Cemetery	Bellevue	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 29-1972	Cynthia B. Wright	Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 0 8 2011 - MAY 1 9 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 8 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3686
Local Reg. No. 36
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Blaine 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural c. LENGTH OF STAY (In this place): in transit	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beaver Creek 000	d. STREET ADDRESS (If rural, give location): Alturas Lake k Mail address: Box 106, Ketchum, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	H.	WELCH	Aug. 31 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 21, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance 8 U.	S. Forest Service	Mountain View, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anvil Welch	Missouri	Ella Lewis	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-16-3009	Verna Welch	RFD # 2, Box 102 Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASH D
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* approx 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ralph A. Gwinner MD 922 (Degree or title)	Box 637 Hailey	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/5/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 6-72	Cynthia B. Wright	Robert F. Dickard	M-312

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972
DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3687
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BOISE 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEAR IDAHO CITY, IDAHO
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORTH FORK OF THE BOISE RIVER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: British Columbia COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enderby
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GRETA	JEANETTE	BAIRD	FEB. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	MAY 22, 1922	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		REVELSTOKE, B.C.	B.C.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
IRVING MITCHELL	NEGAUNEE, MICH.	PHYLLIS MAE WICKENS	HAMILTON, ONTARIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		none	Ken Thom	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8414

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Head and chest injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Airplane Crash

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
Accident	09	Primitive area Boise,	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Feb. 11, 1972 m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard H. Hanley Coroner	Garden Valley Idaho	9-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial (Removal to Enderby, British Columbia)	Sept. 1, 1972	Enderby	a Enderby, British Columbia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/6/72	Evelyn A. Craig	N. Conway Hart	478M

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3688
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BOISE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEAR IDAHO CITY, IDAHO
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORTH FORK OF THE BOISE RIVER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: British Columbia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enderby
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRED	OSBOURNE	BAIRD	FEB. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	OCT. 15, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Business Man 3	Unknown	ENDERBY, B. C.	B.C.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ANDREW M. BAIRD	SHAWVILLE, QUEBEC	ISABELLE J. HODGINS	SHAWVILLE, QUEBEC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		none	Ken Thom	

8414

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Head and chest injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Airplane Crash
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) / (STATE)
Accident	Primitive area 89	Boise County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
February 11, 72 m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard W. Hanley 583 Coroner	Garden Valley Idaho	9-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal for burial Sept. 1, 1972, Enderby			Enderby, British Columbia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/6/72	Evelyn A. Craig	J. Conway Grant	478 M

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3689
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: BOISE	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 81
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Off Rocky Canyon Rd. Shaw Mtn.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location): 1115 WASHINGTON, APT. 15

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	JANE	BOSTIC	JULY 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	DIVORCED	MARCH 1, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED SECRETARY 3	STATE OF IDAHO	WISE CITY, VIRGINIA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES BOSTIC	GATE CITY, VIRGINIA	BELLE KYLE	HAWKINS CO. TENNESSEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-09-2502		

8199

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral hemmorage	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Massive internal hemmorage	immediate
DUE TO (c)	Automobile accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-C/A (COUNTY)	(STATE)
Accident---Rocky Canyon Road 26		Boise Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7-29-72 1:00P.m.		Automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	583 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Callender	Deputy Coroner	1214 Ada Boise, Idaho	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	AUG. 10, 1972	CLOVERDALE CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/6/72	Evelyn A. Craig	D. Conway Grant	99478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 1 4 1976
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3690
Local Reg. No.
Reg. Dist. No. 352

RECEIVED
AUG 22 1972
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BOISE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRING SHORES (RURAL)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: SPRING SHORES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 9185 LEAVITT

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROCKY	VICTOR	ALT	AUGUST 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRRIED	JULY 5, 1949	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	WOOD PRODUCTS	BOISE, IDAHO	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NOBLE RICHARD ALT	YOUNGSTOWN, OHIO	MARGERY MATINA LLOYD	CALLOWAY, NEB.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 1969 - 1971	519 58 1411	Loralee Ann Alt	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Axphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Richard H Hanby 585 (Degree or title) Coroner	Garden Valley Idaho	8-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 8, 1972	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/17/72	Evelyn A Craig	L. Conway Grant	M478

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3691
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Idaho City
LENGTH OF STAY (In this place): 880
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clear Creek Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312-12th Ave Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alonzo	Fred	Burton	Aug. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 20, 1915	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Automobile Salesman 3	Auto	Barton Flat, Idaho.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Burton	Revenna, Nebraska	Ellen Nielson	Scipio, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW2	519-09-6865	Mrs. A.F.Burton	Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Heart attack		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard H. Hanby	583 Coroner	Garden Valley, Idaho	8/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1972	Terrace Lawn Cemetery	Ada County, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/16/72	Evelyn A. Craig	John F. Alsip, Jr.	E361

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 18 1972
AUG 22 1972
OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
Bureau of Vital Statistics
AUG 8 1972

State File No. 3692
Local Reg. No. 79
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California 05 b. COUNTY: San Diego 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork (Rural)	LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wellington and Lightning Creek 0710	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vista d. STREET ADDRESS (If rural, give location): 343 West Vista Way

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	E.	TANNER	August	2	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	July 3, 1956	16	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 07	High School	California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Noble Tanner	Indiana	Frances Echard	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	none	Sally Lumley	Box 1063 Bonner Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive Accidental Trauma	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severed Right Arm, Massive Laceration	
DUE TO (c)	of lower rt. Abdominal wall into Viscera	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Woods 69	13 Mi. North Clark Fork Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
August 2, 1972 12:15 P.M.		Fell into saw of a portable sawmill

22. *I hereby certify that I attended the deceased from* made inquiry - - , 19 - - - *to* on August 2, 19 72 *, that I last saw the deceased alive on* - - - - - - - - - - - - - - - - , 19 - - - *, and that death occurred at* 12:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry D. Nelson	585 Coroner 4	Sandpoint, Idaho	August 2, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal - Crem	August 3, 1972	Eternal Hills Crematory (Aug 7, 72)	Vista, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Ramona Spichelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

AUG 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3693
Local Reg. No. 83
Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 14 09

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location): Box 44

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	MAY	COTTON	August 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	March 21, 1890	82	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Copeland	Canada	Charlotte Firth	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
no	- - -	518-54-2627	Raymond H Cotton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Depression 1579
Cachexia — PROBABLE METASTATIC
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMA —
DUE TO (c) CARCINOMA of PANCREAS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	m.		-

22. *I hereby certify that I attended the deceased from* March 29, 1955, to Aug 7, 1972 19____, *that I last saw the deceased alive on* Aug 7, 1972 *and that death occurred at* 11:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Jensen	MD	Sandpoint Idaho	8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	August 11, 1972	Lakeview Cemetery	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 17, 1972	Ramona Spichelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3694
Local Reg. No. 84
Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 24 9 40 AM '72

1. PLACE OF DEATH
a. COUNTY Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (In this place) 2 months
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sandpoint Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 1411 Lake Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LORENA	GERALDINE	JOHNSTON	August	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	September 28, 1897	74	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk 3	gorcery store	Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Farquear	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	539-24-9531	Don Leaverton	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 188X Carcinoma of urinary bladder with metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease, severe — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 1970	Infiltrating carcinoma of bladder	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		- - - -

22. I hereby certify that I attended the deceased from 1/7/64, 19__, to Aug. 9, 19 72, that I last saw the deceased alive on July 15, 19 72, and that death occurred at 1:45a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Helen Peterson 415 (Degree or title) MD	Sandpoint, Idaho	8/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Aug. 14, 1972	Moon Crematory	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 25, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3695
Local Reg. No. 82
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nordman
c. LENGTH OF STAY (In this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home own

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nordman
d. STREET ADDRESS (If rural, give location) Box 441

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Parker c. (Last) Warner

4. DATE OF DEATH (Month) (Day) (Year) Found Aug 9 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 12 1900

9. AGE (In years last birthday) 72
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger

10b. KIND OF BUSINESS OR INDUSTRY Lumber

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaiah Martin Fisher BIRTHPLACE Unobtainable

14. MOTHER'S MAIDEN NAME Susan Elizabeth -- BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 22 0180

17. INFORMANT'S OWN SIGNATURE x Paul F Hastings ADDRESS E 1206 Gordon Spokane Wa 99207

4319

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — not known
DUE TO (c) chronic obstructive pulmonary

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. lung disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10/72 *19* not known *to* 6/12 *, 19* 72 *, that I last saw the deceased alive on* 6/12 *, 19* 72 *, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R B Moreno 760 (Degree or title) MD

23b. ADDRESS Box 130 Newport, Wn.

23c. DATE SIGNED 8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8/9/72

24c. NAME OF CEMETERY OR CREMATORY Sherman Funeral Home

24d. LOCATION (City, town, or county) (State) Newport Wash

DATE REC'D BY LOCAL REG. Aug 15, 1972

REGISTRAR'S SIGNATURE Ramona Spickelmire

25. EMBALMER C. E. Sherman

LICENSE NO. QL155

FIRM NAME: Sherman Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 11 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3696
Local Reg. No. 85
Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 20 9 40 AM '72

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonner 091				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint	c. LENGTH OF STAY (In this place): 3 1/2 days			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039				d. STREET ADDRESS (If rural, give location): 727 N. 6th	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	WALFRED	OLSON	August	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 18, 1921	51	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
accountant 2	pole industry	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walfred N. Olson	Sweden	Christina Edgren	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W II	519-05-1850	Mrs. Betty J. Olson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	- m.	-	-

22. *I hereby certify that I attended the deceased from* March 20, 1967, *to* August 9, 1972, *that I last saw the deceased alive on* August 8, 1972, *and that death occurred at* 2:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Helen E. Peterson 415 Main	Sandpoint, Idaho	8/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	August 12, 1972	Pinecrest Cemetery	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 25, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

AUG 2 8 1972

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 9 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 3 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 2 5 1993

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 30 1972 Bureau of Vital Statistics

State File No. 3697
Local Reg. No. 86
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 419 Michigan

3. NAME OF DECEASED (Type or Print): a. (First) OLGA; b. (Middle) ELVIRA; c. (Last) RUE

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 28, 1896

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months – Days –
IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher

10b. KIND OF BUSINESS OR INDUSTRY: education

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matt Topanila
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Ida Sophia Akren
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): – – – – –

16. SOCIAL SECURITY NO.: 519-48-2036

17. INFORMANT'S OWN SIGNATURE: Evan R. Rue
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174X Adenocarcinoma of both breasts

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Metastasis to
DUE TO (c) lungs & liver

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) –

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) –

21c. (CITY, TOWN, OR TOWNSHIP) – (COUNTY) – (STATE) –

21d. TIME OF INJURY (Month) – (Day) – (Year) – (Hour) – m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from Sept, 1958, to Aug, 1972, that I last saw the deceased alive on Aug 15, 1972, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: J. Munson 382 (Degree or title) MD

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 21, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial

24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 28, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3698
Local Reg. No. 87
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
LENGTH OF STAY (In this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile S. of Hwy 200

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 1 mile S. of Hwy 200

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYNOLD	NMN	DAVIS	August 17 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	June 5, 1896	76	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	own farm	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel O. Davis	Utah	Mary J. Williams	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	518-34-7162	Raynold D Davis	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anemia & Ischemia
DUE TO (c) Suspected Leukemia — 1 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		-

22. I hereby certify that I attended the deceased from Nov 59, 19__, to Aug, 19 72, that I last saw the deceased alive on Aug 15, 19 72, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
L Munson 382 MD	Sandpoint Ida	8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 19, 1972	Pack River Cemetery	Bonner Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 28, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (Sec. 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 30 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3699
Local Reg. No. 88
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint; c. LENGTH OF STAY (In this place): D.O.A.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital	d. STREET ADDRESS (If rural, give location): 228 S. Division

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PAUL	VICTOR	TILLBERG	August 19 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	October 29, 1895	76	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
custom farming 7	Farming	Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Tillberg	Sweden	Venie Anderson	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	523-14-9570	Sadie K. Tillberg	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

404X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal Disease — 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- -	- - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - m.		- - - - - -

22. *I hereby certify that I attended the deceased from* Nov, 1955, *to* Dec, 1971, *that I last saw the deceased alive on* July, 1972, *and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Munson	382 MD	Sandpoint Ida	8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	August 23, 1972	Pinecrest Memorial Park	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 28, 1972	Ramona Spichelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 31 1972
SEP 26 1988
NOV 24 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3700
Local Reg. No. 91
Reg. Dist. No.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics 091

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 14 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 709 N. 3rd Avenue 000	d. STREET ADDRESS (If rural, give location): 709 N. 3rd Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLOYD	LINCOLN	GRAY	August 21 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	IF UNDER 1 YR. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
male	white	married	February 12,1911	61	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager 2	Washington Water Power	New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Gray	New York	Laura Brotherton	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.II	554-07-4935	Patricia Gray	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardiovascular disease with myocardial disease	4 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- -	- -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - m.		- - - - - -

22. *I hereby certify that I attended the deceased from* December 5, *19*68, *to* August 21, *19*72, *that I last saw the deceased alive on* August 18, *19*72 *and that death occurred at* 2/45a *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Helen E. Peterson 415 M.D. (Degree or title)	Sandpoint, Idaho	8/23/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 23, 1972	Lakeview Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 1, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972
SEP 22 1972

APR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....
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Certificate of Death
STATE OF IDAHO

State File No. 3701
Local Reg. No. 90
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRISTIAN	PETER	LUND	August 21 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	September 27, 1888	83	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Lumber	South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Lund	Denmark	unknown	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	519-14-5947	Ralph Lund	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Postural Pneumonia	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Renal Failure	6 yrs
DUE TO (c)	Atherosclerosis	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	m.		-

22. I hereby certify that I attended the deceased from Apr, 1958, to Aug, 1971, that I last saw the deceased alive on Aug 21, 1972, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John Munson MD 387 (Degree or title)	Sandpoint Ida	8/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	August 24, 1972	Pack River Cemetery	Bonner	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 28, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3702
Local Reg. No. 89
Reg. Dist. No.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 11 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 037	d. STREET ADDRESS (If rural, give location): Box 122

3. NAME OF DECEASED (Type or Print) a. (First): EDWARD	b. (Middle): J.	c. (Last): DUBIA	4. DATE OF DEATH (Month) (Day) (Year): August 21 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: February 26, 1883	9. AGE (In years last birthday): 89 IF UNDER 1 YR. Months - Days - IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): custodian 8	10b. KIND OF BUSINESS OR INDUSTRY: schools	11. BIRTHPLACE (State or foreign country): Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Unknown	BIRTHPLACE: unknown	14. MOTHER'S MAIDEN NAME: unknown	BIRTHPLACE: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 519-05-0027	17. INFORMANT'S OWN SIGNATURE: Eugene Kimball	ADDRESS: 4630 88 SW Everett, Wash 98203	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) - -	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) - -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* Oct, 1952 *to* Aug, 1972, *that I last saw the deceased alive on* Aug 20, 1972, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J L Munson MD 382 (Degree or title)	23b. ADDRESS: Sandpoint Ida	23c. DATE SIGNED: 8-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: August 25, 1972	24c. NAME OF CEMETERY OR CREMATORY: Clark Fork Cemetery	24d. LOCATION (City, town, or county): Clark Fork (State): Idaho
DATE REC'D BY LOCAL REG.: Aug 28, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3703
Local Reg. No. 92
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39.206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1011 N. Florence

3. NAME OF DECEASED (Type or Print): a. (First) OTTO; b. (Middle) WALFRED; c. (Last) BERGSTROM

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 4, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months — Days —
IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lumber piler

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto Pearson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Marta
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: 518-01-8956

17. INFORMANT'S SIGNATURE: M. H. Bergstrom
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — — — —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1967, to Aug 1972, that I last saw the deceased alive on Aug 22, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: R. Munson 352 MD (Degree or title)

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 8/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 25, 1972

24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery

24d. LOCATION (City, town, or county): Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG.: Sept 5, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3704
Local Reg. No. 93
Reg. Dist. No.

RECEIVED SEP 8 - 1972 Bureau

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 19 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039	d. STREET ADDRESS (If rural, give location): 425 So. Florence

3. NAME OF DECEASED (Type or Print)	a. (First) LAVERNE	b. (Middle) DANIEL	c. (Last) ARMSTRONG	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Jan. 28, 1900	9. AGE (In years last birthday): 72 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY: General	11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: David A. Armstrong	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Effie B. Daniel	BIRTHPLACE: Kentucky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 519 10 0146 T	17. INFORMANT'S OWN SIGNATURE: Mrs Glen Leick	ADDRESS: Stark St. Sandpoint,	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5739

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac & Respiratory arrest	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coma - Pneumonia - Malnutrition	4-6 days
DUE TO (c)	Liver Failure due to	4-6 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Liver disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) -	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* 3/14, 1968, *to* Aug 31, 1972, *that I last saw the deceased alive on* Aug 31, 1972, *and that death occurred at* 430 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 471 (Degree or title)	23b. ADDRESS: [signature]	23c. DATE SIGNED: 9/1/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Bonner County Cemetery	24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho
DATE REC'D BY LOCAL REG.: Sept 7, 1972	REGISTRAR'S SIGNATURE: Ramona Spichelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E - 501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3705
Local Reg. No. 269
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY IN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 130 E. 21st St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTINA	BAUMANN	MEICHLE	July 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	Nov. 5, 1898	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Hagnau, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Baumann			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-26-3371-A	Fredricka A Meichle	2462 Fieldstream Idaho Falls, Idaho

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral thrombosis.	1 month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease, auricular fibrillation.	Chronic
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-17- , 19 72 , *to* 7-31- , 19 72 , *that I last saw the deceased alive on* 7-31- , 19 72 , *and that death occurred at* 9:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leland D. Jones MD	798 So. Blvd., Idaho Falls Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1972	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 19-72	Anna Bridges		M387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972
NOV 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
JAN 2 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
SEP 26 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.
SEP 18 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3706
Local Reg. No. 262
Reg. Dist. No. 670

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 400 Northeastern Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Janey b. (Middle) c. (Last) Harris

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 24, 1894

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Apartments

11. BIRTHPLACE (State or foreign country): Clifton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Taylor
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Edith Alice Henderson
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 07 3410B

17. INFORMANT'S OWN SIGNATURE: LaRaine Feltman
ADDRESS: 1525 Claire View

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1966, to Aug 1, 1972, that I last saw the deceased alive on Aug 1, 1972, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Byron I Weeks MD 556

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 8-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/4/72

24c. NAME OF CEMETERY OR CREMATORY: Clifton Cemetery

24d. LOCATION (City, town, or county): Clifton (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 10-72

REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 3 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3707
Local Reg. No. 264
Reg. Dist. No. 610

RECEIVED AUG 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 470 10th St.	d. STREET ADDRESS (If rural, give location) 470 10th St.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) THEODORE	c. (Last) OSWALD	4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1972	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1897	9. AGE (In years last birthday) 75 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY Cement Plant	11. BIRTHPLACE (State or foreign country) Hollenberg, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Oswald	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Anna Pope	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 506-03-4521	17. INFORMANT'S OWN SIGNATURE Lydia L. Oswald	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/00

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* Aug 2, 1972, *that I last saw the deceased alive on* Aug 1, 1972, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Byron T Weeks MD (Degree or title) 556	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED Aug 4, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 4, 1972	24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park	24d. LOCATION (City, town, or county) Bonneville (State) Idaho
DATE REC'D BY LOCAL REG. Aug-10-72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Orland C. Buck	LICENSE NO. M250

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 22 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 18 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3708
Local Reg. No. 260
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boneville 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Rt. #5 (Osgood)

3. NAME OF DECEASED (Type or Print)
a. (First) Gilberto
b. (Middle) Marquez
c. (Last) Marquez

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1972

5. SEX Male
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 30, 1945
9. AGE (In years last birthday) 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 7
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Mexico
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Silviano Marquez — BIRTHPLACE Mexico
14. MOTHER'S MAIDEN NAME Aurora Marquez — BIRTHPLACE Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 461-76-2937
17. INFORMANT'S OWN SIGNATURE Santos L Marquez — ADDRESS Rt. 5 Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 575X
(a) Complication of common duct obstruction and surgery
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pancreatitis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholangitis

INTERVAL BETWEEN ONSET AND DEATH: 1 mile

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE John Hater, MD 210 (Degree or title)
23b. ADDRESS Idaho Falls
23c. DATE SIGNED 8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 8, 1972
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) Idaho Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 8-7-72
REGISTRAR'S SIGNATURE Anna Bridger
25. FUNERAL DIRECTOR David A. Hansen — ADDRESS M-510
Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 0 2 2015

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3709
Local Reg. No. 280
Reg. Dist. No. 610

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Nursing Home 348	d. STREET ADDRESS (If rural, give location): 840 E. Elva

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CHRISTIAN	c. (Last) MEIEROTTO	4. DATE OF DEATH (Month) (Day) (Year) August 9, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 11, 1877	9. AGE (In years last birthday): 95 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Council Bluffs, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frederick Meierotto	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Louisa Boehm	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-58-2722-T	17. INFORMANT'S OWN SIGNATURE: x Elmer Meierotto	ADDRESS: R# 3 Box 289 Idaho Falls Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4279

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Arrythmia suspected sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27-72 *19*, *to* 8-9, *19*72, *that I last saw the deceased alive on* 8-8-72, *19*, *and that death occurred at* 8:22 *m., from the causes and on the date stated above.*

23a. SIGNATURE: L K Arbon MD (Degree or title) 1007	23b. ADDRESS: Idaho Falls Idaho	23c. DATE SIGNED: 8-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho
DATE REC'D BY LOCAL REG.: Sept. 1-72	REGISTRAR'S SIGNATURE: Lena A Bridges	25. EMBALMER: Bill Sullivan	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3710
Local Reg. No. 267
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 22 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 36 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Val b. (Middle) Dean c. (Last) Moedl

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: February 22, 1940

9. AGE (In years last birthday): 32
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Moedl
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Iola Lewis
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 46 0151

17. INFORMANT'S OWN SIGNATURE: Iola Moedl
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2509 Diabetes mellitus c. neuropathy and anasarca

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-65, 19____, to 7-30-72, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 346 (Degree or title)

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 8/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/12/72

24c. NAME OF CEMETERY OR CREMATORY: Grant Central Cemetery

24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: 8-11-72

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: Ralph M. Wood [signature]

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3711
Local Reg. No. 272
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 34 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Melvin	Jenkins	August 10 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 17, 1916	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman	Cattle & Horses	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Orin Jenkins	Utah	Elva Bybee	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 18 6841	X [signature]	Route # 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Brain Abcess — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus (Controlled)
DUE TO (c) Cushings Syndrome

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatoid Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-6, 1972, *to* 8-10, 1972, *that I last saw the deceased alive on* 8-10, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John S Bates 210 (Degree or title) MD	Idaho Falls Idaho	8-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8/12/72	Hillcrest Cemetery	Shelley	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 21-72	Irma Bridge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3712
Local Reg. No. 269
Reg. Dist. No. 670

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 645 J Street

3. NAME OF DECEASED (Type or Print): a. (First) Alice; b. (Middle) Seville; c. (Last) Parker

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1891

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bloomington, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Long
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mary Christensen
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 20 3724B

17. INFORMANT'S OWN SIGNATURE: Lorenzo R. Parker
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 19 72, *to* 8-10, 19 72, *that I last saw the deceased alive on* 8-10, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John McMullin 348 (Degree or title) MD

23b. ADDRESS: 550-4th St Idaho Falls, Idaho

23c. DATE SIGNED: 8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/14/72

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 17-'72

REGISTRAR'S SIGNATURE: Lenna Bridges

25. EMBALMER: Ralph H. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 31 1972

APR 7 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3713
Local Reg. No. 276
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 224 East 24th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Frederick	Winger	August	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 1, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carman	Railroad	Beardstown, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Winger	Illinois	Dora Freel	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1918 - 1925	707 16 1748	Lucy O. Winger	Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1972, to 8-11, 1972, that I last saw the deceased alive on 8-11, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. McMullen MD 348	550-4th St, Idaho Falls Idaho	8-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/14/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 21-72	James Bridges	Ralph M. Wood	413

FIRM NAME: Ralph M. Wood Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

SEP 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3714
Local Reg. No. 273
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL	EDWARD	JOHNSON	August 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	March 31, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Idaho Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustaf Johnson	Sweden	Anna Christianson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-42-9274	Claude Johnson C.B.H.	Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

600X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Possible heart attack forty-eight hours following successful prostate surgery

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 8/1972	Benign Prostatic Hypertrophy	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 7, 1972, *to* August 12, 1972, *that I last saw the deceased alive on* August 11, 1972, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon W. Reynolds 436	M.D.	~~Blackfoot~~, Idaho Falls, Idaho	Aug 15, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	August 12, 72	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 19-1972	Lena Bridges	E. Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3715
Local Reg. No. 275
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 115 West 13th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	ALBERT	ELLIS	Aug. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 17, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Labelle, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Henry Ellis	England	Jane Robinson Duncan	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	519-07-5843	Lorna Colletta	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3960

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Rheumatic mitral and aortic Valvular disease — INTERVAL BETWEEN ONSET AND DEATH: 50 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, ASCVD

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 14, 1962, to aug 13, 1972, that I last saw the deceased alive on Aug 2, 1972, and that death occurred at 10:30A m. from the causes and on the date stated above.

23a. SIGNATURE	556 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron T Weeks	M.D.	Idaho Falls, Idaho.	8-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16, 1972	Little Butte	Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 19 '72	Irene Rudger	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 9 1972
JUL 8 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3716
Local Reg. No. 271
Reg. Dist. No. 6/6

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 1 Box 200

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Perey	J.	Jones	August	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 4, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Railroad	England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mark Jones	Wales	Mary Ellen Wilkins	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 07 7185A	* Viola B. Jones	Route # 1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular Accident — 10 days
DUE TO (c) Arteriosclerotic Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none performed	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-29, 19 61, to 13 August, 19 72, that I last saw the deceased alive on 13 August, 19 72 and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall, M.D.	Rigby, Idaho	14 Aug. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/17/72	Ucon Cemetery	Ucon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 22 '72	Anna Bridges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

72-8110
BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3717
Local Reg. No. 277
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 173 E. 24th Street

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) John c. (Last) Wilde

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child

8. DATE OF BIRTH: Aug. 14, 1972

9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HRS.: Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Wilde
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sue Ann Zinzow
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Richard A. Wilde
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

777X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack R. Carey (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: 8/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 19, 1972

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 22-72

REGISTRAR'S SIGNATURE: Irene Bridges

25. FUNERAL DIRECTOR: Leo A. Williams
ADDRESS: 555 E. City
Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3718
Local Reg. No. 276
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonneville			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Utah b. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls	c. LENGTH OF STAY (In this place)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cedar City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Sacred Heart Hospital			d. STREET ADDRESS (If rural, give location) Unk

3. NAME OF DECEASED (Type or Print) a. (First): MABEL	b. (Middle): *	c. (Last): YELLOWJACKET	4. DATE OF DEATH (Month) (Day) (Year) Aug 14, 72		
5. SEX Female	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unk	9. AGE (In years last birthday) Approx 90	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Cedar City, Utah	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Indian John	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Rena Squint	BIRTHPLACE UTAH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS Cedar City, Ut.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4419

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [✓] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 8-14-72 19__, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature]	100% (Degree or title) MD	23b. ADDRESS Idaho Falls Idaho	23c. DATE SIGNED 8-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 16, 72	24c. NAME OF CEMETERY OR CREMATORY Cedar City Cemetery	24d. LOCATION (City, town, or county) (State) Cedar City, Utah
DATE REC'D BY LOCAL REG. Aug 22-72	REGISTRAR'S SIGNATURE [signature]	25. FUNERAL DIRECTOR [signature]	LICENSE NO. E387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3719
Local Reg. No. 274
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 24 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ben		Ownby	August	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 2, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher, Farmer, Grocer	(Teaching, farming, Retail)	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Nicholas Ownby	Tennessee	Mary Annie King	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	227 20 8607	x Eula Ownby	Dubois,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Septicemia - Klebsiella	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Meta static Carcinoma of liver	2 years
DUE TO (c)	Carcinoma Ascending Colon	6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1966	Walla Walla, Washington - Resection - colectomy Ascending colon	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1967, to Aug. 15, 1972, that I last saw the deceased alive on Aug. 14, 1972, and that death occurred at 1:17 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall	532 M.D.	Rigby, Idaho	17 Aug. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/17/72	Dubois Cemetery	Dubois Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 22-72	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3720
Local Reg. No. 295
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ryan	Merritt	Harker	Aug	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc	Babe	Aug 16, 1972			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Merritt Saunders Harker	Shelley, Idaho	Cynthia McGary	Shelley, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): N------
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT'S OWN SIGNATURE: Had C. McGary ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Neonatal death cause undetermined — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [✓] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. H. Baker M.D.	Idaho Falls	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	18 Aug 1972	Hill Crest	Shelley, Bingham	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 16-72	Anna Bridges	Lloyd M. Nalder Lloyd M Nalder	M-275

FIRM NAME: Nalder's

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3721
Local Reg. No. 278
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 740 West Cedar

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD; b. (Middle) WYNN; c. (Last) WOOD

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 19, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 30, 1917

9. AGE (In years last birthday): 55
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman--Union Pacific Railroad

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bates, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leo Wood
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Verlie Buxton
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx

16. SOCIAL SECURITY NO.: Not Available

17. INFORMANT'S OWN SIGNATURE: Wanda Wood
ADDRESS: Chubbuck, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Prob. acute Myocardial infarction unmed — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19____, *to* — , 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Bell M.D. 633 (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 24, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Aug. 24-72

REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: Ralph M Wood

LICENSE NO.: 413

FIRM NAME: Manning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG-31 1972
SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 4 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3722
Local Reg. No. 281
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 2 hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ucon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042	d. STREET ADDRESS (If rural, give location): Box 86

3. NAME OF DECEASED (Type or Print) a. (First) RONALD	b. (Middle) OWEN	c. (Last) NICKERSON	4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 24, 1925	9. AGE (In years last birthday): 47 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 5	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Rigby, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Stillman Leva Nickerson	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Verda Post	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Korean Conf.	16. SOCIAL SECURITY NO.: 518-28-2474	17. INFORMANT'S OWN SIGNATURE: Dorothy D. Nickerson	ADDRESS: Box 68, Ucon	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonne. (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-21-72 12:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that ~~I attended the deceased from~~ _____, 19__, to _____, 19__, ~~that I last saw the deceased alive on~~ _____, 19__, ~~and that~~ death occurred at 10:15 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Vernal Rydalch	(Degree or title) 583 4 Coroner	23b. ADDRESS: Idaho Falls	23c. DATE SIGNED: 8-26-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 24, 72	24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial	24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonn. Idaho
DATE REC'D BY LOCAL REG.: Aug. 30 - '72	REGISTRAR'S SIGNATURE: Anna Bridges	25. EMBALMER: Sidney B. Purser	LICENSE NO.: M-552

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

NOV 2 8 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3723
Local Reg. No. 282
Reg. Dist. No. 610

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 692 Lomax St

3. NAME OF DECEASED (Type or Print): a. (First) ELSIE b. (Middle) MAE c. (Last) HIGGINS

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1972

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13, 1896
9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houswife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Holton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Onias Scott — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Callie Sewel — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Leo D Higgins — ADDRESS: Ida Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Renal failure (nephrosclerosis) — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic and acute Gastritis
acute pyelonephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7, 1972, *to* Aug 22, 1972, *that I last saw the deceased alive on* Aug 22, 1972, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: B.T. Weeks — 556 (Degree or title) Byron T Weeks MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 8/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 24, 72
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Ida.

DATE REC'D BY LOCAL REG.: Sept 1 - '72
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Buck Sullivan
LICENSE NO.: E387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 0 1973
MAY 1 6 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3724
Local Reg. No. 29 5
Reg. Dist. No. 6 7 0

BIRTH NO.

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 4 Box 155 C

3. NAME OF DECEASED (Type or Print): a. (First) Priscilla (Pat) b. (Middle) A. c. (Last) Leavitt

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: October 17, 1933

9. AGE (In years last birthday): 38
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: A.E.C.

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Not Available
BIRTHPLACE: Not Available

14. MOTHER'S MAIDEN NAME: Ann Russell
BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 358 26 6900

17. INFORMANT'S OWN SIGNATURE: Laura L. Leavitt
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypertensive vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

401X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 19 72, *to* Aug 23, 19 72, *that I last saw the deceased alive on* Aug. 23, 19 72, *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David P. Bauman (Degree or title) MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 26 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/26/72

24c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery

24d. LOCATION (City, town, or county): Bonneville County (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 1 - 72

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Ralph M. Wood
Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3725
Local Reg. No. 24
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4½ Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 242

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 900 Memorial Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pearl	Barlow	Holbrook	August 25 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 18, 1882	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Truman Heap Barlow		Fannie Call	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	528-28-8122 B	Kenneth B. Holbrook	Rigby Idaho

4123

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 21, 1972, *to* August 25, 1972, *that I last saw the deceased alive on* August 25, 1972, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Melvin Hall MD	Rigby, Idaho	9/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 30, 1972	Aulto Rest Cemetery	Ogden, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 5-72	Anna Bridge	David O. Hansen	M-510

Federal Security Agency
United States Public Health Service

Form DPH-48021

Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 14 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3726
Local Reg. No. 290
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Clark 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location): Dubois

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAYME	BURNS	ELLIS	Aug 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	July 28, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Burns	[illegible]	Annie Harries	[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 14 7058	Louise Eaton	Dubois, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25-72, 19__, *to* 8-26, 1972, *that I last saw the deceased alive on* 8-25, 1972; *and that death occurred at* 4:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. John Mcmillin, 348 MD / John S. McMillin, M.D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 30, 1972	Dubois, Cemetery	Dubois, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	LICENSE NO.
Sept. 12 '72	Anna Rudges	Buck-Sullivan	E387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3727
Local Reg. No. 287
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 14 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 415 East 13th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KIDDER	GLADYS	CHRISTOPHERSON	Aug 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Feb 3, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Jackson Co. N. Carolina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben Davis	N Carolina	Addie Potts	N Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 09 1484	Mary Longmore	Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): ~~Cardio~~ arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): and hypertension with — 1/2 hr to immediate

DUE TO (c): Cerebral vascular accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-27-71 *to* 8-24-72 *that I last saw the deceased alive on* 8-26-72 *and that death occurred at* 6:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. John Hatch John S Hatch MD	Idaho Falls Idaho	8-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 29-72	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 6-72	Verna Bridges	Buck Sullivan	E387

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 1972
OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. AUG 16 1982
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3728
Local Reg. No. 289
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Nursing Center 348

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Corneilous (Neil)	V.	Simpkins	August 27 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	March 25, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Odd Jobs	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Corneilous Simpkins	Scotland	Della May Ellis	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 09 5627	Mrs Eugene McCullough	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-22, 19 72 *to* 8-27, 19 72 *that I last saw the deceased alive on* 8-28, 19 72 *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	798 So. Blvd. Idaho Falls, Idaho 83401	9-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/30/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 5-72	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3729
Local Reg. No. 279
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics 101

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE New Mexico 32 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pine Dale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Stanley	b. (Middle)	c. (Last) Billy	4. DATE OF DEATH (Month) August (Day) 27 (Year) 1972	
5. SEX Male	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1946	9. AGE (In years last birthday) 26 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 7	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Pine Dale, New Mexico	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Billy	BIRTHPLACE New Mexico	14. MOTHER'S MAIDEN NAME Berniece Brody	BIRTHPLACE New Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE X Alice Scott	ADDRESS New Mexico	

18. CAUSE OF DEATH 8169
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT/SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Osgood Road 06	21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls 13-100 (COUNTY) Bonne. (STATE) Idaho	
21d. TIME OF INJURY (Month) 8 (Day) 27 (Year) -72 (Hour) 10:00 AM	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Truck accident (Rollover)	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Verna C. Bydalek (Degree or title) 583 4 Coroner	23b. ADDRESS 3824 E. 17th Idaho Falls	23c. DATE SIGNED 8-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/29/72	24c. NAME OF CEMETERY OR CREMATORY Gallup Cemetery	24d. LOCATION (City, town, or county) Gallup (State) New Mexico
DATE REC'D BY LOCAL REG. Aug 29-72	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP6 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3730
Local Reg. No. 293
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2200 North Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	BETH	TAYLOR KENNEDY	August 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	June 3, 1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	American Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Seth J. Taylor	Preston, Idaho	Jane Voth	Goessel, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Larry D. Kennedy	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	2509 Uremia	2wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetic nephropathy	
DUE TO (c)	Diabetes Mellitus	about 21yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 10, 19 70, *to* August 28, 19 72, *that I last saw the deceased alive on* August 28, 19 72, *and that death occurred at* 10:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. D. Jones 294	M. D.	Idaho Falls, Idaho	August 31, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	August 31, 72	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 31-72	Emma Bridges	C. Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 14 1972 Bureau of Vital Statistics

State File No. 3731
Local Reg. No. 288
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonniville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodville: Rural
d. STREET ADDRESS (If rural, give location): R#1

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Clarence c. (Last) Davis

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Cauc

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6 August 1909

9. AGE (In years last birthday): 63 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer; Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Roosevelt, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexander Davis BIRTHPLACE: Payson, Utah

14. MOTHER'S MAIDEN NAME: Mary Morrill BIRTHPLACE: Cedar City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-16-4535

17. INFORMANT'S OWN SIGNATURE: Lleasip Davis ADDRESS: R#1 Shelley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5739

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hepato-renal Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): (Also Had chronic Lung Disease) — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Alcoholism. — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to Aug. 30, 19 72, that I last saw the deceased alive on August 29, 1972, and that death occurred at 12:55 m., from the cause and on the date stated above.

23a. SIGNATURE: Harvey A. Hatch 205 (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 1 Sept. 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 7, 1972

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest

24d. LOCATION (City, town, or county) (State): Shelley Bingham Idaho

DATE REC'D BY LOCAL REG.: Sept. 6 -72

REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: Lloyd M. Nalder Lloyd M. Nalder

LICENSE NO.: M. 275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 14 1972
JUL 21 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3732
Local Reg. No. 291
Reg. Dist. No. 610

BIRTH NO.

SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Hibbard
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S Nursing Home 042	d. STREET ADDRESS (If rural, give location) Rexburg, Rt 2,

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Tyler	c. (Last) Morris	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3, 1891	9. AGE (In years last birthday) 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing 2	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Huntington, Utah	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Daniel Moroni, Tyler	BIRTHPLACE Salt LAke City, Utah	14. MOTHER'S MAIDEN NAME Sarah Elzina, Pulsipher	BIRTHPLACE Salt Lake City, Ut.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-20-3086	17. INFORMANT'S OWN SIGNATURE Gerald Morris	ADDRESS Rexburg, Rt.2, Idaho	

18. CAUSE OF DEATH 4109
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	myocardial infarction	12 Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	a.s.h.d.	18 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2-71 *, 19___, to* 8-31-72 *, 19___, that I last saw the deceased alive on* 8/31 *, 19*72*, and that death occurred at* 11:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE L. R. Tanner 294 (Degree or title) MS	23b. ADDRESS 795 S Blvd Idaho Falls Ida	23c. DATE SIGNED 9/7/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/5/1972	24c. NAME OF CEMETERY OR CREMATORY Rexburg, Cemetery	24d. LOCATION (City, town, or county) (State) Rexburg, Madison, Idaho
DATE REC'D BY LOCAL REG. Sept 11-'72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Russell Flamm	LICENSE NO. M-254

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3733
Local Reg. No. 31-72
Reg. Dist. No. 100

RECEIVED AUG 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Boundary	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry c. LENGTH OF STAY (In this place) 10 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital 047	d. STREET ADDRESS (If rural, give location) P. O. Box #123

3. NAME OF DECEASED (Type or Print)	a. (First) VERLIN	b. (Middle) HENRY	c. (Last) TRITT	4. DATE OF DEATH (Month) (Day) (Year) August 12, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1894	9. AGE (In years last birthday) 78 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Foreman 4	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Waynesville, N. Carolina	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William H. Tritt	BIRTHPLACE North Carolina	14. MOTHER'S MAIDEN NAME Sarah J. Oxner	BIRTHPLACE North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 700-07-0408	17. INFORMANT'S OWN SIGNATURE Hollis C. Tritt	ADDRESS Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma Lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* 8/12, *19*72 *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 153 (Degree or title) MD	23b. ADDRESS Bonners Ferry Ida	23c. DATE SIGNED 8/13/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/15/72	24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho
DATE REC'D BY LOCAL REG. Aug. 12, 1972	REGISTRAR'S SIGNATURE Troyla Stone	25. EMBALMER [signature]	LICENSE NO. M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3734
Local Reg. No. 3
Reg. Dist. No. 670

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Butte /20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Nursing Home 325

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Butte /20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural---Moore
d. STREET ADDRESS (If rural, give location) 4 miles S. W.

3. NAME OF DECEASED (Type or Print) a. (First) ROYAL b. (Middle) c. (Last) WADDOUPS

4. DATE OF DEATH (Month) (Day) (Year) August 12, 1972

5. SEX Male

6. COLOR OR RACE Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 19, 1885

9. AGE (In years last birthday) 87
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 7

10b. KIND OF BUSINESS OR INDUSTRY Livestock

11. BIRTHPLACE (State or foreign country) Bountiful, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Waddoups BIRTHPLACE Sowe, England

14. MOTHER'S MAIDEN NAME Mary Call BIRTHPLACE Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-42-9708

17. INFORMANT'S OWN SIGNATURE P Dean Waddoups ADDRESS Moore, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4409 Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Congestive Heart failure — weeks
DUE TO (c) Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1972, *to* Aug 12, 1972, *that I last saw the deceased alive on* 8/12, 1972, *and that death occurred at* 9:58 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul A Barr 1064 (Degree or title) /

23b. ADDRESS Arco, Idaho

23c. DATE SIGNED 8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-16-72

24c. NAME OF CEMETERY OR CREMATORY Lost River Cemetery

24d. LOCATION (City, town, or county) (State) Moore, Idaho

DATE REC'D BY LOCAL REG. Sept. 10-1972

REGISTRAR'S SIGNATURE Betty J. Marvel

25. EMBALMER E. O. Marvel

LICENSE NO. M-457

FIRM NAME: Marvel Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 1 4 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3735
Local Reg. No. 4
Reg. Dist. No. 670

BIRTH NO.

RECEIVED SEPT 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
c. LENGTH OF STAY (In this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location) 359 Challis Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GRACE	ANN	URICH	August 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Dec. 22, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Longdale, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Benjamin Finck	Craig, Mo.	Clara Modina Snider	Weaubleau, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-82-2183	Walter C Evans	Arco, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2509 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 12 yrs.
DUE TO (c) Diabetes Mellitus — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Gen. — 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov — , 1961, to Aug 31, 1972, that I last saw the deceased alive on Aug 31, 1972, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
R J Barker 031 MD	Arco, Idaho 83213	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-4-72	Howe Cemetery	Howe, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 10 1972	Betty J. Marvel	C. H. Marvel	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 07 2005

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 30 1972 Bureau of Vital Statistics

State File No. 3736
Local Reg. No. 428
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. View Terrace Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace	Hettie	Baird	July 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 31, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burr Oak, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John A. Smith — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Lydia Ann Wagoner — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-40-1649B
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4409 Arteriosclerosis with	2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Extreme dementia	1 year
DUE TO (c)	Coronary insufficiency	uncertain
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 60, *to* 7-27, 19 72, *that I last saw the deceased alive on* 6-30, 19 72, *and that death occurred at* 1145 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Kemik 280 MD	1819 Ellis St Caldwell	8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-31-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 29, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3737
Local Reg. No. 395
Reg. Dist. No. 360

RECEIVED AUG 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 236 Meffan

3. NAME OF DECEASED (Type or Print)	a. (First) Nola	b. (Middle) M.	c. (Last) Beckwith	4. DATE OF DEATH (Month) Aug. (Day) 1, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: May 28, 1892	9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Pattensburg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Dilley	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Laura Blakenship	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-40-1989B	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS: Nampa	

403X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wk.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Nephrin Sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1972, *to* Aug 1, 1972, *that I last saw the deceased alive on* Aug 1, 1972, *and that death occurred at* 4:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R C Tweyer M.D. 666 (Degree or title) 1	23b. ADDRESS: 619 S. Canyon Nampa	23c. DATE SIGNED: Aug 7, 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 3, 1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county): Canyon County (State): Idaho
DATE REC'D BY LOCAL REG.: August 10, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3738
Local Reg. No. 406
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): P.O. Box 435

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph	Jacob	Kurtz	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	Sept. 2, 1900	71	10 / 29	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marsing City Clk.	Retired	Canton, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Kurtz	Unknown	Maria L. Mishler	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	509-09-9004	Ruby L. Kurtz	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ca of lung	2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1621

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-22-71, 19__, *to* 8-1-72, 19__, *that I last saw the deceased alive on* 8-1-72, 19__, *and that death occurred at* 6:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
X W. L. Hubler, M.D. (Degree or title) / W. L. Hubler M.D.	222 East Elm, Caldwell, Ida.	8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-5-1972	Marsing-Homedale	Marsing-Homedale

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 17, 1972	Bernece M. Skinner	Guy M. Flahiff (FIRM NAME) Flahiff Funeral Chapel	M-393

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972
SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3739
Local Reg. No. 397
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nampa Convalescent Center 351

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 616-6th Street South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elwin	Clarence	Moorhouse	Aug.	2	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 27, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. fieldman 7	agriculture	Earl, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Hamilton Moorhouse	Iowa	Almeda Elizabeth Wright	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-07-0277 A	Mrs. E C Moorhouse	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Art Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Art Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* AUG, 1965, *to* AUG 2, 1972, *that I last saw the deceased alive on* AUG 2, 1972, *and that death occurred at* 7:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joe Saltzman MD	619 S. CANYON NAMPA, Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 7, 1972	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 10, 1972	Bernice M. Skinner	Richard W. Meadbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

MAR 7 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3740
Local Reg. No. 393
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG9 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): 8 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 531 Greenleaf Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VENDLA	VICTORIA	NYSTROM	August 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	March 13, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Narke, Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johan Victor Ostring	Sweden	Lovisa Josefina Andersdotter	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-1930-J1	Edna V. Nystrom	Nampa, Idaho

4339

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Art Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Art Insufficiency
DUE TO (c) Gen'l A-S

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/23/ 43, to 8/2/ 72, that I last saw the deceased alive on 8/2/ 72, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jos Saltzgr	M. D.	619 So. Canyon, Nampa, Ida.	8/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 8, 1972	Bernice M. Skinner	Charles D. Parsons	M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 14 1973

MAY 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 22 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3741
Local Reg. No. 415
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): 6 Hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital 051	d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)	a. (First) Joe	b. (Middle)	c. (Last) Perecz Sr.	4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1972	
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 23, 1887	9. AGE (In years last birthday): 85	IF UNDER 1 YR. Months 4 Days 10; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Retired		11. BIRTHPLACE (State or foreign country): Sayoe Hungary	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Perecz	BIRTHPLACE: Hungary		14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Hungary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 518-46-5186		17. INFORMANT'S OWN SIGNATURE: x Rosa Perecz	ADDRESS	

4-379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe cerebral vascular insufficiency	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-31-70, 19__, *to* 8-3-72, 19__, *that I last saw the deceased alive on* 8-3-72, 19__, *and that death occurred at* 3:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Reed, M.D. (Degree or title) X Charles E. Reed M 379	23b. ADDRESS: 222 East Elm Caldwell, Ida	23c. DATE SIGNED: 8-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-7-1972	24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho		
DATE REC'D BY LOCAL REG.: August 21, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Leonard C. Flaniff; FIRM NAME: Flaniff Funeral Chapel
LICENSE NO.: M-481		

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 22 1972 Bureau of Vital Statistics

State File No. 3742
Local Reg. No. 411
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 4 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fay		Carter	Aug. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married	June 29, 1915	57	1	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Self	Watonga, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
F. W. Carter		Flora Belle Evans	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	441-12-1690	Mrs Fay Carter	Parma Ida. Rt. 1.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-17-71, 19__, to 8-5-72, 19__, that I last saw the deceased alive on 8-5-72, 19__, and that death occurred at 11:15a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
X W. L. Hubler, M.D. (Degree or title)	222 East Elm, Caldwell, Ida	8-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-9-1972		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 21, 1972	Bernice McKinney	Leonard Fleischauer	M-481

FUNERAL Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 17 1972 Bureau of Vital Statistics

State File No. 3743
Local Reg. No. 404
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 223 Blaine

3. NAME OF DECEASED (Type or Print)	a. (First) Alice	b. (Middle) E.	c. (Last) Pinkerton	4. DATE OF DEATH (Month) August (Day) 5, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 13,1887	9. AGE (In years last birthday): 85 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Burchard, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME: William T.Patterson	BIRTHPLACE: Ohio.	14. MOTHER'S MAIDEN NAME: Venna Morrow	BIRTHPLACE: Xenia,Ohio.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-24-7781B	17. INFORMANT'S OWN SIGNATURE: Merle E Pinkerton	ADDRESS: Nampa, Idaho.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease c̄ Fibrillation & Decompensation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolism to R. Lower Extremity

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1972, *to* 8-5, 1972, *that I last saw the deceased alive on* Aug 5, 1972, *and that death occurred at* 5 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Mangum 322 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 12 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 7,1972	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Idaho.
DATE REC'D BY LOCAL REG.: August 16,1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Richard W. Meserbrink	LICENSE NO.: M-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972
JUN 30 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3744
Local Reg. No. 421
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 14 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Convalscent Center 354

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Agnes	Mae	Denman	Aug. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 10, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Cannan, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph N. Dunn	Unknown	Eliza Ryker	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-54-2526T	James R. Dakan	504 So. Kimball

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Cardiovascular	several
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	disease with Cerebral ischemia	month.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 30, 1962, *to* Aug 6, 1972, *that I last saw the deceased alive on* June 30, 1972, *and that death occurred at* 9701 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Emerick	MD	1819 Ellis St Caldwell Idaho	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-11-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/23/72	Irene N. Kuntz	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 15 1972 Bureau of Vital Statistics

State File No. 3745
Local Reg. No. 402
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 142
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 436 Central Midland Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nona	Dell	Swigart	August 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 14, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Spencer, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Gillispie	Indiana	Jennie Ledbetter	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-44-4999	Dora M Dutro	Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

404X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardio-vascular-renal disease

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis with Cholilithiasis
Right eye enucleated

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Aphakia left ete

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945 , 19 , *to* Aug 6 1972 , 19 , *that I last saw the deceased alive on* Aug 6 1972 , 19 , *and that death occurred at* 9:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche	560 M. D.	Nampa, Idaho	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 1972	Kohlerlawn Cemetery	Nampa, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 14, 1972	Bernice M. Skinner	Richard W. Meenbrink	M-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3746
Local Reg. No. 400
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 707 11th Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) WILLARD b. (Middle) c. (Last) ISGRIGG

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 19, 1894

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Roofing

11. BIRTHPLACE (State or foreign country): Hartsville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Decatur Isgrigg
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Martha Abigail Beels
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-05-2990-A

17. INFORMANT'S OWN SIGNATURE: Effie E. Isgrigg
ADDRESS: Nampa, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Inspection & History, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE: John C. Weeche 560 (Degree or title) M. D. Coroner

23b. ADDRESS: 1305 3rd Street South, Nampa

23c. DATE SIGNED: 8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 9, 1972

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county): Boise, Idaho (State)

DATE REC'D BY LOCAL REG.: August 14, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Charles L. Parsons

LICENSE NO.: M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 8 1972

OCT 22 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 15 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3747
Local Reg. No. 396
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 4, Nampa
d. STREET ADDRESS (If rural, give location): Rural Route 4, Nampa

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	F.	Freeland	Aug. 6 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 27, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machine operator	construction	Peebles, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Benjamin Freeland	Ohio	Samantha Virginia Phillips	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 11/1820-2/29/32	566-01-3174	x Marjorie N. Freeland	Rt. 4, Box 4014 Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pleural Mesothelioma	3/16/72
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	with Respiratory	
DUE TO (c)	Failure	7/6/72
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-21-72	Pleural Mesothelioma	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1972 *to* Aug 6, 1972 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John McCabe	MD	619 S. Canyon Nampa	7 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug. 10, 1972	Kohlerlawn Cemetery	Nampa	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 10, 1972	Berniece M. Skinner	Richard W. Mesenbrink	M-487

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 15 1972

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 30 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3748
Local Reg. No. 409
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route 2 Box 2077

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	E.	Thompson	Aug. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) (Last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 26, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Idaho City, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Eggers	Germany	Meta Sinke	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-18-3505	Frank L Thompson	Boise, Idaho

4369

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Kyphoscoliotic heart disease — 10+ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from December 6, 1971 to August 8, 1972, that I last saw the deceased alive on August 8, 1972, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvel Baugh MD	Nampa Idaho	18 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 1972	Meridian Cemetery	Meridian, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 18, 1972	Bernice M. Skinner	Richard W. Meadows	M-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3749
Local Reg. No. 399
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 3, Parma	c. LENGTH OF STAY (In this place)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, Rt. # 3, Parma			d. STREET ADDRESS (If rural, give location): Rt. # 3	

3. NAME OF DECEASED (Type or Print) a. (First): Azel	b. (Middle): Alden	c. (Last): Johnson	4. DATE OF DEATH (Month) (Day) (Year): August 8, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 5, 1906	9. AGE (In years last birthday): 66	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Pollock, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John C. Johnson	BIRTHPLACE: Missouri		14. MOTHER'S MAIDEN NAME: Nancy Ann Shirkey	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 487-010-220	17. INFORMANT'S OWN SIGNATURE: Mae C. Johnson	ADDRESS	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Inspection & History, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche, 580 (Degree or title) M. D. Coroner	23b. ADDRESS: Nampa, Idaho	23c. DATE SIGNED: 8-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-10-72	24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery	24d. LOCATION (City, town, or county) (State): Parma, Idaho
DATE REC'D BY LOCAL REG.: August 14, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: James R. Dolan	LICENSE NO.: M-485
		FIRM NAME: Dakan Chapel, Caldwell, Idaho	

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 16 1972
AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 25 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. JUL 22 1977 NOV 25 1991

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3750
Local Reg. No. 407
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 2104 - 2nd St. So.

3. NAME OF DECEASED (Type or Print)	a. (First) REVA	b. (Middle) ROSA	c. (Last) MABE	4. DATE OF DEATH (Month) (Day) (Year) August 8, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: April 19, 1899	9. AGE (In years last birthday): 73 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Monroe, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Erastus Johnson	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Martha Rosa Christianson	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - -	16. SOCIAL SECURITY NO.: 518-24-7364A	17. INFORMANT'S OWN SIGNATURE: E H Mabe	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5770

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute panoreatitis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic urinary tract infection

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 9, 1971, *to* August 7, 1972, *that I last saw the deceased alive on* August 7, 1972 *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E Blough 730 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 10 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8/11/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county): Nampa Canyon (State): Idaho
DATE REC'D BY LOCAL REG.: August 18, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Marvin R. Heikkila	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1972
MAY 23 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3751
Local Reg. No. 427
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 16 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1021 Cameron

3. NAME OF DECEASED (Type or Print): a. (First) GLADYS b. (Middle) CAROLINE c. (Last) HANSEN
4. DATE OF DEATH: (Month) (Day) (Year) August 9, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1898
9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Houston, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Kyle BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Meddor BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-12-9865A
17. INFORMANT'S SIGNATURE: x Howard B. Hansen ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Cardiovascular disease with Cerebral ischemia — INTERVAL BETWEEN ONSET AND DEATH: several month

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1970, *to* Aug. 9, 1972, *that I last saw the deceased alive on* Jan 30, 1972, *and that death occurred at* 5 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Kennedy (Degree or title) MD
23b. ADDRESS: 1819 Ellis St Caldwell Ida.
23c. DATE SIGNED: 8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-12-72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: August 28, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Clyde J. Vassar
LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG-30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3752
Local Reg. No. 405
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 17 1972
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 40
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	V.	RADABAUGH	August	10	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 9, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Ranching	Oakhill, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William J. Radadbaugh	Iowa	Elizabeth H. Unknow	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	519-40-1436	Edith Knotts	Vale, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inspection & History, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche	566 M. D. Coroner 4	Nampa, Idaho	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8/14/72	Cloverdale Cemetery	Boise ADA	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 16, 1972	Berniece M. Skinner	Marvin R. Herbold	M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Cahpel

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3753
Local Reg. No. 419
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) Gray c. (Last) Rockhill

4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1972

5. SEX Female

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 9, 1899

9. AGE (In years last birthday) 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Yampa, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David S. Gray BIRTHPLACE Grays Point, Mo.

14. MOTHER'S MAIDEN NAME Howard Rockhill BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 700-03-1814B

17. INFORMANT'S OWN SIGNATURE X ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8878

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 19 72

19b. MAJOR FINDINGS OF OPERATION fracture left ankle

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Of

21c. (CITY, TOWN, OR TOWNSHIP) 13-148 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) 7 (Day) 18 (Year) 72 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? fell in barn

22. I hereby certify that I attended the deceased from July 18, 1972, to Aug 10, 1972, that I last saw the deceased alive on Aug 10, 1972, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE Hal C Reynolds 43-7 (Degree or title) MD

23b. ADDRESS Caldwell

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-14-1972

24c. NAME OF CEMETERY OR CREMATORY Star Cemetery

24d. LOCATION (City, town, or county) Star, Idaho (State)

DATE REC'D BY LOCAL REG. 8/22/72

REGISTRAR'S SIGNATURE Irene N. Kentch

25. EMBALMER Leroy M. Flahiff

LICENSE NO. M-393

FIRM NAME Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 3 1975

DEC 1 1 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. FEB 1 9 1976
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3754
Local Reg. No. 417
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ora	Ethel	Wade	August 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 12, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Competition, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac H. McBride	Missouri	Lula Mae Breckett	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-20-1854B	Evelyn M. Simon	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4121

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-27-69, 19__, *to* 8-10-72, 19__, *that I last saw the deceased alive on* 8-10-72, 19__, *and that death occurred at* 3:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X W.L. Hubler, M.D.	222 East Elm, Caldwell, Ida	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-14-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 21, 1972	Bernice McAtkinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3755
Local Reg. No. 401
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Canyon / 02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa	c. LENGTH OF STAY (In this place)			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 520 West Dakota OOO				d. STREET ADDRESS (If rural, give location): 520 West Dakota	

3. NAME OF DECEASED (Type or Print)	a. (First): Bill	b. (Middle): Gerald	c. (Last): Staker	4. DATE OF DEATH (Month) (Day) (Year): Aug. 10, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: Oct. 23, 1966	9. AGE (In years last birthday): 5	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Nampa, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Bill Staker	BIRTHPLACE: Ogden, Utah		14. MOTHER'S MAIDEN NAME: Janet Frazier	BIRTHPLACE: Pocatello, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none		17. INFORMANT'S OWN SIGNATURE: Bill Staker	ADDRESS: Nampa, Ida	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8136

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Broken neck & a crushed skull — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident on street	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): West Dakota Ave	21c. (CITY, TOWN, OR TOWNSHIP): Nampa	(COUNTY): Canyon	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 10 1972 9 A M.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Child on bicycle and garbage truck backed over the child and bicycle.		

22. I hereby certify that I attended the deceased from Inspection and history, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE: Henry C. Wesche	(Degree or title): M. D. Coroner	23b. ADDRESS: Nampa, Idaho	23c. DATE SIGNED: 8-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 14, 1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county): Canyon County	(State): Idaho
DATE REC'D BY LOCAL REG.: August 14, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Meerbrink	LICENSE NO.: M-487	

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 16 1972

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 19 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3756
Local Reg. No. 418
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Rt. # 4
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home of Vernon Combs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Barker

4. DATE OF DEATH (Month) (Day) (Year) August 11, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Aug. 11, 1972

9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 9

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Curtis W. Barker
BIRTHPLACE Oregon

14. MOTHER'S MAIDEN NAME Margie A. Combs
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Curtis W. Barker
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 777X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Prematurity

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* History only *19__, to 19__, that I last saw the deceased alive on 19__, and that death occurred at* 11:30 P. M. *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche (Degree or title) M. D. Coroner

23b. ADDRESS Nampa, Idaho

23c. DATE SIGNED 8-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-14-72

24c. NAME OF CEMETERY OR CREMATORY Knowlton Heights Cemetery

24d. LOCATION (City, town, or county) (State) Canyon County, Idaho

DATE REC'D BY LOCAL REG. 8/22/72

REGISTRAR'S SIGNATURE Irene N. Kantz RN

25. EMBALMER

LICENSE NO. M-508

FIRM NAME Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3757
Local Reg. No. 412
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 1 yr 2
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kephart Christian Boarding Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon / 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	ELIZABETH	EMMERT	August 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 11, 1873	98		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Rogersville, Tennesse	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Gross	Rogersville, Tennesse	Rachel Isenberg	Rogersville, Tennesse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	- - - - - - -	519-44-3645D	E M Emmert	Bowmont, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5990

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Urinary Tract Infection — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/13/ , 19 71 , *to* 8/11/ , 19 72 , *that I last saw the deceased alive on* 8/11/ , 19 72 , *and that death occurred at* 9:40p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard C. Troyer	666 M.D.	619 S. Canyon, Nampa, Idaho	Aug 15, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8/15/72	Kohlerlawn Cemetery	Nampa Canyon	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 21, 1972	Bernice M. Skinner	Marvin R Hadlock	M-515

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3758
Local Reg. No. 410
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place) 7 Mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland Manor Nursing Home 301	d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) a. (First) Guy	b. (Middle) Thornton	c. (Last) Britton	4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1972			
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept.30,1888	9. AGE (In years last birthday) 83	IF UNDER 1 YR. Months 10 Days 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Adel, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Samuel H. Britton	BIRTHPLACE Unknown		14. MOTHER'S MAIDEN NAME Anna Gudgell	BIRTHPLACE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 519-42-6164A		17. INFORMANT'S OWN SIGNATURE Inez M. Britton	ADDRESS		

486X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia -	2 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	dysphagia & weakness	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebrovascular Thrombosis	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Paralysis agitans	20. AUTOPSY? Yes ☑ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jun 71, 19__, to Aug 11, 1972, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Marcusson 326 (Degree or title)	23b. ADDRESS Nampa Idaho	23c. DATE SIGNED 8/16/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-15-1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Mem. Gard.	24d. LOCATION (City, town, or county) (State) Near Nampa, Idaho
DATE REC'D BY LOCAL REG. August 21,1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER Leonard C. Flahiff	LICENSE NO. M-481

FIRM NAME Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972
DEC 31 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3759
Local Reg. No. 420
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1512 12th Avenue Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNE	MARIE	BLENKLE	August 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	August 2, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse	Catholic Nun	Blackfoot, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marcus Blenkle	Germany	Anna Marie Arvish	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	519-64-3528-A	Cecelia D. Voyt	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary embolus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 12 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/4/ , 19 72 to 8/12/ , 19 72 , that I last saw the deceased alive on 8/12/ , 1972 , and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard C. Troyer M.D.	619 So. Canyon St. - Nampa	Aug 15, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	Aug. 16, 1972	Mountain View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/23/72	Irene N. Kenter RN.	Charles L. Persons	M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3760
Local Reg. No. 413
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boulevard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 472 Caldwell Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Genevieve	Illy	Erikson	August 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 29, 1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Shickley, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David C. Mowry	Illinois	Lucy Brown	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-28-1317T.	Fern Pansy Crowther	Sacramento, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cerebral Vascular Disease & Chronic Brain Syndrome — 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-23 1952 11P. to 8-12, 1972, that I last saw the deceased alive on 8-10, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
I C Gorton 245 MD	1223-7 St. So. Nampa	8-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16, 1972	Kohlerlawn Cemetery	Nampa, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 21, 1972	Bernice M. Skinner	Marvin R Reichle	M-515

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3761
Local Reg. No. 408
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. #3, Chicago Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
INEZ	MARIE	PULLIN	August 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 4, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Cedar Co., Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Conner	Missouri	Sarah Burrus	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-58-9644	x Roland Pullin	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease & Fibrillation & Decompensation
DUE TO (c) Pneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death (3) Chronic Bronchitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 Aug, 72, to 12 Aug, 72, that I last saw the deceased alive on 12 Aug, 72, and that death occurred at 8:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Manyum MD 332	Nampa, Idaho	14 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/15/72	Hillcrest Mem. Gardens	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 18, 1972	Bernice M. Skinner	Marvin R. Hebbile	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3762
Local Reg. No. 414
Reg. Dist. No. 360

RECEIVED AUG 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1424 Blaine 000	d. STREET ADDRESS (If rural, give location) 1424 Blaine St.

3. NAME OF DECEASED (Type or Print)	a. (First) Charley	b. (Middle) A.	c. (Last) Randolph, Sr.	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1906	9. AGE (In years last birthday) 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Asotin, Washington	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joshua Alfred Randolph	BIRTHPLACE Kansas		14. MOTHER'S MAIDEN NAME Lillie May Muncey	BIRTHPLACE Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-09-0742		17. INFORMANT'S OWN SIGNATURE X Lucille Randolph	ADDRESS

4100

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-28-55, 19___, *to* 7-26-72, 19___, *that I last saw the deceased alive on* 7-26-72, 19___, *and that death occurred at* 11:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Reed, M.D. (Degree or title) XX Charles E. Reed MD 379	23b. ADDRESS 222 East Elm, Caldwell, Ida	23c. DATE SIGNED 8-16-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-16-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. August 21, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Glenn Leon Johnson	LICENSE NO. M545

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972
NOV 2 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 5 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3763
Local Reg. No. 416
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 250	d. STREET ADDRESS (If rural, give location) Route #4

3. NAME OF DECEASED (Type or Print)	a. (First) LORENZO	b. (Middle) CARL	c. (Last) PETERSEN	4. DATE OF DEATH (Month) (Day) (Year) August 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9, 1878	9. AGE (In years last birthday) 93 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Sheep-Livestock	11. BIRTHPLACE (State or foreign country) Hyrum, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lorentz Petersen	BIRTHPLACE Demark	14. MOTHER'S MAIDEN NAME Kristine Hanson	BIRTHPLACE Demark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - - - -	16. SOCIAL SECURITY NO. 518-42-4360	17. INFORMANT'S OWN SIGNATURE X Blaine Petersen	ADDRESS Caldwell, Idaho	

18. CAUSE OF DEATH 450X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary embolus +	1 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	embolus	1 week
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Embo Vasc Thrombosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1969 *19*__, *to* Aug 13 *19*72, *that I last saw the deceased alive on* Aug 13 *19*72 *and that death occurred at* 8:00p. *m., from the causes and on the date stated above.*

23a. SIGNATURE DB Marcusewitz 326 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 8/16/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial-Removal	24b. DATE 8/16/72	24c. NAME OF CEMETERY OR CREMATORY Hyrum Cemetery	24d. LOCATION (City, town, or county) (State) Hyrum, Utah
DATE REC'D BY LOCAL REG. August 21,1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER Marvin R. Hicklila	LICENSE NO. M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3764
Local Reg. No. 442
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ethel	S.	Hopkins	Aug. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 18, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Jenkins, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Stubblefield	Indiana	Mary Zinm	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
	728-10-5690	Edith Lucille Hatch

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Urinary Tract Infection — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-22-72	Fracture R femur	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 31, 19 72, to Aug 14, 19 72, that I last saw the deceased alive on Aug 11, 19 72, and that death occurred at 3 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Caldwell	8 31 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-17-72	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 6, 1972	Bernece M. Skinner	Rodney W. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 1972
APR 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3765
Local Reg. No. 423
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 236 High St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marion	L.	Parrott	Aug. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 8, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Pleasonton, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James D. Parrott	Iowa	Anna Edna Wright	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1919-21	519-07-0023	Jessie F. Parrott	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

43 19

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Post Infarct Cerebellar artery
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/8/ , 19 71 , *to* 8/15/ , 19 72 , *that I last saw the deceased alive on* 8/15/ , 19 72 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. C. Lewis M.D. (Degree or title)	619 So. Canyon, Nampa, Idaho	Aug 17, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-18-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/22/72	Irene N. Kanda	Glenn Leon Johnson	M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3766
Local Reg. No. 422
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland Manor Nursing Home 301	d. STREET ADDRESS (If rural, give location) 436 Central Midland Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Amy	b. (Middle)	c. (Last) Murray	4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 17, 1892	9. AGE (In years last birthday) 80; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Perry, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph A. Ames	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Jeanette A. Austin	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-60-2007	17. INFORMANT'S OWN SIGNATURE x M. Adelia Pipkin	ADDRESS Reno, Nev.	

18. CAUSE OF DEATH 450X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple pulmonary emboli — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility & Arthrosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Aug 15, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE J B Marcusen MD 326 (Degree or title)	23b. ADDRESS Nampa Idaho	23c. DATE SIGNED 8/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery	24d. LOCATION (City, town, or county) Ada County (State) Idaho
DATE REC'D BY LOCAL REG. 8/25/72	REGISTRAR'S SIGNATURE Irene N. Konte	25. EMBALMER Richard W. Mesenbrink	LICENSE NO. M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3767
Local Reg. No. 426
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Nampa Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural---Route 1, Nampa
d. STREET ADDRESS (If rural, give location): Route 1, Nampa

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Forrest	Benton	Grove	Aug. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 8, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	agriculture	Leavenworth Co. Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Benton Grove	West Virginia	Louise Stokes	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-5928A	E. Pearl Grove	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2699

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastrectomy and senile psychosis
DUE TO (c) and recurrent pulmonary infection

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-1 1970, to 8-16, 1972 that I last saw the deceased alive on 8-16, 1972 and that death occurred at 8:20A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Warren R Blough 730 (Degree or title)	Nampa Ida	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1972	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 28, 1972	Bernice M. Skinner	Richard W. Messenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 8 1973

OCT 31 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3768
Local Reg. No. 435
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 436 Central Midland Blvd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lewis	M.	Slaughter	Aug. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 24, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 7	Agriculture	Marceline, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Larkin Slaughter	Unknown	Katie Titus	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-34-5773	+ Lester L Fay	Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease c Decompensation
DUE TO (c) Peptic Ulcer Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Myloma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1966, to 18 Aug, 1972, that I last saw the deceased alive on 21 August, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. K. Mangum MD	302	Nampa Idaho	21 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-22-72	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 31, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Flahiff Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3769
Local Reg. No. 437
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1/2

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (In this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IDAHO STATE SCHOOL & HOSPITAL 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CANYON 1/2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): IDAHO STATE SCHOOL & HOSPITAL

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GORDON		WESTCOTT	AUGUST 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	JULY 6, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MENTALLY INCAPACITATED	PATIENT	WASHINGTON	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DANIEL H. WESTCOTT	NEW YORK	ELVA KATHRYN GRANDSTAFF	WEST VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	- - - - - - -	NONE	HOSPITAL RECORDS BY R.W. Rosenbruch	NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

342X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Parkinsonism - adv disability	53 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Basal ganglion dis. -	53 yrs
DUE TO (c)	Encephalitis - stage 7	53 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Benign Prostatic Hypertrophy	4+ yrs
	Gastro enteritis - acute	10-11 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:08A. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.B. Gordon	443 MD	Nampa Idaho	8/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	8/26/72	HILLCREST MEM. GARDENS	NAMPA CANYON IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 1, 1972	Bernice McKinney	Marvin R. Heikkila	M-515

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3770
Local Reg. No. 424
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 1/2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 712-17th Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 1/2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 712-17th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leonie		Eames	August 19, 1972.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 3, 1889.	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lew Morrow	No Record	Sarah	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-60-0761	Wallace J. Eames	Rt 1 Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — Acute myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: *

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) A.H.D — Chronic decompensation — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstipation — Fecal impaction — 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4 P.M., 1952, to 8/19, 1972, that I last saw the deceased alive on 7/27, 1972, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.B. Rose	449	Nampa Idaho	8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 23, 1972	Kohlerlawn Cemetery.	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/25/72	Irene M. Kuntz	Marvin R. Heikkila	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3771
Local Reg. No. 429
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Convalscent Center 3541

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Mabel
b. (Middle) Carter
c. (Last) Bennett

4. DATE OF DEATH (Month) (Day) (Year) August 19, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH January 20, 1879
9. AGE (In years last birthday) 93
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Clinton, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Johnathan B. Carter
BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Charlotte Whitington
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-0706
17. INFORMANT'S OWN SIGNATURE Marion Bennett
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerosis with
INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemiplegia - extreme dementia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 8 - 19, 1972, *that I last saw the deceased alive on* 7 - 31, 1972, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Kimich 280 (Degree or title) MD
23b. ADDRESS 1819 Ellis St Caldwell Idaho
23c. DATE SIGNED 8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-22-72
24c. NAME OF CEMETERY OR CREMATORY Roswell Cemetery
24d. LOCATION (City, town, or county) (State) Roswell, Idaho

DATE REC'D BY LOCAL REG. August 29, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER James R Dakan
LICENSE NO. M-485

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 4 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3772
Local Reg. No. 455
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hsopital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Raymond	H.	Holste	Aug. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 14, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Massena, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Holste — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Paulena Reichard — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-9419A
17. INFORMANT'S OWN SIGNATURE W. L. Hubler ADDRESS 110

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Focal severe arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diffuse cerebral atrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8-67, 19____, to 8-21-72, 19____, that I last saw the deceased alive on 8-21-72, 19____, and that death occurred at 12 noon m., from the causes and on the date stated above.

23a. SIGNATURE X W. L. Hubler, M.D. (Degree or title) — 250
23b. ADDRESS 222 East Elm, Caldwell, Ida.
23c. DATE SIGNED 8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-23-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Bernice M. Atkinson	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3773
Local Reg. No. 425
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington b. COUNTY: Yakima
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yakima
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2miles S.-1 mileE. of South Side Blvd.	d. STREET ADDRESS (If rural, give location): 808-South 4th Avenue

3. NAME OF DECEASED (Type or Print) a. (First): James	b. (Middle): Gordon	c. (Last): Wilson	4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: Feb.11,1953	9. AGE (In years last birthday): 19 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Yakima, Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Robert L. Wilson	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Nora A. Keever	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Don't know	16. SOCIAL SECURITY NO.: 532-52-8167	17. INFORMANT'S OWN SIGNATURE: Family records by John F. Alsip, Jr.	ADDRESS: Nampa, Idaho.	

8169

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Broken neck and crushed chest

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Auto accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Auto accident at Locust Lane & Happy Valley Rd.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06	21c. (CITY, TOWN, OR TOWNSHIP) 13 140 (COUNTY) (STATE): Canyon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 22 1972 2 A. M.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Car ran past dead end of road and into irrigation canal.

22. *I hereby certify that I attended the deceased from* Inspection only. *, to* _____ *, 19*____ *, that I last saw the deceased alive on* _____ *, 19*____ *, and that death occurred at* about 2 A. M. *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche M. D. Coroner (Degree or title) 560 4	23b. ADDRESS: Nampa, Idaho	23c. DATE SIGNED: 8-22-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Yakima, Washington.		
DATE REC'D BY LOCAL REG.: 8/25/72	REGISTRAR'S SIGNATURE: Irene N. Kanta	25. EMBALMER: Marvin R. Keilshila — LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972

AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3774
Local Reg. No. 431
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 31 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTIN		WELTI	8	24	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	March 1, 1899	73	5	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Switzerland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	565-32-2806A	Pushy Welti	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (R) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-19-72 to 8-24-72, that I last saw the deceased alive on 8-22-72, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
258	222 East Cleveland Caldwell	8-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/28/72	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 30, 1972	Bernice M. Skinner	Guy M. Flahiff	M-393

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 2 8 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3775
Local Reg. No. 430
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 30 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1603 EAST DAKOTA AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1603 EAST DAKOTA AVE.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL	WILLIAM	JOHNSON	AUGUST 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED.	DECEMBER 13, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RET. LOCOMOTIVE ENGINEER	RAILROAD	HUNTSVILLE, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CARL AUGUST JOHNSON	SWEDEN	TECKLA WILLHAMINA ECKLUND	SWEDEN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
NO	712-09-4691	Mrs Carl W. Johnson NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma Prostate c Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-2, 1966, to 8-24, 1972, that I last saw the deceased alive on 8-23, 1972, and that death occurred at 2:05 A m, from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
I C Hanlon 245 (Degree or title) MD	1223-7 St. So. Nampa	8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	AUG. 26, 1972	HILLCREST MEMORIAL GARDENS	CANYON COUNTY, IDAHO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 29, 1972	Lernere M. Skinner	Marvin R. Heikkila	M-515

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG-31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3776
Local Reg. No. 433
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 1302 N. Ohio

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1302 N. Ohio

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Beulah	Schweitzer	Lehman	August 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 28, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Wood River, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Schweitzer	Nebraska	Minerva Stutzman	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		X Enos L. Lehman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hr.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rheumatoid Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 23, 1972 *to* Aug 25, 1972 *that I last saw the deceased alive on* Aug 25, 1972 *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	222 East Logan Caldwell	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-28-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 31, 1972	Bernice M. Skinner	[signature]	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3777
Local Reg. No. 444
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY CANYON 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 407-13TH AVE. NO. 000	d. STREET ADDRESS (If rural, give location) 407-13TH AVE. NO.

3. NAME OF DECEASED (Type or Print) a. (First) LESTER	b. (Middle) F.	c. (Last) GEISLER	4. DATE OF DEATH (Month) AUGUST (Day) 25 (Year) 1972		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 10, 1894	9. AGE (In years last birthday) 77	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IMPLEMENT DEALER 3	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (State or foreign country) MENAN, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME FRED W. GEISLER	BIRTHPLACE UTAH	14. MOTHER'S MAIDEN NAME JESINE HANSEN	BIRTHPLACE DENMARK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. 519-22-5712	17. INFORMANT'S OWN SIGNATURE x Mrs Ada Geisler	ADDRESS NAMPA		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

455X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gastrointestinal hemorrhoid, site undetermined. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure — 3 yrs

DUE TO (c) Arteriosclerotic cardiovascular disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1960, *to* 25 Aug, 1972, *that I last saw the deceased alive on* 4 Aug, 1972, *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Graydon Olson 115 (Degree or title)	23b. ADDRESS Nampa, Idaho	23c. DATE SIGNED 1 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 28, 1972	24c. NAME OF CEMETERY OR CREMATORY KOHLERLAWN CEMETERY	24d. LOCATION (City, town, or county) NAMPA (State) IDAHO
DATE REC'D BY LOCAL REG. Sept. 7, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Marvin R. Heikkila	LICENSE NO. M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 9/11/72

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3778
Local Reg. No. 434
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 360 Mt. View Terrace Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 408 E. Logan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	A.	Miller	Aug. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 29, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bradshaw, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amos J. Miller	Ohio	Virginia Howell	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-32-1430A
17. INFORMANT'S OWN SIGNATURE ADDRESS x Beulah A. Miller

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Advanced Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 to 2 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Cerebral circulatory insufficiency

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 51, *to* Aug 25, 19 72, *that I last saw the deceased alive on* Aug 24, 1972, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E Kenick	MD	1819 Ellis St Caldwell Idaho	8-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-28-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 31, 1972	Bernice M. Skinner	James R Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

(ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. ... Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972

DUTIES:

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(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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9-7-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Fred A. Miller (Name on Original Certificate) who died (Was Born or Died) on Aug. 25, 1972 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Line 13 Fathers birthplace	Nebraska	Ohio
Line 8 Date of Birth	Sept. 29, 1895	Sept. 29, 1894
Line 9 Age	76	77

Subscribed and sworn to before me this 8th day of September, 1972

A. C. Kiser

Notary Public, residing at Boise, Idaho.

My commission expires 5-8-74

(Seal)

Signed Lucy Miller Boal

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2425 Mtn View Dr. Boise Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1972

A. C. Kiser

Notary Public, residing at Boise, Idaho.

My commission expires 5-8-74

(Seal)

Signed Ralph T. Boal

(Signature of Any Credible Person)

2425 Mtn View Dr. Boise Ida

(Street Address, City, State)

FORM DH 60-155

SEP 11 1972

SEP 12 1972

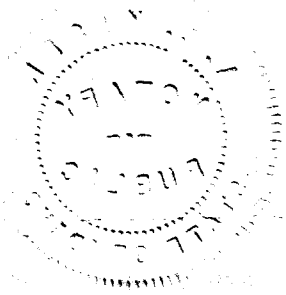

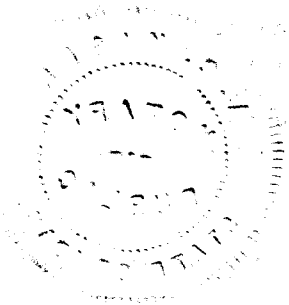

Certificate of Death
STATE OF IDAHO

State File No. 3779
Local Reg. No. 432
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 523 Filmore St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jessie	H.	Henderson	August 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 12, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Palco, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George E. Heiner	Illinois	Susan Eagon	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Viola Thesthusen ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	2wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral vascular accident	1 mo
DUE TO (c)	Cerebral arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ASHD . Diabetes	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3, 19 71, *to* Aug 26, 19 72, *that I last saw the deceased alive on* Aug 25, 19 72, *and that death occurred at* 1 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin E. Blough 730	MD	Nampa Ida	8-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8-29-72	Stockton Cemetery	Stockton, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 31, 1972	Bernice M. Skinner	James R. Dolan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
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(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
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STATEMENT OF PLACE OF DEATH

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3780
Local Reg. No. 450
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2009 E. Linden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Verna	Marion	Shultz	Aug. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 21, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse		Arcadia, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Truman I. Bennett	New York	Dasiy Brown	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-24-7809A	X Aleon W. Shultz	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute cholecystitis & cholelithiasis
DUE TO (c): Benign leiomyoma of the antrum.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-1-72	Benign leiomyoma of the antrum, cholecystitis, cholelithiasis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-31-72, 19__, *to* 8-27-72, 19__, *that I last saw the deceased alive on* 8-27-72, 19__, *and that death occurred at* 12:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
A. M. Palrang, M.D. #25	404 E. Elm, Caldwell, Idaho	9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-29-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11, 1972	Bernece M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

State File No. 3781
Local Reg. No. 436
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — LENGTH OF STAY (In this place): 142	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kuna
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) B.	c. (Last) Forrey	4. DATE OF DEATH (Month) (Day) (Year) August 27, 1972.
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 5, 1905	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Burr Oak, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Albert Forrey	BIRTHPLACE: Kansas	14. MOTHER'S MAIDEN NAME: Emma Crofoot	BIRTHPLACE: Kansas.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-42-4954A	17. INFORMANT'S OWN SIGNATURE: Mrs Pearl Forrey	ADDRESS: Kuna, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4419

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ruptured Aneurysm	1 hr.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962 *19*__, *to* Aug 27, 19 72, *that I last saw the deceased alive on* 8/26/72, *19*__, *and that death occurred at* 1:35P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph B Marcusnuss (Degree or title) 326	23b. ADDRESS: Nuyn Idaho	23c. DATE SIGNED: 8/29/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 31,1972	24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho.		
DATE REC'D BY LOCAL REG.: Sept. 1, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Marvin R. Heikkila — LICENSE NO. M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3782
Local Reg. No. 449
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 141
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon 38 b. COUNTY: Malheur 335
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location): P. O. Box 76

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Helen	S.	Fenwick	Aug. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 26, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Knoxville, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Stone	Iowa	Emma Engle	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	543-42-8215B	x E. S. Fenwick	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-22-68, 19____, *to* 8-27-72, 19____, *that I last saw the deceased alive on* 8-27-72, 19____, *and that death occurred at* 9:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X L. C. Gabrielsen, M.D 178	222 East Elm, Caldwell, Ida	8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-30-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 18 1972

NOV 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 6 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3783
Local Reg. No. 439
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): 142	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Route 7, Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Route 7, Nampa

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) Mae	c. (Last) Gransalke	4. DATE OF DEATH (Month) (Day) (Year) Aug. 28 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov. 27, 1897	9. AGE (In years last birthday): 74 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife x	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Nels Peterson	BIRTHPLACE: Denmark	14. MOTHER'S MAIDEN NAME: Julia Pitt	BIRTHPLACE: Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 553-46-9222A	17. INFORMANT'S OWN SIGNATURE: x Carleta Hungerford	ADDRESS: Nampa, Ida	

18. CAUSE OF DEATH 4124
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic pneumonia, 4 days duration	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardiovascular disease with Cerebrovascular insufficiency	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe degenerative osteoarthritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: No surgery	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 June, 1968, *to* 28 Aug, 1972, *that I last saw the deceased alive on* 28 Aug, 1972 *and that death occurred at* 7:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Graydon Crowther 115 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 30 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug. 30, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery	24d. LOCATION (City, town, or county) (State): Pasadena California
DATE REC'D BY LOCAL REG.: Sept. 5, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP6 - 1972 Bureau of Vital Statistics

State File No. 3784
Local Reg. No. 438
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1015 Fern Street

3. NAME OF DECEASED (Type or Print): a. (First) Betty b. (Middle) L. c. (Last) Barrett
4. DATE OF DEATH: (Month) (Day) (Year) August 29, 1972.
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 5, 1928.
9. AGE (In years last birthday): 44 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Border, Wyoming
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alfred Reeves BIRTHPLACE: Almy, Wyoming
14. MOTHER'S MAIDEN NAME: Nellie Layland BIRTHPLACE: Border, Wyoming.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-8675
17. INFORMANT'S SIGNATURE: Mrs. P. Bowman ADDRESS: Westminister, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH: One year

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic to bone brain liver
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/, 1972, to 8/29/, 1972, that I last saw the deceased alive on 8/29/, 1972, and that death occurred at 10:20A m., from the causes and on the date stated above.

23a. SIGNATURE 1065 (Degree or title) MD
23b. ADDRESS 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED 8/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 5, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
26. EMBALMER: Richard W. Meacham
LICENSE NO.: M-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 6 1972
MAR 14 1973
APR 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 9 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP6 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3785
Local Reg. No. 441
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Route 6 Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Robinson Fruit Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route 6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Zelzia	B.	Shaver	Aug. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 16, 1902	69	9	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer		Ava, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin L. Shaver	Indiana	Rachel Burch	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	515-09-2022	Bessie A. Shaver	

4189

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Inspection & History, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kenneth C. Wesche M. D. Coroner	Nampa, Idaho	9-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 1, 1972	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 5, 1972	Berniece M. Skinner	Leonard C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapels

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3786
Local Reg. No. 440
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland Manor Nursing Home 301	d. STREET ADDRESS (If rural, give location) 1112-11th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First) Clark	b. (Middle)	c. (Last) Martin	4. DATE OF DEATH (Month) August (Day) 30 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 27, 1902	9. AGE (In years last birthday) 70	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. lumberjack 5	10b. KIND OF BUSINESS OR INDUSTRY lumbering	11. BIRTHPLACE (State or foreign country) Cove, Oregon	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Arthur Martin	BIRTHPLACE Kansas	14. MOTHER'S MAIDEN NAME Sylvia Gassett	BIRTHPLACE Oregon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II	16. SOCIAL SECURITY NO. 543-05-4777	17. INFORMANT'S OWN SIGNATURE x Edithe Martin	ADDRESS Nampa, Idaho		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Pulmonary Edema	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	associated with pneumonia	12 hours
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Metastatic Carcinoma of Prostate — 5 years; Hemiplegia due to Cerebral + hemorrhage — 4 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/29/ *, 19*70 *, to* 8/30/ *, 19*72 *, that I last saw the deceased alive on* 8/30/ *, 19*72 *, and that death occurred at* 7:45 A.m. *, from the causes and on the date stated above.*

23a. SIGNATURE R C Dwyer M.D. 666 (Degree or title)	23b. ADDRESS 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED Aug 31, 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Ada County	(State) Idaho	
DATE REC'D BY LOCAL REG. Sept. 5, 1972	REGISTRAR'S SIGNATURE Lerniece M. Skinner	25. EMBALMER Richard W. Mesenbrink
LICENSE NO. M-487		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 8 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3787
Local Reg. No. 445
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon (141)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon (141)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Convalescent Center (354)	d. STREET ADDRESS (If rural, give location): 210 Cleveland

3. NAME OF DECEASED (Type or Print)	a. (First): Emma	b. (Middle): B.	c. (Last): Wagers	4. DATE OF DEATH (Month) (Day) (Year): August 31, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: April 1, 1890	9. AGE (In years last birthday): 82; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Milford, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob Beller	BIRTHPLACE: France	14. MOTHER'S MAIDEN NAME: Anna Zimmerman	BIRTHPLACE: Ohio.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-26-9900	17. INFORMANT'S OWN SIGNATURE: Leonard D. Wagers	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerosis with	several months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral ischemia	
DUE TO (c)	acute viral infection	2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Aug 31, 1972, *that I last saw the deceased alive on* Aug 24, 1972, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Kimick	280 (Degree or title) MD	23b. ADDRESS: 1819 Ellis St Caldwell Idaho	23c. DATE SIGNED: 9-1-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State): Canyon County, Idaho
DATE REC'D BY LOCAL REG.: Sept. 7, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Marvin R. Heikkila	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 6 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 22 1972 Division of Vital Statistics

State File No. 3788
Local Reg. No. 5
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 15/
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 169

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Caribou 15C
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): William Albert Mabey

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widower	Oct. 7, 1875	96				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher-retired	Sheep	Woodruff, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph T. Mabey	England	Sarah L. Tolman	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Ruth B Mabey	Bancroft, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4489

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, general — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 30 May, 19 72, to 6 Aug, 19 72, *that I last saw the deceased alive on* 6 Aug, 19 72, *and that death occurred at* 9:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E E Erickson MD 226	Grace, Idaho	17 Aug 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/10/72	Bountiful Cemetery	Bountiful, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-19-72	Norene Bunn	Leodora Allen	M370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to supply the facts shall sign HIS name in addition to giving the source of information.

JAN 27 2014

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3789
Local Reg. No. 6
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 151
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Lillie Olsen Elsberry Adams

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: July 4, 1901
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lund, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Erick Olsen — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Anna Nilsson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 578-18-1424
17. INFORMANT'S OWN SIGNATURE: Virgil Adams — ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1829

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus c̄ metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus + hypertension — Several yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 28, 1968, *to* Aug 8, 1972, *that I last saw the deceased alive on* Aug 7, 1972, *and that death occurred at* 4:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell Tegert — 535 (Degree or title) MD
23b. ADDRESS: Soda Springs Ida
23c. DATE SIGNED: 8/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/12/72
24c. NAME OF CEMETERY OR CREMATORY: Turner Cemetery
24d. LOCATION (City, town, or county) (State): Turner, Idaho

DATE REC'D BY LOCAL REG.: 8-31-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore S Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 1 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3790
Local Reg. No. 8
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cairbou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (In this place) 15 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cairbou County Nursing Home 383

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) PHILEMON b. (Middle) LEROY c. (Last) LINDSAY

4. DATE OF DEATH (Month) (Day) (Year) August 11, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 25, 1884
9. AGE (In years last birthday) 88
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 4
10b. KIND OF BUSINESS OR INDUSTRY Utah Power & Light
11. BIRTHPLACE (State or foreign country) Paris, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Philemon Lindsay
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Marintha Athay
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE DeRay Lindsay ADDRESS Redondo Beach Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH Several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9 1970, to Aug 11 1972, that I last saw the deceased alive on Aug 9, 1972, and that death occurred at 6:55 p m., from the causes and on the date stated above.

23a. SIGNATURE Emmett Egbert 535 (Degree or title) MD
23b. ADDRESS Soda Springs, Idaho
23c. DATE SIGNED 8/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 15, 1972
24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery
24d. LOCATION (City, town, or county) Preston, Idaho (State)

DATE REC'D BY LOCAL REG. 8-31-72
REGISTRAR'S SIGNATURE Norene Bunn
25. EMBALMER O. Sherwin Webb
LICENSE NO. 316

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3791
Local Reg. No. 7
Reg. Dist. No. 220-521

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enders Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): Enders Hotel

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Henry Jay Verham

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Dec. 5, 1915

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Verham sr.
BIRTHPLACE: unkown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 518-07-6611

17. INFORMANT'S OWN SIGNATURE: Fred Larsen
ADDRESS: Soda Springs, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Theodore A Allen 583 (Degree or title): Coroner

23b. ADDRESS: Soda Springs, Idaho

23c. DATE SIGNED: 8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/15/72

24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 8-15-72

REGISTRAR'S SIGNATURE: Dorene Bunn

25. EMBALMER: Theodore A Allen

LICENSE NO.: M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3792
Local Reg. No. 9
Reg. Dist. No. 520-521

RECEIVED AUG 18 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conda
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): J.R. Simplot Mine 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Dennis Claud Williams

4. DATE OF DEATH (Month) (Day) (Year): August 15, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 30, 1948
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator
10b. KIND OF BUSINESS OR INDUSTRY: J.R. Simplot
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bert Williams — BIRTHPLACE: Minidoka, Idaho
14. MOTHER'S MAIDEN NAME: Gwendolyn Ashley — BIRTHPLACE: Twin Falls, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-52-1685
17. INFORMANT'S OWN SIGNATURE: Janette Williams — ADDRESS: Soda Springs, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of upper lobes of lungs - fractured ribs — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* multiple injuries of Chest, head and body

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): J.R. Simplot Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Conda Caribou Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 15, 1972 11:35 A.m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Loader rolled over victim

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Theodore S Allen 583 (Degree or title): Coroner
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 8-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/19/72
24c. NAME OF CEMETERY OR CREMATORY: Auburn Cemetery
24d. LOCATION (City, town, or county) (State): Auburn, Wyoming

DATE REC'D BY LOCAL REG.: 8-17-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore S Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3793
Local Reg. No. 91
Reg. Dist. No. 470

BIRTH NO. 72-3712

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1108 Overland Ave (home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1108 Overland Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Tara b. (Middle) Lynn c. (Last) Thomson
4. DATE OF DEATH: (Month) (Day) (Year) July 19, 1972
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 30, 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months 2 Days 19; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ********** 7
10b. KIND OF BUSINESS OR INDUSTRY: *********
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Royle Thomson BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Teresa Ellena Martens BIRTHPLACE: Oregon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **** (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: ******
17. INFORMANT'S OWN SIGNATURE: Royle Thomson ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7969 Crib death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Burley (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY: (Month) 7 (Day) 19 (Year) 72 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Leslie L Fillmore MD (Degree or title) coroner
23b. ADDRESS: Box 657 Burley
23c. DATE SIGNED: 8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-72
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: Aug 25 1972
REGISTRAR'S SIGNATURE: Buck H. Pearson
25. EMBALMER: Irvin Lee Hansen
LICENSE NO.: M514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3794
Local Reg. No. 92
Reg. Dist. No. 470

RECEIVED AUG 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): Box 525

3. NAME OF DECEASED (Type or Print) a. (First) Josephina B. Leal b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 7-27-1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 6-17-1933	9. AGE (In years last birthday): 39 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic		11. BIRTHPLACE (State or foreign country): Mission, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Florencio Barrera - Mexico — BIRTHPLACE			14. MOTHER'S MAIDEN NAME: Natividad Perez - Mexico — BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 449-60-0180		17. INFORMANT'S OWN SIGNATURE: Ignacio Leal — ADDRESS: Burley, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Exsanguination	2 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Abdominal injury	2 hrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): street 36	21c. (CITY, TOWN, OR TOWNSHIP) 3-16 (COUNTY) (STATE): Rural Cassia Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-27-72 4:30 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR? auto accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:50 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore 165 (Degree or title) MD Coroner	23b. ADDRESS: Box 657 Burley Ida	23c. DATE SIGNED: 8-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-31-72	24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Aug 25, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Irwin Lee Hanson	LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972
OCT 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3795
Local Reg. No. 83
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 14 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) E. c. (Last) Crafton
4. DATE OF DEATH: (Month) (Day) (Year): 8-2-1972
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-24-1911
9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Larborer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Reverdy Crafton - BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Ida Elizabeth Robins - BIRTHPLACE: Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-12-7597
17. INFORMANT'S OWN SIGNATURE: Evelyn Crafton
ADDRESS: Oakley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial infarct — Instantaneous
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Coronary atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21-1970, to 4-29-1971, that I last saw the deceased alive on D.O.A., 19__ and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 8-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-5-72
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: Aug 9 1972
REGISTRAR'S SIGNATURE: Burt H. Pearson
25. EMBALMER: Owen La Hanson
LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3796
Local Reg. No. 93
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 30 1972 Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Retirement Center 393	d. STREET ADDRESS (If rural, give location): 320 East 400 South

3. NAME OF DECEASED (Type or Print) a. (First) Jesse W. Matthews b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 8-3-1972	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 10-5-1891	9. AGE (In years last birthday): 80	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Sheepman	10b. KIND OF BUSINESS OR INDUSTRY: Farming		11. BIRTHPLACE (State or foreign country): Grantsville, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME BIRTHPLACE: William S. Matthews - Utah			14. MOTHER'S MAIDEN NAME BIRTHPLACE: Clarisa Louisa Hale - Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 518-14-9677	17. INFORMANT'S OWN SIGNATURE: Mrs. Gerald L. Larson	ADDRESS: Burley, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gen. degeneration + debility	yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture - Lt. Hip	2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1972, *to* 8-3, 1972, *that I last saw the deceased alive on* 8-2, 1972, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Peterson 709 (Degree or title) M.W.	23b. ADDRESS: Burley, Ida	23c. DATE SIGNED: 8-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-7-1972	24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Aug 29 1972	REGISTRAR'S SIGNATURE: Bill H. Pearson	25. EMBALMER: Alvin Lee Hansen	LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG-31 1972

MAR 29 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3797
Local Reg. No. 85
Reg. Dist. No. 470

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 230 2½ Washington

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	Ellsworth	Walton	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married	Nov. 9, 1904	67	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Shearer-farm labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cleveland, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chester E. Walton, BIRTHPLACE: Tintic, Utah
14. MOTHER'S MAIDEN NAME: Olive Covert, BIRTHPLACE: Butterville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: 518-18-2279
17. INFORMANT'S OWN SIGNATURE: Emma M. Walton ADDRESS: 230 2½ Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe - chronic - Bullous Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10-15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (c) allergic asthma — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Cardiovascular ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-6-72	closure - Broncho-pleural fistula Disease	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
none m.		

22. I hereby certify that I attended the deceased from 9-2-, 1961, to 8-5-, 1972, that I last saw the deceased alive on 8-5-72, 19____, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Hutton	514 M.D.	Burley Ida	8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 8, 1972	Cleveland Cemetery	Cleveland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 11, 1972	Beth N. Pearson	Armand J Burch	M-471

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3798
Local Reg. No. 86
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 17 1972 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY IN (this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Rt. # 1 Box 201

3. NAME OF DECEASED (Type or Print): a. (First) Terry b. (Middle) Jason c. (Last) Hunter
4. DATE OF DEATH: (Month) Aug. (Day) 5, (Year) 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 18, 1962
9. AGE (In years last birthday): 10 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: *******
11. BIRTHPLACE (State or foreign country): Redding, Californria
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ray Howell Hunter - BIRTHPLACE: Pocatello, Ida.
14. MOTHER'S MAIDEN NAME: Patricia Martin - BIRTHPLACE: Richmond, Calif.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: *******
17. INFORMANT'S OWN SIGNATURE: Mary S. Hunter ADDRESS: Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe pulmonary edema. Cerebral injury due to anoxia — INTERVAL BETWEEN ONSET AND DEATH: 7-28-72

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning — 7-28-72
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Burley (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-5-72 11:50AM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Swimming in pond

22. *I hereby certify that I attended the deceased from* 7-28-70 *, 19__, to* 8-5-72 *, 19__, that I last saw the deceased alive on* 8-5-72 *, 19__, and that death occurred at* 1:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene W. Klinger, M.D. (Degree or title)
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 8-10-72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/9/72
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Aug 15, 1972
REGISTRAR'S SIGNATURE: Burke H. Pearson
25. EMBALMER
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3799
Local Reg. No. 87
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 160	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley -rural c. LENGTH OF STAY (In this place): Lifetime	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley - rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Field near residence	d. STREET ADDRESS (If rural, give location): 2 miles North ½ Mile west

3. NAME OF DECEASED (Type or Print)	a. (First) Ariel	b. (Middle) Eldon	c. (Last) Hardy	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1972
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar.17,1918	9. AGE (In years last birthday): 54 — IF UNDER 1 YR. Months 4 Days 24 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George William Hardy, BIRTHPLACE: Salt Lake City, Utah		14. MOTHER'S MAIDEN NAME: Emma Rowley, BIRTHPLACE: Nephi, Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: 544-16-7161	17. INFORMANT'S OWN SIGNATURE: LaVann Hardy ADDRESS: Oakley, Ida.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute Coronary acclusion (Instantly) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Coronary atherosclerosis ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): none	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960 *19__, to* 2-24- *, 19*72*, that I last saw the deceased alive on* DOA *19__, and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R P Sutton 574 (Degree or title) MD	23b. ADDRESS: Burley Idaho	23c. DATE SIGNED: 8-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Aug.14,1972	24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery	24d. LOCATION (City, town, or county) (State): Oakley, Idaho
DATE REC'D BY LOCAL REG.: Aug 16, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch	LICENSE NO.: 471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3800
Local Reg. No. 88
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Corrine b. (Middle) c. (Last) Potter

4. DATE OF DEATH (Month) (Day) (Year): 8-15-72

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown
8. DATE OF BIRTH: 12-11-26
9. AGE (In years last birthday): 45
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gordie Banks
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Patterson
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Telephone call from Relative

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5329
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) RUPTURED ABDOMINAL VISCUS — INTERVAL BETWEEN ONSET AND DEATH: 2-3 DAYS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DUODENAL ULCER
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ALCOHOLISM.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15/72, 19__, to 8/15/72, 19__, that I last saw the deceased alive on 8/15/72, 19__ and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Richard Chase M.D. 1131 (Degree or title)
23b. ADDRESS: 270 W 13TH ST BURLEY, IDAHO
23c. DATE SIGNED: 8/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-16-72
24c. NAME OF CEMETERY OR CREMATORY: ++++
24d. LOCATION (City, town, or county) (State): Phoenix, Arizona

DATE REC'D BY LOCAL REG.: Aug 23, 1972
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER
LICENSE NO.: M-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 30 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3801
Local Reg. No. 89
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 160	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Almo c. LENGTH OF STAY (In this place): 57 Yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Almo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 000	d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)	a. (First) Gustaf	b. (Middle) L.	c. (Last) Erickson	4. DATE OF DEATH (Month) (Day) (Year) August 17, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Nov. 8, 1898	9. AGE (In years last birthday): 73 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Lund, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Andrew Gustaf Erickson — BIRTHPLACE: Sweden		14. MOTHER'S MAIDEN NAME: Anna Nordquist — BIRTHPLACE: Sweden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 518-42-6605A	17. INFORMANT'S OWN SIGNATURE: Lottie L. Erickson	ADDRESS: Almo, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Infarction	3 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Previous Thromboembolic Disease	6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972, *to* Aug 18, 1972, *that I last saw the deceased alive on* 8/17, 1972, *and that death occurred at* 7:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Don C. Patterson 987 (Degree or title)	23b. ADDRESS: Bryant Id	23c. DATE SIGNED: 8/26/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 8/21/72	24c. NAME OF CEMETERY OR CREMATORY: Sunny Cedar Rest	24d. LOCATION (City, town, or county) (State): Almo, Idaho
DATE REC'D BY LOCAL REG.: Aug 25 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Judith Pierce	LICENSE NO.: M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3802
Local Reg. No. 90
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moulton - rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Chester	Harlin	Bullers	Aug. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 2, 1897	75	- / 18	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 7		What Cheer, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Bullers,	Illinois	Matilda Bradley	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	544-12-7594	Chloe White	Heyburn, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) metastatic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 6-8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1857

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
none m.		

22. I hereby certify that I attended the deceased from 1954, 19__, to 8-20, 1972, that I last saw the deceased alive on 8-20-72 and that death occurred at 10:10P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. Sutton 514 (Degree or title) M.D.	Burley, Idaho	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 24, 1972	Bullers Family Cemetery	Moulton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 24 1972	Bess N. Pearson	Armand J. Burch	M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3803
Local Reg. No. 94
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 30 1972 Vital Statistics Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Burley Retirement Home 393

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print): a. (First) Verda b. (Middle) B. c. (Last) Johnston

4. DATE OF DEATH: (Month) (Day) (Year): 8-20-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	2-4-1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Domestic	Sugar City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Butler	Utah	Charlotte A. Hansen	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-68-7270	Charles E. Johnston	Burley, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

3479

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Degenerative disease of frontal lobes, etiology unknown. — INTERVAL BETWEEN ONSET AND DEATH: 1970

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 9, 19 72, *to* Aug 20, 19 72, *that I last saw the deceased alive on* Aug 3, 19 72, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Eugene H. Payne 239 (Degree or title) M.D.	Burley, Idaho	8-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-23-72	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 29 1972	Ruth N. Pearson	Owen Lee Hansen	M514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

APR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3804
Local Reg. No. 97
Reg. Dist. No. 470

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1627 Albion Ave. 000	d. STREET ADDRESS (If rural, give location): 1627 Albion Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Robert C. Pollard b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 8-25-1972	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 8-26-1901	9. AGE (In years last birthday): 70	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone 6		10b. KIND OF BUSINESS OR INDUSTRY: Communication	11. BIRTHPLACE (State or foreign country): Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Robert T. Pollard - UNK		BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Margaret Ellis - UNK	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 518-07-2465	17. INFORMANT'S OWN SIGNATURE: Dean Pollard	ADDRESS: Rexburg, Idaho	

442X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Natural causes	< 1 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Possible Pulmonary Aneurysm	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify): none	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L. Fillmore MD 165 (Degree or title) Coroner 4	23b. ADDRESS: Box 657 Burley	23c. DATE SIGNED: 9-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-28-72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Sept 12 1972	REGISTRAR'S SIGNATURE: Beth N. Pearson	25. EMBALMER: Irwin Lee Hansen	LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3805
Local Reg. No. 96
Reg. Dist. No. 470

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia (16)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia (16)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Wesley	Williams	August 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Never Married	10-29-1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Building	Construction	John Day, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Horatio L. Williams	Missouri	Minnie Jane Branch	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*******	516-05-6749	[signature]	Burley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gas Gangrene inf.	30 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	open reduction &	52 hrs.
DUE TO (c)	fixation - fractured	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	neck left femur	

8847

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-28-72	Fractured neck left femur	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE)
accident	Home	Burley Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8-27-72 10 am.		Fell from chair to floor.

22. I hereby certify that I attended the deceased from 6-16-72, 19__, to 8-30, 1972, that I last saw the deceased alive on 8-30-72, 19__, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O R Sutton	M D	Burley Ida	9-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-5-72	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 12 1972	Bess H. Pearson	[signature]	M389

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3806
Local Reg. No. 48
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mathias
b. (Middle): "Chick"
c. (Last): Allen

4. DATE OF DEATH: August 2, 1972

5. SEX: Male

6. COLOR OR RACE: Nezperce Ind.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married-separated

8. DATE OF BIRTH: Dec. 27, 1911

9. AGE (In years last birthday): 60
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Kamiah Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mark Allen
BIRTHPLACE: Myrtle, Idaho

14. MOTHER'S MAIDEN NAME: Harriet Axtell
BIRTHPLACE: Kamiah, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W W II

16. SOCIAL SECURITY NO.: 515-30-6184

17. INFORMANT'S OWN SIGNATURE: James Allen
ADDRESS: Lapwai, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe, acute Ketoacidosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7880

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-1, 19 72, *to* 8-2, 19 72, *that I last saw the deceased alive on* 8-1, 19 72, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): A. J. Cruz, M.D.
23b. ADDRESS: Box 667 Kamiah, Idaho
23c. DATE SIGNED: 8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kamiah Second Church Cem
24d. LOCATION (City, town, or county) (State): Kamiah Idaho.

DATE REC'D BY LOCAL REG.: Aug. 10, 1972
REGISTRAR'S SIGNATURE: Lern M. Burger
25. EMBALMER: Robert Hansen
LICENSE NO.: M433
FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3807
Local Reg. No. 49
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 17 1972 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka-rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: North Fork Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Anton	Prasil	August 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	never married	Mar. 22, 1956	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student		Unk.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph A. Prasil	Unk	Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---------	Lydell Strattman	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8320

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Asphyxiation due to drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	river	Ahsahka, 40 N. Clearwater, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 14, 72 5p. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	fell from an inertube

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter 583	Coroner	Orofino, Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
cremation	Aug. 7, 72	Mtn View Crematory	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-7-72	Mabel Strattman	Lydell Strattman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972
OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3808
Local Reg. No. 51
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Clearwater 181	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino, c. LENGTH OF STAY (In this place) 4 mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orofino Conv. Center 362	d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First) Allie	b. (Middle) Baxter	c. (Last) Laws	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH April 14, 1898	9. AGE (In years last birthday) 74 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 7	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (State or foreign country) Carrollton, Miss.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Laws	BIRTHPLACE Miss.	14. MOTHER'S MAIDEN NAME Della Bankston	BIRTHPLACE Miss.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 564-14-8268	17. INFORMANT'S OWN SIGNATURE X Harold B. Laws	ADDRESS Lewiston	

188X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CA of urinary bladder & prostate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic C.A of spine & pelvis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 8-7, 19 72, *that I last saw the deceased alive on* 6-14, 19 72, *and that death occurred at* 11:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert O'Hill MD (Degree or title) 490	23b. ADDRESS Orofino Idaho	23c. DATE SIGNED 8-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10, 72	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cem.	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 8-8-72	REGISTRAR'S SIGNATURE Maxine Strattmann	25. EMBALMER Lyle A. Strattmann	LICENSE NO. 476

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3809
Local Reg. No. 50
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp. 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Norman c. (Last) McLeod
4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1972
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 11, 1904
9. AGE (In years last birthday) 68 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic 4
10b. KIND OF BUSINESS OR INDUSTRY lumber
11. BIRTHPLACE (State or foreign country) Nova Scotia, Canada
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Malcolm McLeod BIRTHPLACE Unk.
14. MOTHER'S MAIDEN NAME Mable Kenny BIRTHPLACE Unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 533-01-0254
17. INFORMANT'S OWN SIGNATURE X Ruby J. McLeod ADDRESS Pierce

18. CAUSE OF DEATH 4369
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right cerebral vascular accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 23, 1970, *to* August, 1972, *that I last saw the deceased alive on* Aug. 7, 1972, *and that death occurred at* 6:45a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 490
23b. ADDRESS Orofino, Ida
23c. DATE SIGNED 8-8-72
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation
24b. DATE Aug. 11, 72
24c. NAME OF CEMETERY OR CREMATORY Smith Crematory
24d. LOCATION (City, town, or county) (State) Spokane, Wash.
DATE REC'D BY LOCAL REG. 8-8-72
REGISTRAR'S SIGNATURE Maxine Strottmann
25. EMBALMER Lyle O. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3810
Local Reg. No. 53
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
LENGTH OF STAY (In this place) few days
d. FULL NAME OF HOSPITAL OR INSTITUTION Clearwater Valley Hosp 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) West of Kamiah Airport

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ella	Tahmalwash	Williams	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Yakima Indian	Widowed	Oct. 27, 1909	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Wife	Own home	Roosevelt, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Tahmalwash	Washington	Lymheit Coonsque	Unk. Coulee Dam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-72-8560	x [illegible]	Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral vascular accident — 20 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 21, 19 72, *to* Aug 9, 19 72, *that I last saw the deceased alive on* Aug 9, 19 72, *and that death occurred at* 6:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
x [signature]	A.J. Cruz, M.D.	Box 667 Kamiah, Ida	Aug 14, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 12, 1972	Tribal Cemetery	Kamiah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 17, 1972	Lora M. Burger	[signature]	476

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3811
Local Reg. No. 55
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY IN (this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Clearwater Valley Hospital 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180
a. STATE Idaho
b. COUNTY Claerwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weippe
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edwin	Earl	Wells	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
m	W	never married	November 11, 12	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumber Puller 5-	Lumber	Genesee, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Wells	Wisc.	Lucy Simons	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.II	519-28-9392	Edna Blenkner	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 ACUTE MYOCARDIAL INF — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — 10
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [#] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1972 to Aug 9, 1972 that I last saw the deceased alive on Aug 9, 1972 and that death occurred at 1001 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L A Kelly MD 430	Box 1330 Orofino	8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county) (State)
burial	Aug. 12, 72	Fraser Cemetery	Weippe, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Morris Strattmann	Lyle O. Strattmann	476

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 8 1972
AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 1 2 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-8352

Certificate of Death
STATE OF IDAHO

State File No. 3812
Local Reg. No. 52
Reg. Dist. No. 210

BIRTH NO.

AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Clearwater	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180 a. STATE Idaho b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino c. LENGTH OF STAY (In this place) 1 hr. 181	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp. 073	d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel	b. (Middle) Karl	c. (Last) Taylor	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 10, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours 1 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ------ 9	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Orofino, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Justin Taylor	BIRTHPLACE Ark.	14. MOTHER'S MAIDEN NAME Myrtle Alden	BIRTHPLACE Color.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S OWN SIGNATURE X Justin Taylor	ADDRESS Orofino	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

777X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 490	23b. ADDRESS Northside, Orofino, Ida	23c. DATE SIGNED 8-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 14. 72	24c. NAME OF CEMETERY OR CREMATORY Weseman	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. Aug. 14, 1972	REGISTRAR'S SIGNATURE Lern M. Burger	25. EMBALMER [signature]	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 22 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3813
Local Reg. No. 54
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Clearwater 181	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp. 073	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Lawrence	b. (Middle) L.	c. (Last) Haynes	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March, 5, 1902	9. AGE (In years last birthday) 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) logger 5	10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (State or foreign country) Silver Cr., Neb.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Haynes	BIRTHPLACE Unk.	14. MOTHER'S MAIDEN NAME	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 1	16. SOCIAL SECURITY NO. 518-10-3657	17. INFORMANT'S OWN SIGNATURE X Jack R. Haynes	ADDRESS Butte, Mont.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1968, *to* August 10, 1972, *that I last saw the deceased alive on* 8-10, 1972, *and that death occurred at* 9:48 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 470	23b. ADDRESS Rt. 3 Orofino Idaho	23c. DATE SIGNED 8-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 14, 72	24c. NAME OF CEMETERY OR CREMATORY Pierce Cemetery	24d. LOCATION (City, town, or county) (State) Pierce, Idaho
DATE REC'D BY LOCAL REG. August 17, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER [signature]	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972
JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3814
Local Reg. No. 56
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY — Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 336 College Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle
d. STREET ADDRESS (If rural, give location) Rt. # 1, Box 17

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leroy	Allen	Teutsch	Aug. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 6, 1913	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lather 5	Construction	McCammon, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Allen Teutsch	Tacoma, Wash.	Georgia Brown	Malheur Co., Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-7858	Richard Teutsch	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Rhoda Burster 553 (Degree or title) 4 Coroner	Orofino, Idaho	8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/28/1972	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-72	Maxine Straumann	Lyle A. Waggoner	476

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972
MAR 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 22 1997
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-8357

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3815
Local Reg. No. 57
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 35 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp. 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kerensa - b. (Middle) Leigh c. (Last) Chapman

4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1972

5. SEX F.
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Aug. 24, 1972
9. AGE (In years last birthday) --
IF UNDER 1 YR. Months - Days -
IF UNDER 24 HRS. Hours - Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ------ 9
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (State or foreign country) Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Gary Chapman BIRTHPLACE Wash.
14. MOTHER'S MAIDEN NAME Vicki Jenkins BIRTHPLACE Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT'S OWN SIGNATURE Gary J Chapman ADDRESS Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7599

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Congenital Defects — INTERVAL BETWEEN ONSET AND DEATH 30"

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1972 *to* 8-24, 1972 *that I last saw the deceased alive on* 8-24-72, 19__, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE C A Reber MD 430 (Degree or title)
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED 8/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 26, 72
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) Orofino, Idaho (State)

DATE REC'D BY LOCAL REG. Aug. 29, 1972
REGISTRAR'S SIGNATURE Fern M. Burger
25. EMBALMER Lyle C. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3816
Local Reg. No. 55
Reg. Dist. No. 380 391

BIRTH NO. 72-8365

RECEIVED AUG 16 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home AFB
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) USAF Hosp, Mtn Home AFB, ID

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore 202
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home AFB, ID
d. STREET ADDRESS (If rural, give location) 5027 Aspen Loop

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Denise	(NMI)	SPETH	Aug	4	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	CAU	Never Married	4 Aug 72					10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 9
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dennis George Speth	Logan, Utah	Judie Ann Speth	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Official Medical Records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7767

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neonatal Death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) anoxic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Aug 72, *19* 72, *to* 4 Aug, *19* 72, *that I last saw the deceased alive on* 4 Aug 72, *19* 72, *and that death occurred at* 0110a m., *from the causes and on the date stated above.*

23a. SIGNATURE John E. Burch (Degree or title) JOHN E. BURCH, CAPT, USAF, MC 585 MD
23b. ADDRESS Mtn Home AFB, Idaho
23c. DATE SIGNED 4 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-7-72
24c. NAME OF CEMETERY OR CREMATORY Smithfield Cemetery
24d. LOCATION (City, town, or county) Salt Lake City, (State) Utah

DATE REC'D BY LOCAL REG. Aug. 14, 1972
REGISTRAR'S SIGNATURE Mary R. Fulton
25. EMBALMER Cathleen Smith
LICENSE NO. M-403
FIRM NAME: SMITH MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

AUG 17 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3817
Local Reg. No. 62
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (In this place) 4 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elmore Memorial Rest Home 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 575 N. 5th E.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLORENCE	MADORA	CLARK	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 28, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Home	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Maroni Johnson	Iowa	Catherine Burns	Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	519-56-5085	Mrs Lavada Knuefel Mtn. Home Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 423 ASHD. — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mel — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 22 1972 to Aug 5 1972, that I last saw the deceased alive on Aug 5 1972, and that death occurred at 7:30 p.m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone W. Foelsch MD	Mountain Home	9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	Aug. 9, 1972	Mountain View Cemetery	Mountain Home Idaho	O. Veal Humphreys	M-502

DATE REC'D BY LOCAL REG. September 18, 1972
REGISTRAR'S SIGNATURE Mary R. Fulton

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3818
Local Reg. No. 56
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore 200	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Glenns Ferry c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Glenns Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ miles NE Glenns Ferry 000	d. STREET ADDRESS (If rural, give location) NE Glenns Ferry

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) ALLIE c. (Last) BOSTIC MILLS	4. DATE OF DEATH (Month) (Day) (Year) August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
Female	White	Married	May 24, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer - Dairy	Own Farm	Competition, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
-	-	-	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-54-7062	Earl Mills	Glenns Ferry, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, *19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 7:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583 (Degree or title) 4 Coroner	Mountain Home, Idaho	8/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/10/72	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 18, 1972	Mary R. Fulton	H. Verl Humphreys	M-502

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 22 1972 Bureau of Vital Statistics

State File No. 3819
Local Reg. No. 57
Reg. Dist. No. 380 391

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Elmore 200	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oklahoma 37 b. COUNTY: Pawnee 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home c. LENGTH OF STAY (In this place): 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Red Rock
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD # 1, Box 844 ODH	d. STREET ADDRESS (If rural, give location): RFD # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MRS.	PEARL	MILDRED DORMIRE	August 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 23, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Purdy, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dan Roberson	Missouri	Ada Wormington	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	444-40-6736	W M Dormire	Red Rock OKLA

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive, to investigation, only, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith	553 Coroner	Mountain Home, Idaho	8/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8/10/72	Morrison Cemetery	Morrison, Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 18, 1972	Mary R. Fulton	Arthur Smith	M-403

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Smith Mortuary

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3820
Local Reg. No. 58
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (In this place) week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 950 East 12th North

3. NAME OF DECEASED (Type or Print) a. (First) MRS. PEARL b. (Middle) KELLY c. (Last) ORSBORN

4. DATE OF DEATH (Month) August (Day) 11, (Year) 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Sept. 28, 1888
9. AGE (In years last birthday) 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator 2
10b. KIND OF BUSINESS OR INDUSTRY Home Decoration
11. BIRTHPLACE (State or foreign country) McGregor, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas H. Kelly BIRTHPLACE Tenn.
14. MOTHER'S MAIDEN NAME Margaret Mock BIRTHPLACE Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Willa M. Zinn ADDRESS Mt. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

792X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Wales 718 (Degree or title) MD.
23b. ADDRESS 890 North 6th East-Mtn.Home
23c. DATE SIGNED Aug. 24, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 8/15/72
24c. NAME OF CEMETERY OR CREMATORY Mt. View Crematory
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. August 24, 1972
REGISTRAR'S SIGNATURE Mary R. Fulton
25. EMBALMER Arthur Smith
LICENSE NO. M-403

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 9 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3821
Local Reg. No. 59
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 680.	d. STREET ADDRESS (If rural, give location) 250 East 6th South

3. NAME OF DECEASED (Type or Print)	a. (First) MRS. GRACE	b. (Middle) HELENA	c. (Last) GARDNER	4. DATE OF DEATH (Month) (Day) (Year) August 21, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 9, 1896	9. AGE (In years last birthday) 76 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY on home	11. BIRTHPLACE (State or foreign country) Gordon, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Phillip Parks	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME Elizabeth Anna	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 503-52-5958T	17. INFORMANT'S OWN SIGNATURE Cecil Gardner	ADDRESS 250 E 6th So Mtn. Home	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Breast

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Unborn D. 718 (Degree or title)	23b. ADDRESS 890 No. 6th East - Mtn. Home	23c. DATE SIGNED Aug. 24, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/72	24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery	24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. August 24, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER Lowell Humphreys	LICENSE NO. M-502

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3822
Local Reg. No. 60
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Elmore b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 So. Atlantic	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry d. STREET ADDRESS (If rural, give location): 311 So. Atlantic

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	RILEY	McNEELEY	August 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 5, 1933	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Const.	Arizona	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira Raymond McNeeley	Arkansas	Goldie Eutha Graham	Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	518-38-5575	x Gladys McNeeley	Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Lung & Metastasis to Brain — INTERVAL BETWEEN ONSET AND DEATH: 16 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 23, 1972, to Aug 23, 1972, that I last saw the deceased alive on Aug 23, 1972, and that death occurred at 3 00 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ward M. Ridley, M.D. (Degree or title)	Glenns Ferry	Aug 28, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 26, 1972	Glen Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 29, 1972	Mary R. Fulton	O Ved Humphreys	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

MAY 3 1 2001

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3823
Local Reg. No. 61
Reg. Dist. No. 380 391

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Nursing Home 356	d. STREET ADDRESS (If rural, give location) Rural - Mountain Home

3. NAME OF DECEASED (Type or Print)	a. (First) AUGUST	b. (Middle) FRANK	c. (Last) KIRCHGESTNER	4. DATE OF DEATH (Month) (Day) (Year) August 27, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 8, 1881	9. AGE (In years last birthday) 91 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY Cattle	11. BIRTHPLACE (State or foreign country) Mitchell Co., Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Valentine Kirchgestner	BIRTHPLACE Switzerland	14. MOTHER'S MAIDEN NAME Elizabeth D. Brunning	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-09-3047A	17. INFORMANT'S OWN SIGNATURE Lottie A. Kirchgestner	ADDRESS Denver, Colo	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atherosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Arthur 718 (Degree or title) MD	23b. ADDRESS	23c. DATE SIGNED Sept. 6, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/31/72	24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho		
DATE REC'D BY LOCAL REG. Sept. 7, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER H. Vail Humphrey — LICENSE NO. M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 8 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3824
Local Reg. No. 63
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Elmore b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett c. LENGTH OF STAY (In this place): 2 00 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hammett 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 2 00 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammett d. STREET ADDRESS (If rural, give location): Hammett

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	PHYLEAMON	MORRISON	August 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 14, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Rancher	Cattle	Franklin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Morrison	Iowa	Lucy Ann Hansen	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-44-4474	X Mrs. J. P. Morrison	Hammett, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4123 Coronary Vascular Disease	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it	Chronic Obstructive Pulmonary Disease	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 22 72 *to* 1938 August 27 72 *that I last saw the deceased alive* August 22 72 *and that death occurred at* 2:30 *m., from the cause and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone Stockton Jr MD	Mountain Home Idaho	9.8.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/30/72	GLENN REST CEMETERY	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 18, 1972	Mary R. Fulton	W. L. Humphreys	M-502

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

APR 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3825
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Franklin	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston c. LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Oneida 000	d. STREET ADDRESS (If rural, give location): West Oneida

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): JOHN CLIFFORD FORSGREN			4. DATE OF DEATH (Month) (Day) (Year): Aug 1, 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct 18, 1893	9. AGE (In years last birthday): 78 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher	10b. KIND OF BUSINESS OR INDUSTRY: Education	11. BIRTHPLACE (State or foreign country): Riverdale, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: ELI Forsgren BIRTHPLACE: Brigham City, Utah		14. MOTHER'S MAIDEN NAME: Mary Francis Smith BIRTHPLACE: Brigham City, Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 42 9185	17. INFORMANT'S OWN SIGNATURE: Klare F Forsgren	ADDRESS: Preston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C.V.A. - auricular fibrillation	20 days 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1972, *to* Aug 1, 1972, *that I last saw the deceased alive on* Aug 1, 1972 *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cullen 122 (Degree or title) MD	23b. ADDRESS: Preston Ida	23c. DATE SIGNED: 8-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 4, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverdale, Cemetery	24d. LOCATION (City, town, or county) (State): Riverdale, Idaho
DATE REC'D BY LOCAL REG.: 8-14-72	REGISTRAR'S SIGNATURE: Sherry Buttars	25. EMBALMER: Douglas S Webb	LICENSE NO.: 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972
FEB 22 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 14 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3826
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 197 E 1st S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 197 E 1st S

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEWIS	CHARLES	ALDER	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 3, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian	school district	Preston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Daniel Alder	Kaysville, Utah	Alice Paull	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 07 9873	Norine A. Alder	Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c): CVA — 10 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 19 72 *to* Aug 9, 19 72, *that I last saw the deceased alive on* Aug 9, 19 72, *and that death occurred at* 1:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler M.D. (Degree or title)	Preston Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 12, 1972	Whitney Cemetery	Whitney, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-17-72	Sherry Buttars	Douglas S. Webb	488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3827
Local Reg. No.
Reg. Dist. No. 540

BIRTH NO.

RECEIVED AUG 18 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston Rural
c. LENGTH OF STAY (In this place) 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Nursing Home 295

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) EDWARD c. (Last) WALKER
4. DATE OF DEATH (Month) (Day) (Year) Aug 12, 1972
5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH January 2, 1881
9. AGE (In years last birthday) 91 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian
10b. KIND OF BUSINESS OR INDUSTRY School-Church
11. BIRTHPLACE (State or foreign country) Riverdale, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Edward Walker BIRTHPLACE
14. MOTHER'S MAIDEN NAME Alice Rebecca Van Noy BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 24 9658
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C V D — 3 months
DUE TO (c) Arteriosclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1971, to 8-12, 1972, that I last saw the deceased alive on 8-12, 1972, and that death occurred at 3:36 P.M. from the causes and on the date stated above.

23a. SIGNATURE C. R. Cutler (Degree or title) MD
23b. ADDRESS Preston Ida
23c. DATE SIGNED 8-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 15, 1972
24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery
24d. LOCATION (City, town, or county) (State) Preston, Idaho

DATE REC'D BY LOCAL REG. 8-17-72
REGISTRAR'S SIGNATURE Sherry Buttars
25. EMBALMER Douglas S. Webb
LICENSE NO. 488
FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3828
Local Reg. No. 9
Reg. Dist. No. 540

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 148 North State

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) BERTOCH JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) August 22, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 26, 1881

9. AGE (In years last birthday) 91
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Littleton, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Bertoch BIRTHPLACE Piedmont, Italy

14. MOTHER'S MAIDEN NAME Sarah Ann Richards BIRTHPLACE Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Howard H. Johnson ADDRESS Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerosis Heart dis. — INTERVAL BETWEEN ONSET AND DEATH: 1 mon

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1972, to Aug 22, 1972, that I last saw the deceased alive on Aug 22, 1972, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE O. K. Cutler (Degree or title) MD

23b. ADDRESS Preston Idaho

23c. DATE SIGNED 8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 25, 1972

24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery

24d. LOCATION (City, town, or county) Preston, Idaho (State)

DATE REC'D BY LOCAL REG. 8-29-72

REGISTRAR'S SIGNATURE 9-1-72 Sherry Buttars

25. EMBALMER O. Sherwin Webb

LICENSE NO. 386

FIRM NAME: Webb FuneralHome

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3829
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 159 S 4 E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 159 S 4 E

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) A. c. (Last) MORRISON

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 28, 1880

9. AGE (In years last birthday): 92
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher & Co. Agent (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Agri.

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Morrison
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Luey Hensen
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 10 9573

17. INFORMANT'S OWN SIGNATURE: Emma M Morrison
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 yr
DUE TO (c) Arteriosclerosis — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 19 72, to 9-25, 19 72, that I last saw the deceased alive on Aug 28, 19 72, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: O R Cutler (Degree or title) M D

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Franklin Cemetery

24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 9-5-72

REGISTRAR'S SIGNATURE: 9-8-72 Sherry Buttars

25. EMBALMER: O. Sherwin Webb

LICENSE NO.: 316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972
JUN 5 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 8 1972 Bureau of Vital Statistics

State File No. 3830
Local Reg. No. 31
Reg. Dist. No. 60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 246 East 10th South

3. NAME OF DECEASED (Type or Print): a. (First) KYLE; b. (Middle) J.; c. (Last) WORRELL

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 3, 1895

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Hillville, West Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerome Blair Worrell
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mary Lydia Cochran
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-48-0245A

17. INFORMANT'S OWN SIGNATURE: Jerry Worrell
ADDRESS: St. Anthony, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: TUR — 9d.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1962, to Aug, 1972, that I last saw the deceased alive on 2 Aug, 1972, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE: Lloyd Barrett MD (Degree or Title)

23b. ADDRESS: St Anthony

23c. DATE SIGNED: 8-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5 Aug 72

24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery

24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 7 Aug 72

REGISTRAR'S SIGNATURE: Mal Hansen

25. EMBALMER: M. D. Hansen — Mal Hansen

LICENSE NO.: M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3831
Local Reg. No. 35
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Fremont 220	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Nevada 29 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton — c. LENGTH OF STAY (In this place): 2 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Las Vegas
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083	d. STREET ADDRESS (If rural, give location): 2117 Poplar Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Theresa	c. (Last) Davis	4. DATE OF DEATH (Month) Aug (Day) 4, (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan 24, 1917	9. AGE (In years last birthday): 55	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Reading, Penn.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Arthur G. Garman — BIRTHPLACE: Reading, Penn		14. MOTHER'S MAIDEN NAME: Viola Sobeleshi — BIRTHPLACE: Polland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 064-05-7228	17. INFORMANT'S OWN SIGNATURE: David L. Llano	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5719

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 2 ms +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-19, 1972 *to* 8-4-, 1972, *that I last saw the deceased alive on* 8-4-, 1972 *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS: Ashton, Idaho	23c. DATE SIGNED: 8-12-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug. 6, 1972	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State): Las Vegas, Nev.
DATE REC'D BY LOCAL REG.: 14 Aug 72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Brian Quinn Bean	LICENSE NO.: M-544

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3832
Local Reg. No. 34
Reg. Dist. No. 650

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (In this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BETTIE	LUCILE	MILLER NIELSEN	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Married	Jan., 28, 1920	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		St. Anthony, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRANKLIN A. MILLER	St. George, Utah	Mary Bettie Hunter	Springfield, Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	518-22-3429	Orlan D Nielsen	Parker, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5670 Abdominal Abscess — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1972, *to* Aug 3, 1972, *that I last saw the deceased alive on* Aug 3, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
943		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9 Aug 72	Parker Cemetery	Parker, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9 Aug 72	M L Hansen	M. D. Hansen	M-354

FIRM NAME: Hansen Memorial Chape

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3833
Local Reg. No. 33
Reg. Dist. No. 650

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hosp. 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 738 West 3rd North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Omer	R.	Kennedy	Aug., 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	April 12, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Peru, Kansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W, Harrison Kennedy	Peru, Kansas	Mable Lela Stafford	Peru, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	547-20-0643 A		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1972, *to* Aug, 1972, *that I last saw the deceased alive on* Aug, 1972, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD (Degree or title)	St Anthony Ida	8/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8 Aug 72	Riverview Cemetery	St. Anthony, RFD#2, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8 Aug 72	[signature]	M. D. Hansen [signature]	M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 15 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3834
Local Reg. No. 36
Reg. Dist. No. 650

BIRTH NO.

RECEIVED AUG 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 25N 12th West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) 25 N 12th West

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) ELIZABETH c. (Last) RUDOLPH BAUER

4. DATE OF DEATH (Month) Augsut (Day) 20, (Year) 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH May 9, 1899

9. AGE (In years last birthday) 73
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Franc, Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Rudolph BIRTHPLACE Franc, Russia

14. MOTHER'S MAIDEN NAME Christine Theil BIRTHPLACE Franc, Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-38-3948A

17. INFORMANT'S OWN SIGNATURE LeRoy L. Bauer ADDRESS St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD III C
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hyperthyroidism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 19 72, *to* August 15, 19 72, *that I last saw the deceased alive on* August 15, 19 72, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Floyd Barrett (Degree or title) M.D.

23b. ADDRESS 129 N 8 W St. Anthony, Idaho 83445

23c. DATE SIGNED 8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 23 August 72

24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery

24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1. Idaho

DATE REC'D BY LOCAL REG. 24 Aug 72

REGISTRAR'S SIGNATURE M. L. Hansen

25. EMBALMER Gary D. Bidwell

LICENSE NO. M-539

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3835
Local Reg. No. 37
Reg. Dist. No. 651

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Ashton
LENGTH OF STAY (In this place) 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12 miles east of Aston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Ashton
d. STREET ADDRESS (If rural, give location) 12 Miles east of Ashton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Walter	F.	Grossenbach	Aug. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Widowed	Oct. 22, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales man		Milwaukee, Miscon.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Grossenbach	Unknow	Augustaa Lindner	unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-28-7943	Irene A. Grossenbach	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic coronary heart disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960, 19__, to 8-22, 19 72, *that I last saw the deceased alive on* Aug. 18, 19 72, *and that death occurred at* 11 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	298	Shelton Idc	8-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8-26-1972	Shiren Of Memorise	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
29 August 1972	[signature]	Brian Quin Bean	M-544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

Bureau of Vital Statistics

State File No. 3836
Local Reg. No. 9
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem — AUG 9 1972 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho — b. COUNTY: Gem 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Mable — b. (Middle) Delores — c. (Last) Worley

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 3, 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Mar. 20, 1894

9. AGE (In years last birthday): 78 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Drury, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Raypholtz — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Alice Renbarger — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-0735

17. INFORMANT'S OWN SIGNATURE: Mabert Worley — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4109

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 25, 1955, *to* August 3, 1972, *that I last saw the deceased alive on* August 3, 1972, *and that death occurred at* 1:05P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hannon E. Halverson MD (Degree or title) 241

23b. ADDRESS: 107 W. Second, Emmett, Idaho

23c. DATE SIGNED: 8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug. 7, 1972

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Aug 7, 1972

REGISTRAR'S SIGNATURE: Juan W Beatty

25. EMBALMER: Walter Pettit

LICENSE NO.: M-445

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3837
Local Reg. No. 12
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shady Lane Guest Home 265

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 715 E. 1st

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALPHA	EDWARD	DEMING	August 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 30, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Calhoun Co., Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Deming	New York	Emma Tompkins	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	539-24-2574	X Navada L. Lawson	Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Carcinoma of — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostate & Bladder — 8 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Some arteriosclerosis with general debility — 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Aug 4, 1972, that I last saw the deceased alive on Aug 3, 1972, and that death occurred at [illegible] m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Arnold P. Lawrence 429 (Degree or title) MD	Emmett Idaho	8/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-8-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-1-72	Jean A Beatty	G. W. Waters	M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3838
Local Reg. No. 11
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 817 So. Comm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 817 So. Comm.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leatha	May	Hyde	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	July 8, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Kirksville, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Brown	Ireland	Effie Molford	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	481-14-6630	x Clyde J. Hyde	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Glenn W. Beatty 553 (Degree or title) Coroner 4	228 E. Main Emmett, Idaho	8-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-12-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-12-72	Glenn W. Beatty	Walter Potter	M-445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3839
Local Reg. No. 10
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Shady Lane Nursing Home 265

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Aug. 17, 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 21, 1881

9. AGE (In years last birthday): 90
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Lexington, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin Salling
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-541-631-T1

17. INFORMANT'S OWN SIGNATURE: Mildred H Gardner.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4123 Arteriosclerotic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Aug. 17, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:15P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 184
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 8-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 19, 1972
24c. NAME OF CEMETERY OR CREMATORY: Sweet
24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: Aug 23, 1972
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: M445
FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3840
Local Reg. No. 14
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1, Box 129

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	Elizabeth	Mallory	August 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Dec. 12, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Farmington, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Moore	New York	Carry Pardy	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	551-14-3563B	Leland L. Mallory	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease with congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 17, 1972, *to* August 24, 1972, *that I last saw the deceased alive on* August 23, 1972, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell, M.D. 260 (Degree or title)	1024 E. Locust, Emmett, Idaho	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	Aug. 26, 1972	Arroy Grande	Arroy Grande, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-16-72	Joan A Beatty	Glenn W Beatty	M-392

FIRM NAME THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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9.

Certificate of Death
STATE OF IDAHO

State File No. 3841
Local Reg. No. 15
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (In this place): 4 1/2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Lane Nursing Home 265

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): S hady Lane Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Otto	Glen	Smith	Aug. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	10-28-81	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	general	Sterns Co., Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Smith	Minn.	unknown	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		529-07-1143A	X Thelma T Seymour	Kimberly, Ida 83341

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vasc. Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* Aug 30, 1972, *that I last saw the deceased alive on* August 28, 1972, *and that death occurred at* 6:10P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B Jewell M.D. 260	1024 E. Locust, Emmett, Ida	9-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 2, 1972	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMED	LICENSE NO.
9-16-72	Jean A Beatty	Thelma W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3842
Local Reg. No. 3429
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 30 1972 240

1. PLACE OF DEATH a. COUNTY Gooding	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Bliss c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Bliss
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Faulkner Ranch own	d. STREET ADDRESS (If rural, give location) Faulkner Ranch

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	RUSSELL	BRANNAN	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 3, 1951	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Marysville, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Delmar Brannan	Kansas	Lorene Hodson	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	570-74-6336	Family records Smith	Mtn. Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9229

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) gun shot wound — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Farm 02	Rural - Bliss, Gooding, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
August 5th. 1972 ? m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	accidental gun shot wound

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	583 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B.E. Jones	Coroner	Rt.2.Wendell, Idaho	21-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/9/72	Hot Springs Cemetery	Bruneau, Owyhee, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-28-72	Orman M. Burden	Thompson Chapel	M 460

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 25 1972

JAN 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 24 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3843
Local Reg. No. 3427
Reg. Dist. No. 420

RECEIVED AUG 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (In this place) 5 years
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
d. STREET ADDRESS (If rural, give location) North Idaho St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ambrose		Wilmoth	Aug	10	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct 3 1877	94	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranch Hand	Agriculture	Benton County, Arkansas	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John George Wilmoth	Alabama	Mary Skelton	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-28-2879	x Wayne Wilmoth	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7130

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized artiosclerosis
DUE TO (c) Advanced osteoarthritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility with chronic brain syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒ X

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* December 23, 1970 *, to* August 10, 1972 *, that I last saw the deceased alive on* August 10, 1972 *, and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold G. Holsinger MD	Wendell, Idaho	8/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/17/72	Richfield Cemetery	Richfield Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-17-72	Vivian M. Burdon	Thompson Chapel	M460

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3844
Local Reg. No. 9425
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

241

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gooding Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 523 13th Ave West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Floyd	J	Clutter	Aug	12	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec 3 1891	80 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agriculture	Bristoria Penn	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrhas Clutter	Bristoria Pa.	Emma Roach	Bristoria Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes Oct 2 1917	519-44-5702	X Nyda Clutter	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Medullary Failure	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CVA	hrs
DUE TO (c)	anteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic brain Syndrome Bronchopneumonia 48 hrs	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/22/72, 19__, *to* 8/12/, 1972, *that I last saw the deceased alive on* 8/12/72, 19__ *and that death occurred at* 3:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Douglas O Jones M.D.	Box 297, Gdg., Ida.	8/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug 16	Elmwood Cemetery	Gooding	Gooding Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-17-72	Duncan M. Burden	Thompson Chapel	M 460

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3845
Local Reg. No. 9426
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green Acres Terrace NH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman Rt. # 1
d. STREET ADDRESS (If rural, give location) Rt. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clara	"Mertie"	McConnell	Aug 15 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 14 1883	89 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New Amsterdam Indiana	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Toler	Indiana	Francis Borley	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-42-6953	W. W. McConnell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture, Left humerus (10 days).
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
X	Home	Gooding Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
6-6-72 m.		Fell at home

22. *I hereby certify that I attended the deceased from* August 6, 19 72, *to* August 14, 19 72, *that I last saw the deceased alive on* August 12, 19 ____, *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin V. Kingsley MD	Gooding, Idaho	8-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16	Elmwood Cemetery	Gooding Gooding Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-17-72	Duncan M. Burden	Thompson Chapel	M 460

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972

NOV 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3846
Local Reg. No. 3428
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420 a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Memorial Hospital 090	d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	a. (First) LAWRENCE	b. (Middle) S.	c. (Last) BLEI	4. DATE OF DEATH (Month) (Day) (Year) August 23, 1972
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1893	9. AGE (In years last birthday) 79 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME UNK Blei	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME UNK	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 519-38-0141	17. INFORMANT'S OWN SIGNATURE Richard L. Blei	ADDRESS Burley, Id.	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Medulary Failure	48 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CVA	days
DUE TO (c)	Cerebral arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26- *, 19*72 *to* 8-23- *, 19*72 *, that I last saw the deceased alive on* 8-23- *, 19*72 *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Douglas Ohmart 889 (Degree or title) MD	23b. ADDRESS Gooding Idaho	23c. DATE SIGNED 8/24/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 26, 1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. 8-25-72	REGISTRAR'S SIGNATURE Vernon M. Burden	25. EMBALMER Edgar J. Robertson	LICENSE NO. M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG-31 1972

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 29 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 10 1994

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3847
Local Reg. No. 53
Reg. Dist. No. 240

RECEIVED AUG 15 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkhill Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): McDonell

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept 13 1883
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Mining Contractor
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME BIRTHPLACE: Ronald McDonald
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Flora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 03 6224
17. INFORMANT'S OWN SIGNATURE: Ann C. Patterson — ADDRESS: Riggins, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794X Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis — 2 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* May, 1970, *to* Aug, 1972, *that I last saw the deceased alive on* July 31, 1972, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 444 (Degree or title) DV.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: Aug 7, '72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 5 1972
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Cottonwood, Idaho

DATE REC'D BY LOCAL REG.: 8/12/72
REGISTRAR'S SIGNATURE: Robert R. Hanson
25. EMBALMER: Clifton R. Uhlorn
LICENSE NO.: M 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: UHLORN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: AUG 24 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3848
Local Reg. No. 52
Reg. Dist. No. 240

BIRTH NO.

RECEIVED AUG 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia Rural
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #12 East of Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana
b. COUNTY: Missoula
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missoula
d. STREET ADDRESS (If rural, give location): 1558½ So 13th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	PHILBERT	PARKER	August 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan 30, 1953	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Salesman 3	Wakley Motors	Mineral Wells Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert P. Parker		Mary Pegg	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		543 62 2954		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crushing Injuries of Face and Chest., — Inst

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Skull Fracture and Compound Fracture of Left Leg
DUE TO (c): Motorcycle Car Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

8122

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-25c (COUNTY)	(STATE)
Accident	Highway #12 c6	Kooskia Idaho	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
August 4, 1972 11.00 AM		Car Motorcycle Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coronor 583	Grangeville, Idaho	8/5/1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-9-1972	Sunset Memorial	Missoula, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 9 1972	[signature]	Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 10 1972
AUG 24 1972
AUG 28 2015 X2

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3849
Local Reg. No. 59
Reg. Dist. No. 240

BIRTH NO.

RECEIVED SEPT. 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (In this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stites
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Winifred	Maude	Packer	August 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	married	Dec. 7, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Wife - Mother	Own home	Esterville, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph E. Pullen	England	Jane Hawks	Esterville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-3363-B	C. Eil. V. Packer	Stites, Idaho.

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro-vascular atherosclerosis	Several year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	generalized arteriosclerosis	" "
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	atrial fibrillation secondary to arteriosclerotic heart disease	Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 19 72 to 7/29, 19 72, that I last saw the deceased alive on 7/29, 19 72, and that death occurred at 6:05 A.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Altman	487 M.D.	Grangeville, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 9, 1972	Lewis-Clark Garden	Lewiston Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 2, 1972	Robert Hansen	Robert Hansen	M433

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3850
Local Reg. No. 54
Reg. Dist. No. 246

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 430 West South Street

3. NAME OF DECEASED (Type or Print): a. (First) CORELLA (RELLA) b. (Middle) MAE c. (Last) CHURCH

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 17 1868

9. AGE (In years last birthday): 104 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Jamestown Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Gill BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Amanda M McLean BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 570 50 2431 A

17. INFORMANT'S OWN SIGNATURE: Ray Church ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

485 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 71, *to* 6 August, 19 72, *that I last saw the deceased alive on* 6 August, 19 72 *and that death occurred at* 10:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 485 (Degree or title) M. D.

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 8 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 1972

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: 8/12/72

REGISTRAR'S SIGNATURE: Robert R Hansen

25. EMBALMER: Robert R Hansen LICENSE NO.: M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 19 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended July 21, 1976

Certificate of Death

STATE OF IDAHO

State File No. 3851
Local Reg. No. 56
Reg. Dist. No. 240

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - Rural
c. LENGTH OF STAY (In this place): Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Near U.S. # 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) GREGORY b. (Middle) JAMES c. (Last) HEATHCO

4. DATE OF DEATH: August 11, 1972

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 11/24/1953

9. AGE (In years last birthday): 18
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tacoma, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Merle S. Heathco
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Gloria, M. Rogers
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Merle S. Heathco - Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Burns and Injuries due to Forest Fire — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Brush Land

21c. (CITY, TOWN, OR TOWNSHIP) Kooskia (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 11, 1972 3:25PM

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Fire and Falling off cliff

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coronor

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 8/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/17/72

24c. NAME OF CEMETERY OR CREMATORY: Wells Bench Cemetery

24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: 8/21/72

REGISTRAR'S SIGNATURE: Robert M. Hansen

25. EMBALMER: Robert M. Hansen

LICENSE NO.: M433

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 28 1972
MAY 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 19 1976
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 20 8 35 AM '76

State of IDAHO
County of IDAHO } ss.

Certificate No. 72-3851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Gregory James Heathco (Name on Original Certificate) who died (Was Born or Died) on August 11, 1972 (Date of Event)
in Kooskia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#24c Name of Cemetery	Riverside, Orofino	Wells Bench Cemetery, Orofino, Idaho

Subscribed and sworn to before me this 16 day of July, 1976

Notary Public, residing at Grangeville, Idaho
My commission expires 1-28-1978
(Seal)

Signed Robert R Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 E. South St. Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of July, 1976

Notary Public, residing at Grangeville, Ida.
My commission expires 1-28-1978
(Seal)

Signed Linda M. McCord
(Signature of Any Credible Person)

424 N. Mill Grangeville, Idaho
(Street Address, City, State)

FORM DH 60-155

JUL 21 1976

RECEIVED
AUG 15 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3852
Local Reg. No. 35
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Four Miles East of Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah 45
b. COUNTY: Sevier 553
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location): Richfield, Utah

3. NAME OF DECEASED (Type or Print): a. (First) RUSSELL b. (Middle) ORIAN c. (Last) ALLEN

4. DATE OF DEATH: (Month) (Day) (Year): August 11, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept 11, 1948

9. AGE (In years last birthday): 23
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 2

10b. KIND OF BUSINESS OR INDUSTRY: Forest Service

11. BIRTHPLACE (State or foreign country): Richfield, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orian Allen
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Merle Burr
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Richfield, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Burns and Injuries due to — Inst

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Forest Fire
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accidant

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Brush Land

21c. (CITY, TOWN, OR TOWNSHIP) 13-25C: Kooskia (COUNTY): Idaho (STATE): Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): August 11, 1972 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fire and Falling off cliff

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 583 Coronor 4

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 8/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Transp

24b. DATE: 8/13/72

24c. NAME OF CEMETERY OR CREMATORY: Richfield City Cemetery

24d. LOCATION (City, town, or county): Richfield (State): Sevier Utah

DATE REC'D BY LOCAL REG.: 8/13/72

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: M 493

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 28 1972
SEP 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-8440

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3853
Local Reg. No. 57
Reg. Dist. No. 240

RECEIVED AUG 23 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 7 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GRANGEVILLE GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 923 Crooks

3. NAME OF DECEASED (Type or Print): a. (First) MICHAEL; b. (Middle) J.; c. (Last) GRIFFIN, JR.

4. DATE OF DEATH: (Month) AUG. (Day) 17, (Year) 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 8/17/1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours: 7 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): GRANGEVILLE, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: MICHAEL GRIFFIN, SR. BIRTHPLACE: HOTSPRINGS, S.D.

14. MOTHER'S MAIDEN NAME: GLENNDA VAWTER BIRTHPLACE: ELKO, NEVADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: MICHAEL GRIFFIN ADDRESS: GRANGEVILLE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 7777 Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1972, to 8-17, 1972, that I last saw the deceased alive on 8/17, 1972, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: Grangeville, Ida

23c. DATE SIGNED: 8/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 8/21/1972

24c. NAME OF CEMETERY OR CREMATORY: PRAIRIE VIEW CEMT.

24d. LOCATION (City, town, or county) (State): GRANGEVILLE, IDAHO

DATE REC'D BY LOCAL REG.: 8/21/72

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: M-493

FIRM NAME: HANSEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person ~~WITHOUT the proper~~ permit being ~~FIRST obtained~~ from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3854
Local Reg. No. 815
Reg. Dist. No. 244

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 25C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home - East Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 25C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Arthur	Bergman	Aug. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	April 11, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Asst. Building	Troy, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bergman	Cambridge, Minn.	Anna Pauline Fredlund	Plum City, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-30-7328	Lilette Bergman	Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7963

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Kooskia Idaho	Idaho	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
August 22 1972 A m.		Died At Home in AM

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Idaho County Coroner	26 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug. 24, 1972	Pine Grove	Kooskia	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/9/72	Claude Tenary	[signature]	476

FIRM NAME: Tenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3855

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 301
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Medimont
LENGTH OF STAY (In this place): 250
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home-Canary Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) W. c. (Last) Venable
AKA: Frances Venable

4. DATE OF DEATH: August 24, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 31, 1892
9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead-Silver
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Venable BIRTHPLACE: Not Available
14. MOTHER'S MAIDEN NAME: Alvina McCullough BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 539-09-0133
17. INFORMANT'S OWN SIGNATURE: Mar. J. Venable ADDRESS: Wash. Toppenish,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cause ill defined. — INTERVAL BETWEEN ONSET AND DEATH: Uncertain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Found in Cabin.

22. *I hereby certify that I attended the deceased from* Did not _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. (Degree or title) Coroner
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-30-1972
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county): Coeur d'Alene (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 31, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: M-439
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972
SEP 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3856
Local Reg. No. 58
Reg. Dist. No. 240

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLENN	Albert	BROTNOV	Aug. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Never Married	Nov. 29, 1953	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Logging	Grangeville, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Norman W. Brotnov	Idaho	Neoma Rape	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-58-4262	x Neoma J. Brotnov	Clearwater

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

907X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Traumatic electrical Injury — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (Lightening)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
30 Aug 72		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
X			1½ Miles North Grangeville	Idaho	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug	29	72	8:10 P m.		Struck by Lightening

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	Idaho County Coroner	5 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Sept. 1, 1972	Clearwater Cemetery	Clearwater	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 2, 1972	Robert Warner		

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Trenary's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3857
Local Reg. No. 43
Reg. Dist. No. 242

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (In this place): 1972
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): 221 Ransdell Rd

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) O. c. (Last) Stigum

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1972

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov 16 1884

9. AGE (In years last birthday): 87
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouseman (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Grain

11. BIRTHPLACE (State or foreign country): Sparbu, Norway

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Jacob Stigum
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Olive Stigum
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 12 4122 A

17. INFORMANT'S OWN SIGNATURE: Myrtle Bohnhoff ADDRESS: Craigmont, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) AS Heart Disease and Cor Pulmonale,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: ① Fracture sternum ② Asthma. ③ Emphysema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1972, to August 31, 1972, that I last saw the deceased alive on August 31, 1972, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 378 (Degree or title): M.D.

23b. ADDRESS: Cottonwood, Idaho

23c. DATE SIGNED: 9-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 2 72

24c. NAME OF CEMETERY OR CREMATORY: I O O F

24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: Sept. 2, 1972

REGISTRAR'S SIGNATURE: Elizabeth A. Uhlorn

25. EMBALMER: Orton Uhlorn

LICENSE NO.: M 421

FIRM NAME: UHLORN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3858
Local Reg. No. 8
Reg. Dist. No. 640

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Jefferson b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts LENGTH OF STAY (In this place): days d. FULL NAME OF HOSPITAL OR INSTITUTION: Roberts Hotel	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts d. STREET ADDRESS (If rural, give location): Roberts Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	ARL	SUNDSTROM	Aug. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Sept.5,1905	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Education	Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Wm. Sundstrom	Sweden	Myrtle May Young	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-01-1168	Mrs. Ilo Pringle	Seattle, Wash.

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* XXXX

SEP 11 1972
MAR 22 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3859
Local Reg. No. 72069
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1407 No. Fillmore

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 1407 No. Fillmore

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GLENN	LEWIS	REDDICK	Aug. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 30, 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Artificial breeding	Agriculture	Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L. E. Reddick	Missouri	Rosa Grimes	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-30-3493	X Glenn L Reddick	Jerome, Idaho

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary thrombosis	30 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary artery disease	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	----	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
not applicable		----

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
not applicable m.		-----

22. *I hereby certify that I attended the deceased from* Dec. 1970, 19__, *to* Aug. 1972, 19__, *that I last saw the deceased alive on* Aug. 9, 19__, 1972, *and that death occurred at* 3:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J E Sloat	M.D.	801 N. Lincoln, Jerome, Ida.	8-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment	Aug.12,1972	Jerome Mausoleum	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 11, 1972	Charlene Bateman	W. L. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3860
Local Reg. No. 72070
Reg. Dist. No. 440

RECEIVED AUG 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Jerome	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE California b. COUNTY Riverside
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ripley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital 099	d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Eugenia	c. (Last) Hamilton	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 31, 1901	9. AGE (In years last birthday) 71; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Campbell, Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ---- Mitchell	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME Ida Sellers	BIRTHPLACE no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 454-36-7118	17. INFORMANT'S OWN SIGNATURE X W. G. Hamilton	ADDRESS Star Rt., Ripley, Calif.	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 10-12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Breast Cancer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/10/72, 19__, *to* 8/10/72, 19__, *that I last saw the deceased alive on* 8/10/72, 19__, *and that death occurred at* 9:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE James Schul 953 (Degree or title) M.D.	23b. ADDRESS Jerome Idaho	23c. DATE SIGNED 8/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Ship-out	24b. DATE 8/13/1972	24c. NAME OF CEMETERY OR CREMATORY Shillo Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Texas
DATE REC'D BY LOCAL REG. August 11, 1972	REGISTRAR'S SIGNATURE Charlene Bateman	25. EMBALMER W. L. Hove	LICENSE NO. M-431

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3861
Local Reg. No. 7207
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome c. LENGTH OF STAY (in this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: 224 East Ave. "D"	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome d. STREET ADDRESS (If rural, give location): 224 East Ave. "D"

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALVIN	DELNO	McMAHON	Aug. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 20, 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS/INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales Mgr. & Tres.	Wholesale and Retail Milk Products	Shoshone, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin I. McMahon	no record	Lilly Saviers	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. I	518 07 7963A	* Lenora McMahon	Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypopia — INTERVAL BETWEEN ONSET AND DEATH: 1year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe pulmonary emphysema — 20years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 11, 1972, to August 14, 1972, that I last saw the deceased alive on August 12, 1972 and that death occurred at 1:40P m., from the cause and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Jon A. Wilmoth, M.D. (Degree or title)	Jerome, Idaho	15 Aug '72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/17/1972	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 18, 1972	Charlene Bateman	Jerry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 3 1972

MAY 6 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3862
Local Reg. No. 72073
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Jerome 271	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome c. LENGTH OF [illegible] this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedicts Hospital 099	d. STREET ADDRESS (If rural, give location) 185 E. ave. A.

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) O	c. (Last) Koch	4. DATE OF DEATH (Month) (Day) (Year) August 15 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1905	9. AGE (In years last birthday) 67 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman 4	10b. KIND OF BUSINESS OR INDUSTRY Honey Plant	11. BIRTHPLACE (State or foreign country) Eustis, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Koch	BIRTHPLACE Neb.	14. MOTHER'S MAIDEN NAME Minnie Oelkers	BIRTHPLACE Neb.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-40-9437-A	17. INFORMANT'S OWN SIGNATURE Frank E. Koch	ADDRESS Salt Lake City	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1631

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/71, 19__, *to* 8/15, 1972, *that I last saw the deceased alive on* 8/15, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE James Schul M.D. (Degree or title) 953	23b. ADDRESS Jerome Idaho	23c. DATE SIGNED 8/18/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Wendell Cemetery	24d. LOCATION (City, town, or county) (State) Wendell, Gooding, Idaho
DATE REC'D BY LOCAL REG. August 18, 1972	REGISTRAR'S SIGNATURE Charlene Bateman	25. EMBALMER Joe B. Leeper [signature]	LICENSE NO. M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972
OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3863
Local Reg. No. 73C 74
Reg. Dist. No. 440

BIRTH NO.

AUG 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 83338
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton 83335
d. STREET ADDRESS (If rural, give location): Rural Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PEARL	T.	RAINE	August 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Widowed	Dec. 22, 1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Joplin, Missouri	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Blair L. Thompson	Missouri	Margaret	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-12-5756A	Mrs. Viola Hagen	Hazelton, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — sev. years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* September 27, 19[illegible], *to* August 15, 19 72, *that I last saw the deceased alive on* August 10, 19 72, *and that death occurred at* 3:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jan D Wilmoth, MD	[illegible] E. Main; Jerome, Idaho	22 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 17, 1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 28, 1972	Charlene Bateman		M-343

FIRM NAME: WHITE MORTUARY TwinFalls, Ida

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3864
Local Reg. No. 72042
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Jerome	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome; c. LENGTH OF [illegible] (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Long Term Care Unit	d. STREET ADDRESS (If rural, give location) 201 East Ave. "B"

3. NAME OF DECEASED (Type or Print)	a. (First) STELLA	b. (Middle) M.	c. (Last) STREED	4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1889	9. AGE (In years last birthday) 83; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Challis, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Evans	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME no record	BIRTHPLACE no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 07 2450B	17. INFORMANT'S OWN SIGNATURE W. L. Hays	ADDRESS Jerome, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Terminal Broncho-Pneumonia	5 ds.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis - Depression	- yrs -
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 49, *to* 16 Aug, 19 72, *that I last saw the deceased alive on* 16 Aug, 19 72, *and that death occurred at* 7:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE L. M. Huber, Ass. (Degree or title) 385	23b. ADDRESS Jerome	23c. DATE SIGNED 18 Aug 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial; 24b. DATE Aug. 19, 1972	24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery	24d. LOCATION (City, town, or county) Jerome, Idaho (State)
DATE REC'D BY LOCAL REG. August 18, 1972	REGISTRAR'S SIGNATURE Charlene Bateman	25. EMBALMER Jerry K. Lawson; LICENSE NO. M-522

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

OCT 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

State File No. 3865
Local Reg. No. 72075
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH

a. COUNTY: Jerome

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

c. LENGTH OF STAY (In this place): minutes

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hosp. (D.O.A.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Idaho

b. COUNTY: Jerome

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. STREET ADDRESS (If rural, give location): 326 3rd Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER	JOSEPH	WOOLLEY	August 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	May 8, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Driver	Trucking	Milo, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Woolley	England	Clarissa Jane Lee	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	* * * * * *	562-16-6523-A	Donna M. Fiala	Jerome, Id.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 2, 1968, *to* August 30, 1972, *that I last saw the deceased alive on* August 29, 1972 *and that death occurred at* 6:05pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jan D. Whitworth, M.D.	216 East Main St.; Jerome, Idaho	1 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/2/72	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
September 1, 1972	Charlene Bateman	Jerry K. Laws	M-522

FIRM NAME: Hove Funeral Chapel - Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3866
Local Reg. No. 287
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Wolfe Lodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1304 Annie

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stephen	E.	Willis	July	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 13, 1951	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Kaiser	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert E. Willis	Illinois	Geraldine Troutman	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---		Mr. Robert Willis	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suicide by Carbon Monoxide Inhalation

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Rural	Wolf Lodge, Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'alene Idaho	8-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

SEP 5 1972
FEB 2 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3867
Local Reg. No. 266
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (In this place) 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) PO Box 421

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Kenneth	L.	Stephens	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 13, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Kaiser Aluminum	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	502-07-6523	Mrs. Pearl Stephens	Spokane, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 0399 Pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bacterial infection
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 195[illegible] to 1972, that I last saw the deceased alive on Aug 1 1972 and that death occurred at 6 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.		4 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 3, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3868
Local Reg. No. 257
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 211 Indiana

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	-	Fosket	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Apr. 18, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Loin Fosket	Wisconsin	Nellie Shipman	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-18-2436	Mrs. Pearl Melton	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Decompensation Due To	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Hypertensive Cardio Vascular	
DUE TO (c)	Disease	Chronic
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1962, 19____, *to* 8/1/72, 19____, *that I last saw the deceased alive on* 7/31/72, 19____, *and that death occurred at* 2:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn D. Jacobson MD 177	Coeur d'Alene, Idaho	8/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 4, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

OCT 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3869
Local Reg. No. 254
Reg. Dist. No. 12c

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Willard	D.	Collup	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 14, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Melrose, New Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Floyd D. Callup	Texas	Viola Rudd	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II		Mrs. Donna Callup	Hayden Lake, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew Brush MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Removal	Aug 2, 1972		Payson, Ariz. Payson Funeral Home	M-365

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER
Aug 10, 1972	Lorraine K. Brush	Gilbert Yates

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 4 1972
AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
MAY 2 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 1 3 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3870
Local Reg. No. 265
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fay	R.	Schofield	August 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 25, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles H. Robins	Unknown	Susanna Grigsby	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	516-22-4673	Mrs. Eileen Long	Post Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7963 No Known Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18, 1972 *to* 8-4, 1972 *that I last saw the deceased alive on* 8-4, 1972 *and that death occurred at* 8:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Philip S Glennie MD (Degree or title)		8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 4, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 10 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3871
Local Reg. No. 256
Reg. Dist. No. 120

RECEIVED AUG 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 261	d. STREET ADDRESS (If rural, give location) 1212 "A" St.

3. NAME OF DECEASED (Type or Print)	a. (First) Doss	b. (Middle)	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) August 4, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 20, 1883	9. AGE (In years last birthday) 89	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker	10b. KIND OF BUSINESS OR INDUSTRY Kaiser Aluminum	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME (Unobtainable)	BIRTHPLACE (Unobtainable)	14. MOTHER'S MAIDEN NAME (Unobtainable)	BIRTHPLACE (Unobtainable)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 519-14-6278	17. INFORMANT'S OWN SIGNATURE W. D. Jones	ADDRESS 5717 S. Cantlin	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular accident	hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-14, 1959, *to* 8-4-72, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Barclay M. D. (Degree or title) 1026	23b. ADDRESS Coeur d'Alene	23c. DATE SIGNED 8-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY Worley Cemetery	24d. LOCATION (City, town, or county) Worley, (State) Idaho
DATE REC'D BY LOCAL REG. Aug 10, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER N. F. Riplinger Jr. (BW)	LICENSE NO. M-397

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3872
Local Reg. No. 273
Reg. Dist. No. 12 c

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 1½ Mile S. of Athol #95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Athol
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myron	Joy	Oleson	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	July 28, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer/carpenter	Agriculture	South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nels Oleson	Denmark	Marie Hansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-20-9878	Bernard Gale Oleson	Omaha, Nebraska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4124 Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 30, 19 71 *to* present, 19____, *that I last saw the deceased alive on* May 12, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	920 Ironwood Drive Coeur d'Alene, Idaho 83814	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 7, 1972		Faulkton, South Dakota Sorum Funeral Home,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 18, 1972	Lorraine R. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Lanham

Certificate of Death
STATE OF IDAHO

RECEIVED AUG 25 1972

State File No. 3873
Local Reg. No. 286
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt. 2, Box 25

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 25

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	W.	Hoffman	August 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 31, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Mont. Power Co.	Helena, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Casper Hoffman	--------	May Scott	--------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-44-0269	Frances L. Hoffman	Ida. Hayden Lake

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) A S H D, with Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma prostate
Myasthenia Gravis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-16-70 *to* 8-6-72, *that I last saw the deceased alive on* 7-27-72 *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen M. Lanham MD.	Hayden Lake - Ida.	8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 9, 1972	Restlawn Mem. Park	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1972	Lorraine K. Brush	Bill Duff	M-439

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3874

Certificate of Death
STATE OF IDAHO

RECEIVED AUG 22 1972 Bureau of Vital Statistics

State File No. _____
Local Reg. No. 278
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Pinewood Manor

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle) P.
c. (Last) Zierlein

4. DATE OF DEATH (Month) (Day) (Year) August 6, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Feb 17, 1893
9. AGE (In years last birthday) 79
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Self (Retired)
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Zierlein
BIRTHPLACE USA
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 386-12-8442
17. INFORMANT'S OWN SIGNATURE Grace Johnson, ADDRESS Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the lungs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23, 1971, *to* 8/6, 1972, *that I last saw the deceased alive on* 8/6, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 9/12 ID
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 8/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 10, 1972
24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Aug. 15, 1972
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Gilbert Yates
LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 15 1972 Bureau of Vital Statistics

State File No. 3875
Local Reg. No. 264
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital	d. STREET ADDRESS (If rural, give location) 1220 Davidson

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) M.	c. (Last) Schily	4. DATE OF DEATH (Month) (Day) (Year) August 7, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29,1899	9. AGE (In years last birthday) 73	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Vale, S. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Frank Jones	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Ida Smith	BIRTHPLACE Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 519-44-0269	17. INFORMANT'S OWN SIGNATURE Sebastian Schily	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 920 Ironwood Drive Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 8/9/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Aug 4, 1972	REGISTRAR'S SIGNATURE Lorraine R. Brush	25. EMBALMER Bill Duff	LICENSE NO. M-439

FIRM NAME English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3876
Local Reg. No. 272
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) 9 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location) 1017 Mullan Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Edgar	b. (Middle) J.E.	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) August 8, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 9, 1895	9. AGE (In years last birthday) 76 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Miller	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Ellen Swedlund	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 518-20-9596	17. INFORMANT'S OWN SIGNATURE Alvina Rolin, Lincoln City, Oregon	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Infarction	6 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 May, 1972, *to* 8 August, 1972, *that I last saw the deceased alive on* 8 August, 1972, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 530 (Degree or title)	23b. ADDRESS 920 Ironwood Drive Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 8/12/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 11, 1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho		
DATE REC'D BY LOCAL REG. Aug 15, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates
LICENSE NO. M-365		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3877
Local Reg. No. 275
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1110 Lakeside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruth	E.	White	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	March 23, 1877	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-60-4933	Joseph R. White	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1950 *to* 8-9-72, *that I last saw the deceased alive on* 8-8-72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. (Degree or title)	Coeur d'alene, Idaho	8-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 11, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 15, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3878
Local Reg. No. 270
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. INSIDE CITY LIMITS? (In this place): [ ]
d. FULL NAME OF HOSPITAL OR INSTITUTION: Coeur d' Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 930 N. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Conrad	Nels	Kallwick	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 27,1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millworker	Lumbering	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Osmund Apeleurd	Norway	Jacobina(unobtainable)	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (BC)	ADDRESS
Yes	W.W. I	533-01-8258	Mrs. Margaret Kallwick	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocarditis	24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	10 years
DUE TO (c)	Arteriosclerotic Disease	25 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Ischemia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 16, 19 70, to August 9, 19 72, that I last saw the deceased alive on August 9, 19 72, and that death occurred at 8:45p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	421 Cd'A. Ave., Cd'A., ID	8/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug.12,1972	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug.18,1972	Lorraine L. Brush	Bill Neff	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3879
Local Reg. No. 271
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 814 Birch

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) William c. (Last) Leinum

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 20, 1921

9. AGE (In years last birthday): 51
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Leinum
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Marguerite Marshall
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 519-03-8656

17. INFORMANT'S OWN SIGNATURE: Mrs. Robert Leinum
ADDRESS: Ida, Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1577

19a. DATE OF OPERATION: 6.19.72

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas & metastases

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1968, to Aug. 10, 1972, that I last saw the deceased alive on Aug 10, 1972, and that death occurred at 8:05 m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: 411 Coeur d'Alene Ave.

23c. DATE SIGNED: 8.11.72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 12, 1972

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Park

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug 16, 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Neff

LICENSE NO.: M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3880
Local Reg. No. 269
Reg. Dist. No. 12c

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
LENGTH OF STAY (In this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home of Son-in-Law

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington b. COUNTY Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) 825 West 24th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Josephine	L.	Jennings	Aug 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	10-9-1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at the home	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Antone Luckenbach		Catherine Strock	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	535-44-3406	Dr. Peter Grarbicki	Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Cerebro-Vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		/

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not , 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'Alene, Idaho	8-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-12-1972	Holy Cross Cemetery	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 18, 1972	Lorraine K. Brush	Bill Hennessey	M-439

FIRM NAME: Hennessey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972
AUG 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3881
Local Reg. No. 298
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sunset Terrace Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 210 W. LaCrosse

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Nora	Ann	Walkup	August 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 10, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Blachly, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Silas Renfro	Unknown	Sarah Mahurin	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-16-2906T	Mrs. Louise Lowry	St Maries, Idaho

4723

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic Myocarditis	24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	5 yrs.
DUE TO (c)	Arterio Sclerotic Vascular Disease	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Repeated Cerebral Vascular Accidents	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* December 20, 1967, *to* August 13, 1972, *that I last saw the deceased alive on* August 13, 1972, *and that death occurred at* 9:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 325	421 Cd'A. Ave., Cd'A., ID	8/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 14, 1972	Browning Funeral Home	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29, 1972	[signature]	[signature]	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3882
Local Reg. No. 276
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place) 6 1/2 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace Nursing Home	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Victor	b. (Middle) C.	c. (Last) Wilson	4. DATE OF DEATH (Month) August (Day) 13, (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19,1897	9. AGE (In years last birthday) 75	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist	10b. KIND OF BUSINESS OR INDUSTRY Own Store	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Clayton Wilson	BIRTHPLACE Not Available	14. MOTHER'S MAIDEN NAME Not Available	BIRTHPLACE Not Available		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. 518-03-7143	17. INFORMANT'S OWN SIGNATURE X Frances A. Wilson	ADDRESS Idaho Hayden Lake		

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio-Vascular

DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 27, 19 71, *to* present, 19____, *that I last saw the deceased alive on* 8-13-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE D. A. Daugherty M.D. (Degree or title)	23b. ADDRESS 920 Ironwood Dr. Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 8-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 8-15-1972	24c. NAME OF CEMETERY OR CREMATORY Moon Crematory	24d. LOCATION (City, town, or county) Sandpoint (State) Idaho
DATE REC'D BY LOCAL REG. Aug. 16, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER N. F. Kiplinger Jr.	LICENSE NO. M-397

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972 [redacted]

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3883
Local Reg. No. 274
Reg. Dist. No. 12c

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hauser Lake
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Santa Cruz
d. STREET ADDRESS (If rural, give location) 152 Bradley Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Philip	J.	Rodkey	August 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	April 6, 1953	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Urbana, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Stanley	Kansas	Unice L. Azevdo	Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	554-88-8343	Fred Stanley Rodkey (Step)	Santa Cruz, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home/farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
accident.	Lake	Hauser Lake Kootenai	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8	14	1972	m.		Swimmin in Lake. unable to return

22. *I hereby certify that I attended the deceased from* Did not , 19____ , to _____ , 19____ , *that I last saw the deceased alive on* _____ , 19____ , *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Lord, M.D. Coroner	Coeur d'alene Idaho	8-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 15, 1972	White Funeral Home	Santa Cruz, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 16, 1972	Lorraine K. Brush	Byron English	M-538

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3884
Local Reg. No. 295
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt 4 Box 307-F-28

3. NAME OF DECEASED (Type or Print): a. (First) Nels; b. (Middle) K.; c. (Last) Nelsen
4. DATE OF DEATH (Month) (Day) (Year): August 14, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8, 1900
9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-05-4598
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Hazel Nelsen, Coeur d'Alene, Id.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 August, 1972, *to* 14 August, 1972, *that I last saw the deceased alive on* 14 August, 1972, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Thompson (Degree or title) MD
23b. ADDRESS: 920 Ironwood Drive, Coeur d'Alene, Idaho 83814
23c. DATE SIGNED: 8/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/16/72
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Buhl, Idaho — Dickard Funeral Home

DATE REC'D BY LOCAL REG.: Aug 25/1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

JUN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3885
Local Reg. No. 281
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
c. LENGTH OF STAY (In this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
d. STREET ADDRESS (If rural, give location): 1424 Garden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mathew	Martin	Brooks	Aug. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 1, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Smelter Worker	Mining	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Brooks	Missouri	Fannie Powell	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-01-7814	Martin Brooks	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4377

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vascular Atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Bladder

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 71 to present, that I last saw the deceased alive on 8-16-72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Breech, M.D.	920 IRonwood Dr. Coeur d'Alene, Idaho 83814	8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/19/1972	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1972	Lorraine K. Brush	Bill Duff	M-439

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3886
Local Reg. No. 279
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 25 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): 2 mos	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location): Rt. 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Perdita	Margaret	Adams	Aug 17 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 16 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William L. Stover	Illinois	Clara May Kennedy	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	536 20 8720	Louie Ralston	Rt. 5 Priest River Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-Vascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	920 Ironwood Drive Coeur d'Alene, Idaho	8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8/18/72	Sherman Funeral Home	Newport Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1972	Lorraine K. Brueske	[signature]	M-439

FIRM NAME: English Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 31 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3887
Local Reg. No. 290
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah 050
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tensed
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Mildred
c. (Last): Harrison

4. DATE OF DEATH (Month) (Day) (Year): August 17 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 31 1911
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garfield, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Willard Dugger — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Florence Fields — BIRTHPLACE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 28 9504
17. INFORMANT'S OWN SIGNATURE: Mrs. Chas. Wick — ADDRESS: Spokane, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Pancreas — 6 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1579

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 22 June, 1972, *to* 17 August, 1972, *that I last saw the deceased alive on* 17 August, 1972, *and that death occurred at* 6:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 530 (Degree or title) MD
23b. ADDRESS: 920 Ironwood Drive, Coeur d'Alene, Idaho 83814
23c. DATE SIGNED: 31 August 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-19-1972
24c. NAME OF CEMETERY OR CREMATORY: Garfield City Cemetery
24d. LOCATION (City, town, or county) (State): Garfield Wa.

DATE REC'D BY LOCAL REG.: Aug. 28, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Jack E Kramer
LICENSE NO.: 636

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home Tekoa, Wa.

DUTIES:

SEP 1 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 6 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3888
Local Reg. No. 280
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 25 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 14 months
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 728 Sherman

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Albin	Anderson	August 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 3, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter/Retired	Construction	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andreas Anderson	Sweden	Kathrina Unknown	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	473-09-2999	Mrs. Sophie Anderson	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Terminal hypostatic bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 8/17, 19 72, *that I last saw the deceased alive on* 8/17, 19 72 *and that death occurred at* 2:34 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS

23c. DATE SIGNED 8/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 19, 1972		Johnson-Patterson F.H. Two Harbors, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3889
Local Reg. No. 283
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location) 820 Birch

3. NAME OF DECEASED (Type or Print)	a. (First) Carl	b. (Middle) J.	c. (Last) Erickson	4. DATE OF DEATH (Month) (Day) (Year) August 17, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 15, 1908	9. AGE (In years last birthday) 63 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 3	10b. KIND OF BUSINESS OR INDUSTRY Jensen Byrd	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Franklin Erickson	BIRTHPLACE Sweden	14. MOTHER'S MAIDEN NAME Ingeborge Larson	BIRTHPLACE Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 533-01-7647	17. INFORMANT'S OWN SIGNATURE Bernadine Erickson,	ADDRESS Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/7, 1972 *to* 8/17, 1972, *that I last saw the deceased alive on* 8/17, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Min S. Randall M.D. 912 (Degree or title)	23b. ADDRESS 920 Ironwood Dr	23c. DATE SIGNED 8/18/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Aug 23, 1972	REGISTRAR'S SIGNATURE Barraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

SEP 2 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Powell

Certificate of Death
STATE OF IDAHO

State File No. 3890
Local Reg. No. 285
Reg. Dist. No. 120

RECEIVED AUG 25 1972

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) C.	c. (Last) Hodge	4. DATE OF DEATH (Month) August (Day) 18, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec.7,1890	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Sawmill	10b. KIND OF BUSINESS OR INDUSTRY: Sawmill	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John M. Hodge	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Victoria Isaacs	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-05-2918	17. INFORMANT'S OWN SIGNATURE: X John M. Hodge	ADDRESS: Post Falls, Ida	

4/23

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Artery Disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Lung Disease	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/5, 1969, *to* 8/18, 1972, *that I last saw the deceased alive on* 8/16, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm S Powell	(Degree or title) M.D.	23b. ADDRESS: 9201 Pinewood Dr CDA	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug.21,1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cem.	24d. LOCATION (City, town, or county): Post Falls, (State): Idaho
DATE REC'D BY LOCAL REG.: Aug 24, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bill Duff	LICENSE NO.: M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3891
Local Reg. No. 282
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Dorothy	Eve	Bunnell	8	18	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb 4, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Musician	Music	West Superior Wisc.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Moe	Norway	Rena Nelson	Sand Creek Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-30-4797	Edna G. Bunnell	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 19 67, *to* present, 19____, *that I last saw the deceased alive on* 8-18-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	920 Ironwood Drive Coeur d'Alene, Idaho 83814	8-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-22-72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 24, 1972	Lorraine K. Brush	[signature]	M- 551

FIRM NAME: Shoshone Funeral Service.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3892
Local Reg. No. 293
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 31 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lane
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
d. STREET ADDRESS (If rural, give location): Rt. 1, Box 227

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Julian	D.	Lapp	August 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 30, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Track Laborer	Union Pacific R.R.	Lane, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert A. Lapp	Michigan	Lillie M. Sumner	Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	712-07-9092	Walter T. Wood	Kellogg

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cause ill defined. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Coronary occlusion — 11
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not , 19____ , *to* ____ , 19____ , *that I last saw the deceased alive on* ____ , 19____ , *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'Alene Idaho	8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-25-1972	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29, 1972	Lorraine K. Brush	Bill Leuff	M-499

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 0 1972
JUL 2 7 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3893
Local Reg. No. 289
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cœur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 605 Coeur d'Alene Ave.	d. STREET ADDRESS (If rural, give location) 605 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) O.	c. (Last) Hallgreen	4. DATE OF DEATH (Month) (Day) (Year) August 21, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1906	9. AGE (In years last birthday) 65 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer	10b. KIND OF BUSINESS OR INDUSTRY Idaho Veneer	11. BIRTHPLACE (State or foreign country) Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Hallgreen	BIRTHPLACE Sweden	14. MOTHER'S MAIDEN NAME	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 518-03-5838	17. INFORMANT'S OWN SIGNATURE Mrs. Clarice Hallgreen	ADDRESS Coeur d'Alene	

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH 10-12 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-3, 1959, *to* 8-21, 1972, *that I last saw the deceased alive on* 8-12, 1972, *and that death occurred at* 6:0 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Gladys M.D. (Degree or title) 026	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug23,1972	24c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho		
DATE REC'D BY LOCAL REG. Aug 30, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates
LICENSE NO. M-365		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Pr - Thompson

RECEIVED AUG 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3894
Local Reg. No. 284
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sunset Terrace Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 705 Emma

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Tessie	L.	Haye	August 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 31, 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob A. Mull	N.C.	Elizabeth Whisenant	N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-60-7876	x Nita L. Taggart	Clarinda, Iowa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 23 January, 1968, to 31 August, 1972, that I last saw the deceased alive on 15 August, 1972, and that death occurred at 7:35 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
530 Thompson MD	930 Ironwood Drive Coeur d'Alene Idaho 83814	8/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-24-1972	Priest River Cem.	Priest River, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 24, 1972	Lorraine K. Brush	Bill Huff	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3895
Local Reg. No. 311
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Rt. 4, Box 54

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry	W.	Clark	August 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 8, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Noah Clark	Not Available	Luella Carpenter	Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	518-05-4752	Mrs. Minnie Clark	Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 486 X Pneumonetis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Obstructive Lung Dz — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-3-, 1972 to 8-21-, 1972, that I last saw the deceased alive on 8-21-72, 19__, and that death occurred at 5:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Graham MD	Hayden Lake, Idaho	9-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-26-1972	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1972	Carol A. Worthington	Bill Duff	M-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3896
Local Reg. No. 291
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 503 S. 13th St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace 340

3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) Elizabeth c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) August 22, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 23, 1886

9. AGE (In years last birthday) 85

IF UNDER 1 YR. Months Days

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isecc M. Anderson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Dorthea C. Magnuson BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 518-03-3612

17. INFORMANT'S OWN SIGNATURE Mr. Hillmer Johnson ADDRESS Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & hypertension — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11, 1968, *to* 8-26, 1972, *that I last saw the deceased alive on* 6-3, 1972 *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Barclay M.D. 026

23b. ADDRESS Coeur d'Alene

23c. DATE SIGNED 8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 26, 1972

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Aug 30 1972

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Gilbert Yates

LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3897
Local Reg. No. 292
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): H & D Trailer Court

3. NAME OF DECEASED (Type or Print): a. (First) Orval; b. (Middle) W.; c. (Last) Keller

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 4, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman
10b. KIND OF BUSINESS OR INDUSTRY: S.I. R.R.

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Keller — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Catherine Polen — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-05-2899

17. INFORMANT'S OWN SIGNATURE: Mrs. Coral Keller — ADDRESS: Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972, *to* present, 19____, *that I last saw the deceased alive on* 8-24-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Brueck M.D.

23b. ADDRESS: 920 Ironwood Drive, Coeur d'Alene, Idaho 83814

23c. DATE SIGNED: 8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 30, 1972

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug 30, 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brueck

25. EMBALMER: Gilbert Yates

LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 31 1972 Bureau of Vital Statistics

State File No. 3898
Local Reg. No. 294
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 728 Front

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cecilia		Moll	August 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 22, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Straub	Unknown	Margaret Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	550-68-6639	Mrs. Mary Francis Goodale	Coeur d' Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4369 Cerebral Hemorrhage Acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-12, 1965 *to* 8-24, 1972, *that I last saw the deceased alive on* 8-23, 1972, *and that death occurred at* 2:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 193 (Degree or title)	30 N. 5th Coeur d'Alene	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 24, 1972		Hayward, Calif. Pratt-Flierl Mortuary

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 30 1972	Lorraine K Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972
OCT 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended November 6, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3899
Local Reg. No. 296
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai 28	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 513 Coeur d'Alene Ave. 200	d. STREET ADDRESS (If rural, give location): 513 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Elizabeth	b. (Middle):	c. (Last): Norman	4. DATE OF DEATH (Month) (Day) (Year): August 24, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 11, 1889	9. AGE (In years last birthday): 83	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Wisconsin	12. CITIZEN OF WHAT COUNTRY: USA		
13. FATHER'S NAME: George Vanderfin	BIRTHPLACE: Holland	14. MOTHER'S MAIDEN NAME: Petronella Peters	BIRTHPLACE: Germany		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --	16. SOCIAL SECURITY NO.: 519-22-8844	17. INFORMANT'S OWN SIGNATURE: Mrs. Hugh Rutledge	ADDRESS: Newport News, Va.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

174X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma breast — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 53, *to* Aug 24, 19 72, *that I last saw the deceased alive on* 20 Aug, 19 72, *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. M. Gumprecht, M.D. (Degree or title)	23b. ADDRESS: 302 W. 5th	23c. DATE SIGNED: 28 Aug. 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 28,1972	24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho		
DATE REC'D BY LOCAL REG.: Aug 30, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Gilbert Yates — LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
BUREAU OF
NOV 2 10 20 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Elizabeth Norman (Name on Original Certificate) who Died (Was Born or Died) on August 24, 1972 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	June 2, 1889	June 11, 1889
Father's First Name	John	George
Mother's Birthplace	Holland	German

Subscribed and sworn to before me this First day of November, 19 72

Notary Public, residing at Coeur d'Alene Idaho
My commission expires Sept 1, 1976
(Seal)

Signed X Gilbert Yates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of November, 19 72

Notary Public, residing at Coeur d'Alene Idaho
My commission expires Sept 1, 1976
(Seal)

Signed X Dottie Yates
(Signature of Any Credible Person)

421 Montana, Coeur d'Alene, Id.
(Street Address, City, State)

FORM DH 60-155

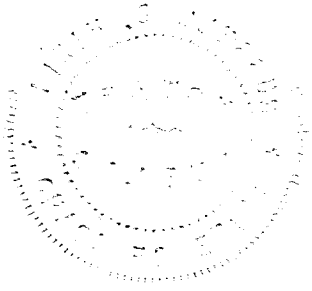

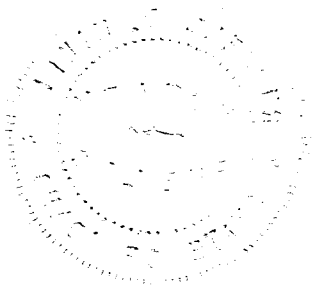

Certificate of Death
STATE OF IDAHO

State File No. 3899
Local Reg. No. 296
Reg. Dist. No. 120

RECEIVED AUG 31 1972 Bureau of Vital Statistics

BIRTH NO. - - - - - -

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 513 Coeur d'Alene Ave.	d. STREET ADDRESS (If rural, give location) 513 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle)	c. (Last) Norman	4. DATE OF DEATH (Month) (Day) (Year) August 24, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Vanderfin	BIRTHPLACE Holland	14. MOTHER'S MAIDEN NAME Petronella Peters	BIRTHPLACE Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. 519-22-8844	17. INFORMANT'S OWN SIGNATURE Mrs. Hugh Rutledge	ADDRESS Newport News Va.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma breast — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, *to* Aug 24, 1972, *that I last saw the deceased alive on* 20 Aug, 1972, *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 302 W 5th	23c. DATE SIGNED 28 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 28, 1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Aug 30 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972
NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3900
Local Reg. No. 297
Reg. Dist. No. 120

RECEIVED AUG 31 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) 281	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location) Rt # 1

3. NAME OF DECEASED (Type or Print)	a. (First) Ann	b. (Middle)	c. (Last) Strahorn	4. DATE OF DEATH (Month) (Day) (Year) August 24, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct.21, 1891	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Thibodeau	BIRTHPLACE Canada	14. MOTHER'S MAIDEN NAME Jane Kearney	BIRTHPLACE Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 518-40-6791	17. INFORMANT'S OWN SIGNATURE William E. Cole	ADDRESS Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the colon	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 19 72 *to* present, 19____, *that I last saw the deceased alive on* 8-24-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE P. Bresch, M.D. 975 (Degree or title)	23b. ADDRESS 920 IRonwood Dr. Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 29,1972	24c. NAME OF CEMETERY OR CREMATORY St.Thomas Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Aug 30,1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr Briesch
DAUGHARTY & BRIESCH
920 IRONWOOD DRIVE
COEUR D'ALENE, IDAHO 83814

Certificate of Death
STATE OF IDAHO

State File No. 3901
Local Reg. No. 288
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
AUG 31 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Terrace Nur. Home 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1520 N. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	H.	Alexander	August 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Nov. 17, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales 3	Lumber Retail	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Alexander		Emma	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-1010	Mrs. Frances Callis (PD)	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-Vascular Atherosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 64 *, 19__, to* present *, 19__, that I last saw the deceased alive on* 8-26-72 *, 19__, and that death occurred at __m., from the causes and on the date stated above.*

D. D. A. Daugharty care---

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. Briesch 975	M.D.	920 Ironwood DRive Coeur d'Alene, Idaho 83814	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	8-29-1972	Forest Cemetery	Coeur d'Alene Idaho	M-439

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER
Aug 30, 1972	Lorraine K. Brush	Bill Huff

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3902
Local Reg. No. 308
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 114 Borah Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Bror
b. (Middle):
c. (Last): Thorstenson

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 12, 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-10-5328

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Mrs. Emma Thorstenson, Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4249

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Decompensation — 10 years
DUE TO (c): Severe Arteric Sclerotic Valvular Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral ischemia of Circulatory Insufficiency

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 16, 1951, *to* August 27, 1972, *that I last saw the deceased alive on* August 27, 1972, *and that death occurred at* 8:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 375

23b. ADDRESS: 421 Cd'A. Ave., Cd'A., Idaho

23c. DATE SIGNED: 9/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 30, 72

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1972

REGISTRAR'S SIGNATURE: Carol A. Worthington

25. EMBALMER: Gilbert Yates

LICENSE NO.: M-365

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Yates Funeral Home

JUL 2 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3903
Local Reg. No. 299
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Route 2, Box 150

3. NAME OF DECEASED (Type or Print): a. (First) Eric b. (Middle) A. c. (Last) Cramer

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 30, 1888

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 8

10b. KIND OF BUSINESS OR INDUSTRY: Ohio Oil Co.

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Cramer
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Anna Larson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 520-03-0434

17. INFORMANT'S OWN SIGNATURE: Irene M. Cramer
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4122

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia, Left Lobar, Severe. — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Cardio Vascular Hypertension
DUE TO (c) Disease — Chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — Chronic

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22/72, 19__, to 8/25/72, 19__, that I last saw the deceased alive on 8/28/72, 19__, and that death occurred at 12:25 NOON from the causes and on the date stated above.

23a. SIGNATURE: Lynn C. Swedenburg 177 (Degree or Title) MD

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 8/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Park

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug 31, 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: M F Rushinger

LICENSE NO.: M-397

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

State File No. 3904
Local Reg. No. 300
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace Nursing Home 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1204 Coeur d'Alene Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gust		Stensvik	August 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug 29, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumbering 5	Ohio Match Co	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Stensvik	Norway	Ann	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-26-6944	Margaret A. Stensvik	Cd'A. Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemorrhage	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arterio Sclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old C.V.A.	Several Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ____, 19 50, to 8-28, 19 72, that I last saw the deceased alive on 8-25, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner 572 4	Coeur d'alene Idaho	8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8-31-1972	St Thomas Cemetery	Coeur d'Alene	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 31, 1972	Lorraine K. Brush	Bill Wolff	M-439

FIRM NAME: English Chapel Inc, Coeur d'Al

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3905
Local Reg. No. 302
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 515 Wallace Ave. Apt 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eugene		Best	Aug 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug 29, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Justice of Peace	Court	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gus Best	Ohio	Alena Landt	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Bx)	ADDRESS
No	None	519-20-0175	Mrs. Vergie E. Best	Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Psoriasis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 19 71, *to* present, 19____, *that I last saw the deceased alive on* 8-29-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. Bressler, M.D.	920 Ironwood Drive Coeur d'Alene, Idaho 83814	8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Cremation	Sept 1, 1972	Moon's Crematory	Sandpoint, Idaho		M-397

DATE REC'D BY LOCAL REG. Sept. 5, 1972
REGISTRAR'S SIGNATURE Carol A. Worthington

FIRM NAME English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

Amended Oct 3, 1972

State File No. 3906
Local Reg. No. 304
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital	d. STREET ADDRESS (If rural, give location) 519 Davidson

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) F.	c. (Last) Falk	4. DATE OF DEATH (Month) (Day) (Year)	August 29, 1972
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
Male	White	Widower	June 13, 1895	77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Carl Falk	BIRTHPLACE Germany		14. MOTHER'S MAIDEN NAME Hermine Tietz	BIRTHPLACE German	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W. I Army	16. SOCIAL SECURITY NO. 380-07-2460A	17. INFORMANT'S OWN SIGNATURE Rev. John F. Falk	ADDRESS Alaska, Fairbanks,	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Circinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obstructive prostatism — Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 18 October, 1971 - Circinoma of rectum	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Sept, 1971, to 29 Aug, 1972, that I last saw the deceased alive on 28 Aug, 1972, and that death occurred at 805 A m., from the causes and on the date stated above.

23a. SIGNATURE 786 (Degree or title) M.D	23b. ADDRESS 411 Coeur d'Alene Ave	23c. DATE SIGNED 31 Aug 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 31, 1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park	24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho
DATE REC'D BY LOCAL REG. Sept. 5, 1972	REGISTRAR'S SIGNATURE Carol A. Worthington	25. EMBALMER	LICENSE NO. M-397
		FIRM NAME: English Chapel-Coeur d'Alene, Idaho	

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 2 10 28 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 3906

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for John F. Falk (Name on Original Certificate) who died (Was Born or Died) on August 29, 1972 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#7	not given	Widower
#9 Age	79	77
#15	no - None	Yes - W W 1 Army

Subscribed and sworn to before me this 29th day of September, 1972

Mary E. Fezer

Notary Public, residing at Coeur d'alene

My commission expires 12/1/73

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of September, 1972

Grace Hearstyne

Notary Public, residing at Coeur d'Alene

My commission expires 2/15/75

(Seal)

Signed George A English

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

7-28 [illegible]

OCT 3 1972

Certificate of Death
STATE OF IDAHO

State File No. 3907
Local Reg. No. 303
Reg. Dist. No. 125

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sunset Terrace N. Home 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1808 N. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Doris	I.	Cleveland	August 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 10,1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Nurse 2	Nursing	Garniell, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Lutz	Ill.	Tyna Wilson	Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-03-6963	X Robert J. Cleveland	Cda. Coeur d'alene

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	6 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio Sclerotic Cardiovascular Renal Disease	15 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cirrhosis Liver	6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 6, 1962, *to* August 30, 1972, *that I last saw the deceased alive on* August 30, 1972, *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 375	M.D.	421 Cd'A. Ave., Cd'A., Idaho	9/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept.2,1972	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8.1972	Carol A. Worthington	[signature]	M-397

FIRM NAME: English Chapel-Coeur d'Alen Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3908
Local Reg. No. 306
Reg. Dist. No. 720

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake	c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hayden Lake	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake d. STREET ADDRESS (If rural, give location): Rt 1, Box 265

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bruce	Leroy	Rea	August 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Dec. 5, 1965	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Rock Island, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Edwin Rea	Illinois	Mary J. Gordon	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	X Charles M. Ward	Lake, Id Hayden

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident.	Hayden Lake	Hayden Lake	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coroner	Coeur d'alene Idaho	9-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 2, 1972	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1972	Carol A. Worthington	W. F. Englinger Jr.	M-397

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3909
Local Reg. No. 309
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 210

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Adelle		Torkelson	August 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 19, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Not Available	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not Available		Not Available	Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	567-10-8270	Hospital Records	Coeur d'Alene,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Tuberculosis — 0119

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fatty change of the liver

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr 11, 19 72, *to* present, 19____, *that I last saw the deceased alive on* 8-31-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. B Meach, MD	975	920 IRonwood Drive Coeur d'Alene, Idaho 83814	9=5=72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 2, 1972	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1972	Carol G. Worthington	Bill Cuff	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 12 1972

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3910
Local Reg. No. 101
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thomas	Hoyt	Boyce	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	March 25, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hoist & Crane Operator	Retired	Harrison, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas M. Boyce	Maine	Evvy A. Spencer	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-0639	Mary M Nolan	Lake Oswego, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Adenocarcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-1, 1972, to 8-1, 1972 that I last saw the deceased alive on 8-1, 1972 and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd C Valder	MD	Bovill, Idaho	8-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-4-1972	Bovill Cemetery	Bovill, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7 1972	Dolores Lettenmaier	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

APR 15 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3911
Local Reg. No. 110
Reg. Dist. No. 200

RECEIVED AUG 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): 6 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Conv. Center 366	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): Lois	b. (Middle): H.	c. (Last): Ward	4. DATE OF DEATH (Month) Aug (Day) 2 (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: March 24, 1892	9. AGE (In years last birthday): 80	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): seamstress 4	10b. KIND OF BUSINESS OR INDUSTRY: dry goods	11. BIRTHPLACE (State or foreign country): Greeley, Colo.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Harry Swanson	BIRTHPLACE: Sweden	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-26-6589	17. INFORMANT'S OWN SIGNATURE: Donald Ward	ADDRESS: Moscow, Ida.		

481X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis, general — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1972, *to* Aug 2, 1972, *that I last saw the deceased alive on* July 30, 1972, *and that death occurred at* 5:48 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W Eadams MD 001 (Degree or title) 1	23b. ADDRESS: Moscow, Id	23c. DATE SIGNED: 8/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 5, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery	24d. LOCATION (City, town, or county): Moscow (State): Idaho
DATE REC'D BY LOCAL REG.: Aug 16, 1972	REGISTRAR'S SIGNATURE: Wayne R Heishari	25. EMBALMER: Fred Nelson	LICENSE NO.: M 504

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 5 - 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3912
Local Reg. No. 118
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): 1040 B Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Florence	Mae	Featherston	August 9 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	April 11 1889	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Sorority House	Palouse Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Brown	Iowa	Elizabeth Lucus	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	531 18 8423	Mrs Earl R. Stoup	Pullman, Wa.

4339

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, advanced — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, lobar, left

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1926 *to* Aug 9, 1972, *that I last saw the deceased alive on* Aug 8, 1972, *and that death occurred at* 3 p — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kenneth W 665	Pullman Wash	Aug 14 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-12-1972	Greenwood	Palouse Wa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 28, 1972	Raymer Tiedeman	Jack E Kramer	636

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home Palouse, Wa.

DUTIES: OCT 30 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 3913
Local Reg. No. 112
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Marc b. (Middle) Edward c. (Last) Kormos

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 2, 1961

9. AGE (In years last birthday): 11 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Berkeley, California

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Attila Kormos — BIRTHPLACE: Hungrey

14. MOTHER'S MAIDEN NAME: Diane Keegan — BIRTHPLACE: San Francisco, Cal.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Edward T. Keegan — ADDRESS: San Bruno, Ca.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9229

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gunshot wound to chest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP): Deary (COUNTY): Latah (STATE): Idaho

21d. TIME OF INJURY: (Month) 8 — (Day) 11 — (Year) 72 (Hour) about 7:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Was in front of gun as it was fired

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* about 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Rodger Hawkins MD (Degree or title) Coroner 291 4

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 14, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county): Deary (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 17, 1972

REGISTRAR'S SIGNATURE: Wayne Weishair

25. EMBALMER: Donald Ward

LICENSE NO.: M-380

FIRM NAME: Shorb's Chapel, Moscow, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3914
Local Reg. No. 111
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics 291

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Austin; b. (Middle) Clayton; c. (Last) Adams

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 5, 1905

9. AGE (In years last birthday): 67
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Brutson Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Q. Adams — BIRTHPLACE: Holding Ford Minn.

14. MOTHER'S MAIDEN NAME: Carrie Larsen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. 2

16. SOCIAL SECURITY NO.: 518-10-5891-A

17. INFORMANT'S OWN SIGNATURE: Willie Adams — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4329

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cerebral arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: pneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 Aug 1972 *to* 11 Aug 1972, *that I last saw the deceased alive on* 11 Aug 1972 *and that death occurred at* 1:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 057 (Degree or title)

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 14, 1972

24c. NAME OF CEMETERY OR CREMATORY: Elwood Cemetery

24d. LOCATION (City, town, or county) (State): Deary Latah Idaho

DATE REC'D BY LOCAL REG.: Aug. 16, 1972

REGISTRAR'S SIGNATURE: Draper R Hinkins

25. EMBALMER: Donald Ward

LICENSE NO.: M-380

FIRM NAME: Shond's Chapel Moscow, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3915
Local Reg. No. 113
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California 05 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Cerrito
d. STREET ADDRESS (If rural, give location): 951 Liberty St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Wyatt	Holt	Seale	August 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	widowed	Oct 17, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Publisher		Marquez, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dr. W.H. Seale	Texas	Beulah Johnson	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	066-05-5845	X Barbara S. Sparrowe	Oakland, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hyperbilirubinemia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 9 1972 *to* Aug. 13 1972 *that I last saw the deceased alive on* Aug. 13 1972 *and that death occurred at* 9:15 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	Degree/Title	23b. ADDRESS	23c. DATE SIGNED
Thomas A. Burich	MD	Moscow, Idaho	8/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Aug 14, 1972	Smith & Co.	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1972	Wayne R Heishari	not embalmed	

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3916
Local Reg. No. 116
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 124 North Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Montana b. COUNTY Ascade 5-55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Great Falls
d. STREET ADDRESS (If rural, give location) 400 5th. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George		Hagfeldt	Aug. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 4, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Farm Journal	Holt, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hagfeldt	Sweden	Mary Olson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		473-01-9782	Dave Hagfeldt	Newport, Oregon

7963

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Unknown Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at Unknown m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodger Hawkins	791 MD Coroner	Moscow, Idaho	8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 17, 1972	The George Company	Great Falls Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 28, 1972	Maynel Hendrix	Donald Ward	M-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 18 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3917
Local Reg. No. 114
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): 5 Hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Convelascent Center 366	d. STREET ADDRESS (If rural, give location): Rt. 1 Box-134

3. NAME OF DECEASED (Type or Print) a. (First): Ferd	b. (Middle): Charles	c. (Last): Bruegeman	4. DATE OF DEATH (Month) (Day) (Year): 8-17-1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 20, 1895	9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): Moscow, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank Bruegeman	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Ann Kambitsch	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1	16. SOCIAL SECURITY NO.: 519-42-3456	17. INFORMANT'S OWN SIGNATURE: Wilma T. Bruegeman	ADDRESS: Moscow	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro-vasuclar accident	6 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Traumatic Arthritis, Rt.hip	2-1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1972, *to* August 17, 1972, *that I last saw the deceased alive on* June 18, 1972, *and that death occurred at* 7:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J M Ayers 015 (Degree or title) M.D.	23b. ADDRESS: Moscow, Idaho	23c. DATE SIGNED: Aug 21 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-21-1972	24c. NAME OF CEMETERY OR CREMATORY: Genesee Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Genesee, Idaho		
DATE REC'D BY LOCAL REG.: Aug. 23, 1972	REGISTRAR'S SIGNATURE: Wayne L Hoskori	25. EMBALMER: Donald Ward
LICENSE NO.: M-380		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 30 1972

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 18 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3918
Local Reg. No. 117
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dee	Alfred	Tribbett	August 19 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 7 1913	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill foreman	Wallace Grain - Pea	Steptoe Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Tribett	Tennessee	Sarah H. Gouge	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	536 09 2783	Mrs. Dee A. Tribbett	Palouse, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4367 CVH — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Howard Boas MD 788 (Degree or title)	Moscow Idaho	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-22-1972	Greenwood Cemetery	Palouse Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 28, 1972	Raymond Swenson	Jack E Kramer	636

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home Palouse, Wa.

DUTIES: SEP 12 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3919
Local Reg. No. 120
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Whitman
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): NW 1020 Ritchie

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) A. c. (Last) HACKETT

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 9/16/1875

9. AGE (In years last birthday): 96
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 3

10b. KIND OF BUSINESS OR INDUSTRY: Federal Office

11. BIRTHPLACE (State or foreign country): Olathe, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry N. Hackett BIRTHPLACE: n/r

14. MOTHER'S MAIDEN NAME: Elizabeth J. Fullton BIRTHPLACE: n/r

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Marion H Devlin ADDRESS: Pullman, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerosis, General — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1971, 19__ to Aug 21, 19 72, that I last saw the deceased alive on Aug 20, 1972, and that death occurred at 7:30 p m., from the causes and on the date stated above.

23a. SIGNATURE: W Adams MD (Degree or title)

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 8/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/24/1972

24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery

24d. LOCATION (City, town, or county) (State): Walla Walla, Wash.

DATE REC'D BY LOCAL REG.: Sept. 6, 1972

REGISTRAR'S SIGNATURE: Mayme R. Heikari

25. EMBALMER: Donald Ward

LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 14 1972 SEP 12 1972

MAY 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3920
Local Reg. No. 115
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 11 Miles N. Moscow, Highway 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington 48 b. COUNTY Spokane 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) E. 11415 18th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Beverly	A.	Anderson	Aug. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	Married	July 23, 1933	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balantine, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas McCurry — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-28-9332
17. INFORMANT'S OWN SIGNATURE James Anderson — ADDRESS Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple fractured ribs — Immediate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	US 95		Latah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug 22, 1972 PM m.		Automobile accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at Noon PM, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hodges Hawkins MD	Coroner	Moscow, Idaho	8-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 26, 1972	Pines Cemetery	Spokane Wn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 25, 1972	Maynard Weishair	E. Pete Albertson	M-525

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 9 1972
APR - 3 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3921

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 119
Reg. Dist. No. 200

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): 25 Yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 000	d. STREET ADDRESS (If rural, give location): Rt. 4 Box-359

3. NAME OF DECEASED (Type or Print) a. (First): Clyde	b. (Middle): Fremont	c. (Last): Youmans	4. DATE OF DEATH (Month) (Day) (Year): 8-22-1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 24, 1912	9. AGE (In years last birthday): 60 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Divid County, N.D.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Thomas Youmans Sr.	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Floy Caldwell	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-12-4193	17. INFORMANT'S OWN SIGNATURE: x Mrs. Clyde Youmans	ADDRESS: Moscow	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of Lung	2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ASHD c̄ Congestive Heart failure	6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1972, *to* 8-22-72, 19____, *that I last saw the deceased alive on* 8-18-72, 19____, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wendel A Liff MD 751 (Degree or title)	23b. ADDRESS: Pullman Wash	23c. DATE SIGNED: 8-29-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-25-1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery	24d. LOCATION (City, town, or county) (State): Moscow, Idaho
DATE REC'D BY LOCAL REG.: Sept. 5, 1972	REGISTRAR'S SIGNATURE: Wayne R Heiskari	25. EMBALMER: E. Pete Albertson	LICENSE NO.: M-525

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3922
Local Reg. No. 122
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 208 Henley

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Terry	Hayes	Rosen	8-30-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 22, 1946	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber		American Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Rosen	Canada	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	6-1965 to 12-65	519-56-3090	+ Kathleen Rosen	Moscow, Idaho

955X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bullet wound Head — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY)	(STATE)
Suicide	Home of	Moscow / 29 Latah	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
8	30	72	8:30 p.m.		Self inflicted

22. *I hereby certify that I attended the deceased from* July, 1971, *to* Aug, 1972, *that I last saw the deceased alive on* Aug 30, 1972, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward H. Sias MD	Moscow, Idaho	9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-2-1972	American Falls Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 13, 1972	Wayne Weisheit	Donald Ward	M-380

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3923
Local Reg. No. 121
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 324 East D

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Kennaugh

4. DATE OF DEATH (Month) (Day) (Year): 8-30-1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 6, 1901
9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ishpeming, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John O. Kennaugh
BIRTHPLACE: Isle of Man, England
14. MOTHER'S MAIDEN NAME: Emma Corris
BIRTHPLACE: Isle of Man, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-28-9344
17. INFORMANT'S OWN SIGNATURE: x Mrs John Kennaugh
ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 3 30 p *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Rodger Hawkins MD Coroner 791 (Degree or title) 4
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-1972
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: Sept 11, 1972
REGISTRAR'S SIGNATURE: Wayne R Heiskari
25. EMBALMER: Donald Ward
LICENSE NO.: M-380

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

FEB 8 1973

FEB 2 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3924
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp. 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edwina; b. (Middle) Yearian; c. (Last) Nichols

4. DATE OF DEATH (Month) (Day) (Year): Aug. 3, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 26, 1895

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salmon, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas H. Yearian
BIRTHPLACE: ILLinois

14. MOTHER'S MAIDEN NAME: Emma Russell
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-3792

17. INFORMANT'S OWN SIGNATURE: Ralph Nichols
ADDRESS: Wisdom, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — 8 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dwight L. Simmons, MD 755 (Degree or title)

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 8-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 7, 1972

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Aug 15, 1972

REGISTRAR'S SIGNATURE: Mary A. Jones

25. EMBALMER: Delbert C. Jones

LICENSE NO.: M-369

FIRM NAME: JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-6021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3925
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED
AUG 10 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 59 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henrietta	(none)	Fife	August 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 7, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Albion, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles D. Doty	Utah	Mary M. Martin	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-9327	Joseph D. Doty	May, Ida.

174 X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma, breast — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 5 19 72 *to* Aug. 5, 19 72 *that I last saw the deceased alive on* Aug. 4, 19 72 *and that death occurred at* 7:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Moore MD 369	Salmon Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 9, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972

JUN 1 6 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3926
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 64 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) "none"; c. (Last) Malcolm

4. DATE OF DEATH (Month) (Day) (Year): August, 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 21, 1881	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Agriculture	Reedy, West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Malcolm	West Virginia	Katherine Stewart	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-7968	Charles H. Malcolm	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4409 Generalized arterio	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	sclerosis.	3yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Death., 19__, *that I last saw the deceased alive on* Aug 27, 1972 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Malcolm MD	Salmon Ida	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3927
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Lemhi 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon c. LENGTH OF STAY (In this place) 9 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117	d. STREET ADDRESS (If rural, give location) Little Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Etta		Cover	August 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Sep 3, 1876	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Mason City, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Pritchett	unknown	Clarinda Simms	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-60-6178	X Orpha Biggs	Salmon, Ida.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	"
DUE TO (c)	Coronary arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/28/72, 19__, *to* 8/28/72, 19__, *that I last saw the deceased alive on* 8/28/72, 19__, *and that death occurred at* 9:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Maxwell	MD	Salmon, Idaho.	9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 31, 1972	Victor Cemeter	Victor, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11, 1972	Elizabeth H. Covey, Deputy	Douglas C. Covey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

State File No. 3928
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place) 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location) Box 85

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	West	Keyes	August 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Nov. 27, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 7	Agriculturer	Challis, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George E. Keyes	Wisconsin	Edna West	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518-44-7636	x Kathryn L. Hunter	Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction 4109	6 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	6 hours
DUE TO (c)	Coronary atherosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-29-72, 19___, to 8-29-72, 19___, that I last saw the deceased alive on 8-29-72, 19___, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Maxwell M 1118	MD	Salmon Idaho	9-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sept. 1, 1972	Challis Cemetery	Challis,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 2, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972
APR 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 2 1 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3929
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casabello 272

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location) Box 344

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		Kapp	August 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 22, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Miner ?	Agriculture	Washington, Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-22-0005	Flora Kapp	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute myocardial infarction		days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis		"
DUE TO (c) Coronary atherosclerosis		"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/15/72, 19__, to 8/31/72, 19__, that I last saw the deceased alive on 8/24/72, 19__, and that death occurred at 11:20P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Morrell MD	MD	Salmon Idaho	9/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 2, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972
NOV 7 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3930
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620 Prairie St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Skagit
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anacortes
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Loyd	Roscoe	Treadwell	Aug	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Apr 11 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Fletcher, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Treadwell		Florence Presnell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
	518 03 8927	Gary L Treadwell Anacortes, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Natural causes — INTERVAL BETWEEN ONSET AND DEATH

Probable Heart Attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Died in his sleep

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Craigmont	Lewis	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 About 6100 AM, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lewis County Coroner	Kamiah, Idaho	8-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	August 28 72		Anacortes, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-29-72	Viola D. Paul Dep	Clifford Uhlorn	M 421

FIRM NAME: UHLORN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3931
Local Reg. No. 769
Reg. Dist. No. 430

BIRTH NO.

RECEIVED AUG 17 1972 320

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (In this place): 5-15-71
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 240 Woodriver Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Marie; b. (Middle) C.; c. (Last) Burton

4. DATE OF DEATH: (Month) Aug. (Day) 12, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 27, 1890

9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months: 7 Days: 15
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Gooding, (Toponis) Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Devaney
BIRTHPLACE: Lemerick, Ireland

14. MOTHER'S MAIDEN NAME: Alice Sampson
BIRTHPLACE: Danville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-36-6465-A

17. INFORMANT'S OWN SIGNATURE: X Priscilla Devaney Smith
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 486X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-15, 1971, *to* 8-12-72, 19____, *that I last saw the deceased alive on* 8-7-72, 19____, *and that death occurred at* 3:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 356

23b. ADDRESS: Box 607 Shoshone Idaho

23c. DATE SIGNED: 8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-15-1972

24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery

24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: 8-16-72

REGISTRAR'S SIGNATURE: Francis M. Bergin

25. EMBALMER: Francis M. Bergin

LICENSE NO.: M-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3932
Local Reg. No. 770
Reg. Dist. No. 430

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshine
c. LENGTH OF STAY (In this place) 320
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodriver Convalescent Center 240

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SADIE	M.	THOMPSON	Aug. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Jan. 24, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	home	Duffer, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Hurst	Missiouri	Mancy Cowsert	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-03-7317	Mrs. Louise M. Tolman	Hailey Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 517X Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary fibrosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Shoshone Lincoln Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 15 Aug, 19 72, *to* 20 Aug, 19 72, *that I last saw the deceased alive on* 18 Aug, 19 72, *and that death occurred at* 7:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frederick R. Coffin MD	Shoshone, Ida	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/24/72	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-26-72	Francis M. Bergin	Keith Bird Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: SEP 19 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. MAY 3 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3933
Local Reg. No. 771
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Lincoln 320	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone c. LENGTH OF STAY (In this place) 4 Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Richfield
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodriver Convalescent Home 240	d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Henry	c. (Last) Gill	4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 31, 1886	9. AGE (In years last birthday) 86	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Kirkman, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Gill	BIRTHPLACE N/R	14. MOTHER'S MAIDEN NAME Nancy Johnson	BIRTHPLACE N/R		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-28-4811	17. INFORMANT'S OWN SIGNATURE Mrs James M. Brown	ADDRESS		

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) inanition

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) advanced age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shoshone Lincoln Ida	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 15 Aug, 1972, *to* 22 Aug, 1972, *that I last saw the deceased alive on* 21 Aug, 1972, *and that death occurred at* 7:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE Frederick R. Cyr (Degree or title) 1155	23b. ADDRESS Shoshone Ida	23c. DATE SIGNED 8-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/22/72	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Gooding, Idaho
DATE REC'D BY LOCAL REG. 8-26-72	REGISTRAR'S SIGNATURE Francis M Bergin	25. EMBALMER [signature]	LICENSE NO. M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3934
Local Reg. No. 49
Reg. Dist. No. 630

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
d. STREET ADDRESS (If rural, give location): Rural Rt. 1 Box 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANKLIN		HARRISON	August	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 14, 1925	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laberer	Madison County	Ogden, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Maxim Hnatyshen	Austria	Mary Kawalski	Brazil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	528-58-0860	Ada H Harrison	Thornton Rt. 1, Ida

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) diabetic coma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) suffocation by regurgitation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at app 0001 m. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 CORONER		P.O. BOX 13, REXBURG, IDA	7Aug72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/7/72		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-1-72	Lorna Flamm	Bennett Flamm	M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3935
Local Reg. No. 50
Reg. Dist. No. 630

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
d. STREET ADDRESS (If rural, give location): 142 W. 1st..N.

3. NAME OF DECEASED (Type or Print): a. (First) Ray; b. (Middle) Mickel; c. (Last) Mickelsen

4. DATE OF DEATH: (Month) Aug.. (Day) 8, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 28,1920

9. AGE (In years last birthday): 51 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bussiness Man

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Retail

11. BIRTHPLACE (State or foreign country): Shelly Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Peter Mickelsen — BIRTHPLACE: Mt. Pleasant, Utah

14. MOTHER'S MAIDEN NAME: Candace Brotherson — BIRTHPLACE: Mt..Pleasant, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 519-12-2958

17. INFORMANT'S OWN SIGNATURE: Karen Mickelsen — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: A min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. , 19 72 , *to* Aug , 19 72 , *that I last saw the deceased alive on* 8-7 , 19 72 , *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.M. Wathers, MD (Degree or title) 569 — 23b. ADDRESS: Rexburg Idaho — 23c. DATE SIGNED: 8/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Aug. 11, 1972 — 24c. NAME OF CEMETERY OR CREMATORY: Rexburg — 24d. LOCATION (City, town, or county): Rexburg (State): Idaho

DATE REC'D BY LOCAL REG.: 8-11-72 — REGISTRAR'S SIGNATURE: Leona Flamm — 25. EMBALMER: Russell Flamm — LICENSE NO.: M254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3936
Local Reg. No. 51
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 311 West 4th South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Geraldine	Blackburn	Johnson	August 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug. 20, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Brigham City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Henry Blackburn	Lincolnshire, England	Rosey Bigler	Nephi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		528-28-3096B	Ruth J. Johnson	Sugar City, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4339

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m		

22. *I hereby certify that I attended the deceased from* June 72 *to* Aug. 18 72, *that I last saw the deceased alive on* Aug 18 72 *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Adam M. Wilkes MD 569	Rexburg, Idaho.	8/23/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/22/72	Sutton	Archer Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-19-72	Leona Flamm	Kenneth R. Flamm	M347

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 1972
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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3937
Local Reg. No. 52
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (In this place): 330

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon

d. FULL NAME OF HOSPITAL OR INSTITUTION: 200
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BETTY b. (Middle) PEARL c. (Last) HILL BENSON

4. DATE OF DEATH: (Month) August (Day) 22, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 25, 1923

9. AGE (In years last birthday): 49

IF UNDER 1 YR. Months / Days:

IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Cafes

11. BIRTHPLACE (State or foreign country): Chester, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Hill — BIRTHPLACE: Parker, Idaho

14. MOTHER'S MAIDEN NAME: Laura Williams — BIRTHPLACE: Chester, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-20-2939

17. INFORMANT'S OWN SIGNATURE: K. C. Benson — ADDRESS: Salmon, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 CORONARY — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 PM m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] Coroner, Madison Co. 583 (Degree or title) 4

23b. ADDRESS: Box 13, Rexburg, Idaho

23c. DATE SIGNED: 28Aug72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 25 Aug 72

24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery

24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 8-30-72

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: M. D. Hansen [signature]

LICENSE NO.: M-354

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3938
Local Reg. No. 53
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted] - Rexburg
c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Rexburg
d. STREET ADDRESS (If rural, give location) RFD 2

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison Memorial Hospital 123

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jack	Porter	Hegsted	Aug. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 14, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		St. Anthony, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hegsted	Huntsville, Utah	Edna Porter	Centerville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-3226	x Dorothy B. Hegsted	Rexburg Rt 2 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of Pancreas	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1579

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 19 72, to Aug 24, 19 72, that I last saw the deceased alive on Aug 23, 19 72, and that death occurred at 2:35A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J. M. Withers M.D. (Degree or Title)	Rexburg, Idaho	8/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 28, 1972	Rexburg Cemetery	Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-72	Leona Flamm	Russell Flamm	M-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: SEP 14 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3939
Local Reg. No. 54
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Madison 331	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 123	d. STREET ADDRESS (If rural, give location) 11th East 1st North

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) EARL	c. (Last) PARKINSON	4. DATE OF DEATH (Month) (Day) (Year) August, 27, 1972
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1902	9. AGE (In years last birthday) 70; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Parker, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Timothy Henry Parkinson	BIRTHPLACE Grantsville, Ut	14. MOTHER'S MAIDEN NAME Pricilla Williams	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-10-9844	17. INFORMANT'S OWN SIGNATURE Alden Parkinson	ADDRESS St. Anthony, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2049

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hiatal Hernia

DUE TO (c) Hypertrophy of Prostate — one year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1941, *to* Aug 27, 1972, *that I last saw the deceased alive on* 8/27, 1972, *and that death occurred at* 1A. *m., from the causes and on the date stated above.*

23a. SIGNATURE M. F. Rigby MD (Degree or title) 442	23b. ADDRESS Rexburg Idaho	23c. DATE SIGNED 9/1/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 30 August 72	24c. NAME OF CEMETERY OR CREMATORY Parker Cemetery	24d. LOCATION (City, town, or county) (State) Parker, Fremont, Idaho
DATE REC'D BY LOCAL REG. 9-1-72	REGISTRAR'S SIGNATURE Leona Flamm	25. EMBALMER M. D. Hansen M. D. Hansen	LICENSE NO. M-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3940
Local Reg. No. 56
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics 3 31

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City
d. STREET ADDRESS (If rural, give location): 113 East Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
REVA	THOMSON	CLARK	August 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Married	March 8, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Teton City. Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Thomson	Salt Lake City	Jean Nibley	Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		X Mark Clark	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

403X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal failure chronic — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic cerebrovascular disease - severe — 1 1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1964, to Aug 31, 1972, that I last saw the deceased alive on Aug 31, 1972, and that death occurred at 8 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 409	[illegible] Idaho	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4 Sept 72	Teton-Newdale Cemetery	Sugar City, RFD#1, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-5-72	Leona Flamm	M. D. Hansen	M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3941
Local Reg. No. 59
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Minidoka 341	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert c. LENGTH OF STAY (In this place): 9 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital 125	d. STREET ADDRESS (If rural, give location): 409 Maple Street

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle) Smith	c. (Last) Moseley	4. DATE OF DEATH (Month) (Day) (Year) July 26, 1972
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 16,1910	9. AGE (In years last birthday): 62 — IF UNDER 1 YR. Months: 1 Days: 10 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well driller 5	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Broken Bow,Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jewel S.Moseley, BIRTHPLACE: Broken Bow,Nebraska		14. MOTHER'S MAIDEN NAME: Ada Bence, BIRTHPLACE: Broken Bow, Nebraska		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - - -	16. SOCIAL SECURITY NO.: 518-07-1659	17. INFORMANT'S OWN SIGNATURE: Dorothy B. Moseley ADDRESS: 409 Maple Rupert Ida		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5193

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Severe Chronic Obstruction Pulmonary Disease	3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Congestive Heart Failure	1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1971, *to* July, 1972, *that I last saw the deceased alive on* July 26, 1972, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Don C Pitt MD 987 (Degree or title)	23b. ADDRESS: Rupert, Id	23c. DATE SIGNED: 8/14/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug.3,1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley, (State): Idaho		
DATE REC'D BY LOCAL REG.: 8-25-72	REGISTRAR'S SIGNATURE: Mary Ellen Larson	25. EMBALMER: Armand F Burch
LICENSE NO.: M-471		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972
OCT 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

State File No. 3942
Local Reg. No. 34
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Minidoka — AUG 8 1972 — 341
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) — a. STATE: Idaho — b. COUNTY: Minidoka 340

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place):
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. at Minidoka Memorial Hospital
d. STREET ADDRESS (If rural, give location): Route 1, 750 west 160 north

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Haruo	Sam	Tominaga	Aug 2 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Japanese	Married	Feb 5 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer		Idaho Falls Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daijiro Tominaga	Japan	Nobu Tominaga	Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
U.S.Army	W.W.2	519 16 4006	X Hiroko Tominaga	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4419

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) probable aneurisim (aortic) — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prior history of cardiac and
DUE TO (c) vascular problems

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* did not see alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C Walk	583 Coroner	710 6th street Rupert Ida	Aug 4 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 7 1972	Fielding Mem Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-7-72	Mary Ellen Larson	Robert C Walk	M 294

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 10 1972

AUG 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 17 1972 Bureau of Vital Statistics

State File No. 3943
Local Reg. No. 55
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 34
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1024 F Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Minidoka 34
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 1024 F Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edward	Darrel	Garcia	Aug 6 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Spanish American	Married	June 16 1947	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer		Rupert Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Garcia	Durango Colorado	Sarah Ruth Mulligan	Little Rock Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes, U.S. Army Viet Nam	519 52 4692	Henry Garcia	1024 F Street Rupert Idaho

955.X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) .22 caliber bullet wound from revolver.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bullet entered chest to right of sternum, between 4th and 5th ribs, exit on angle to right and just below right shoulder blade.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) at home 34
21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) Minidoka (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? placed gun barrel again chest and pulled triger

22. *I hereby certify that I attended the deceased from* did not see alive *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Ed Walk Coroner 383 4	710 6th street, Rupert Idaho	Aug 9 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 11 72	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-16-72	Mary Ellen Larkin	Robert Ed Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3944
Local Reg. No. 57
Reg. Dist. No. 450

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 075 south Meridian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 075 south Meridian

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	R.	Vlahos	Aug 15th 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct 23 1930	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender		Picabo Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christopher Vlahos	Greece	Anna White	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes, Air Force 1950-1953	519 28 5755	Mrs John Vlahos	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Self inflicted gun shot wound in chest 2 inches to left of sternum between 5th and sixth rib — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
suicide	at home	Rupert Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug 15 1972 6:30 PM m.		placed barrel of gun against chest and pushed trigger

22. *I hereby certify that I attended the deceased from* did not see alive *, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C Walk	CORONER	710 6th street, Rupert Ida	Aug 16 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-19-72	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-18-72	Mary Ellen Jackson	Robert C Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972
NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 2 8 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3945
Local Reg. No. 60
Reg. Dist. No. 45

BIRTH NO.

RECEIVED SEP 1 - 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH a. COUNTY Minidoka 341 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 100 north 75 west	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 341 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert d. STREET ADDRESS (If rural, give location) 100 north 75 west

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Herman	Joseph	Henscheid	Aug 23 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept 20 1898	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired U.S. Postal Employee		Muenester Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Henscheid	Neunkirchen Germany	Anna Dolle	Warstein Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	518 44 0168	Theresa Henscheid	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4119

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency — 5 years
DUE TO (c) Coronary Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1971, *to* Aug 23, 1972, *that I last saw the deceased alive on* Aug 22, 1972, *and that death occurred at* 6:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jon C Patamad	MD	Rupert, Id.	8-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug 26 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-31-72	Mary Ellen Carlson	Robert C Walk	M 294

FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972
SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3946
Local Reg. No. 95
Reg. Dist. No. 470

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Paul, Idaho
c. LENGTH OF STAY (If outside this place): 340
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 600 W. 150 N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Minidoka 34C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Virginia May Crystal

4. DATE OF DEATH (Month) (Day) (Year): 8-24-1972

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-26-25
9. AGE (In years last birthday): 45
IF UNDER 1 YR. Months Days:
IF UNDER 24 HRS. Hours Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE: Albert M. Chesley - West Virginia
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Clellie May Russell - W. Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-5184
17. INFORMANT'S OWN SIGNATURE: Wayne Crystal ADDRESS: Paul, Idaho

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): car roll over
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): on highway 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-34S (COUNTY): Paul Minidoka (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 24 1972 AM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? excessive speed caused car to swerve and roll

22. I hereby certify that I attended the deceased from did not see alive 19__ to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Robert Cook (Degree or title): Coroner 4
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 8-25-1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-28-72
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Sept 8 1972
REGISTRAR'S SIGNATURE: Burt N. Pearson
25. EMBALMER: Quin Lee Hansen
LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972
OCT 24 1972
DEC 8 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3947
Local Reg. No. 59
Reg. Dist. No. 450

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

341

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 750 west 500 east

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 318 Linden Street

3. NAME OF DECEASED (Type or Print)
a. (First) Justo
b. (Middle)
c. (Last) Vela

4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1972

5. SEX Male
6. COLOR OR RACE Spanish American
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 30 1915
9. AGE (In years last birthday) 57
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FarmLaborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Manuel Vela
BIRTHPLACE Texas
14. MOTHER'S MAIDEN NAME Mary-unknown
BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 449 09 6246
17. INFORMANT'S OWN SIGNATURE + Felicita Vela
ADDRESS Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) on farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rupert Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 24 72 3PM m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred did not see alive m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk 583 (Degree or title) 4 Coroner
23b. ADDRESS 710 6th street Rupert Idaho
23c. DATE SIGNED Aug 25 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 29 1972
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 8-31-72
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk
LICENSE NO. M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

SEP 1 1 1972

JUL 11 1983

AUG 1 9 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3948
Local Reg. No. 61
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) South A Street

3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) (Anna Charlotte) c. (Last) Holmes

4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 22 1873
9. AGE (In years last birthday) 99
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife X
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Swen Anderson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Magdalena Bengt BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518 60 7714
17. INFORMANT'S OWN SIGNATURE x Alvin C Holmes ADDRESS 1941 Burton Ave Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized debilities of Rapid deterioration for one month.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) advanced years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 8-26-72, 19__, *that I last saw the deceased alive on* 8-26-, 1972, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley M 127 (Degree or title) 1
23b. ADDRESS 702 G St. Rupert, Idaho
23c. DATE SIGNED 8-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-29-72
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Heyburn Idaho

DATE REC'D BY LOCAL REG. 8-31-72
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk
LICENSE NO. M294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3949
Local Reg. No. 203
Reg. Dist. No. 220

RECEIVED AUG 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: Asotin 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): Box 69

3. NAME OF DECEASED (Type or Print)	a. (First) Ruth	b. (Middle) Maxwell	c. (Last) Goldner	4. DATE OF DEATH (Month) August (Day) 1 (Year) 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 18 June 1920	9. AGE (In years last birthday): 52	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Starrj Maxwell	BIRTHPLACE: Washington	14. MOTHER'S MAIDEN NAME: Alice May Bell	BIRTHPLACE: Oregon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-03-2687 E	17. INFORMANT'S OWN SIGNATURE: George W Goldner	ADDRESS: Clk.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5PM 7/31, 1972, *to* 12:00 AM 8/1/72, *that I last saw the deceased alive on* 8/1/72, 19____, *and that death occurred at* 12:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 114 (Degree or title)	23b. ADDRESS: 342 St Jo Lewis Ave	23c. DATE SIGNED: 8/4/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 4 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county): Lewiston (State): Idaho
DATE REC'D BY LOCAL REG.: 8-9-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: [signature]	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memroail Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3950
Local Reg. No. 201
Reg. Dist. No. 220

RECEIVED AUG 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE WASHINGTON 48 b. COUNTY WHITMAN 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PULLMAN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH HOSPITAL 128	d. STREET ADDRESS (If rural, give location) ROUTE 3 2 BOX 706

3. NAME OF DECEASED (Type or Print) a. (First) AARON b. (Middle) DJON c. (Last) SANDE			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 1, 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 31 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEVER WORKED 9	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) PULLMAN, WASHINGTON	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME RONALD D. SANDE	BIRTHPLACE TWIN FALLS, IDAHO	14. MOTHER'S MAIDEN NAME AR LENE MARGUERITA REIS	BIRTHPLACE SEATTLE, WASH.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. N/A	17. INFORMANT'S OWN SIGNATURE x Ronald D. Sande	ADDRESS PULLMAN, WASH.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7761

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hyaline Membrane Disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Premature Birth	
DUE TO (c)	Placenta Previa	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUGUST 1, 1972, *to* AUGUST 1, 1972, *that I last saw the deceased alive on* AUGUST 1, 1972, *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert Wilson MD 397 (Degree or title)	23b. ADDRESS 324 5th LEWISTON, IDAHO 83501	23c. DATE SIGNED 8-4-72
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUGUST 4, 1972	24c. NAME OF CEMETERY OR CREMATORY PULLMAN CITY CEMETERY
24d. LOCATION (City, town, or county) (State) PULLMAN, WASHINGTON		
DATE REC'D BY LOCAL REG. 8-8-72	REGISTRAR'S SIGNATURE Glenard Dalzen	25. EMBALMER Howard D. Kimball LICENSE NO. QL 801

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: KIMBALL FUNERAL HOME =PULLMAN

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 14 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3951
Local Reg. No. 306
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 4 mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Villa Nursing Home 373	d. STREET ADDRESS (If rural, give location): 7335 N.S. Highway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norman	Hulette	Rhodes	Aug 2 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Sept 26, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired sales 3	retail	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stephen Green Rhodes	Missouri	Susan Maria DeJournette	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-09-3320 A	X N. H. Rhodes Jr	Boise

5320

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hemmorage —	72 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Duodenal Ulcer.	6 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema - sinus - Cor Pulmonale	6 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* Aug 2nd, 19 72, *that I last saw the deceased alive on* August 1, 19 72, *and that death occurred at* 1:25 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Jack E Baeder M.D. 522 (Degree or title)	1522 Tyler St. Lewiston Idaho	8/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	4 Aug 1972	Normal Hill Cemetery	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-9-72	Glenara Walzen	W. E. Black	M - 426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
AUG 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3952
Local Reg. No. 217
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 48 b. COUNTY: Asotin 5755
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128
d. STREET ADDRESS (If rural, give location): 508 6th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dora	Ethel	Huber	8	3	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	White	Widowed	11/9/89	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaker	Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles G. Campbell	unavailable	Clara Stevens	unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	534-38-7113		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Dehydration & Hypotension.	2 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diarrhea.	3 days.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility. Recent fracture left femur.	3+ years 3 months

0091

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stern 496 MD	Lewiston, Ida. 83501 307 St. John's Way	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/7/72	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-72	Bonita Konrad Deputy	Robert Lawler	OL802

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Merchant Funeral Home
P.O. Box 107 Clarkston, Wa.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3953
Local Reg. No. 308
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 14 1972 351 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST JOSEPH'S HOSPITAL 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 351
a. STATE: IDAHO
b. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 1114 - 12th STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHLEEN	ELIZABETH	McKINSTRY	4 August 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	4 August 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper X	own home	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dudley Gilman	Idaho	Frances Sturgeon	Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 01 1533	John W. McKinstry	Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174X Ulcerous Tapecity - Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast with -
DUE TO (c) Metastases.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma of breast.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
None m.		No injury

22. *I hereby certify that I attended the deceased from* 1960 *to* 1:20 AM August 4th, 1972, *that I last saw the deceased alive on* August 4th, 1972, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank E Burdick M.D.	1522 12th St. Lewiston Idaho	8/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7 Aug 1972	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-11-72	Verna Walden	E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972
OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 15 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended August 30, 1972

Certificate of Death
STATE OF IDAHO

State File No. 3954
Local Reg. No. 207
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 714 - 7th Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jessie	Morea	Painter	Aug	5	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	5 April 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Riley Dunn — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Della Cravens — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-12-3065 D
17. INFORMANT'S OWN SIGNATURE Imogene Dueck — ADDRESS Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) unprecedented Infarct

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941 19__ to 8/5/72 19__, that I last saw the deceased alive on 8/4/72, 19__, and that death occurred at 3:14 p m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 114 (Degree or title) MD
23b. ADDRESS 547 St John Way
23c. DATE SIGNED 8872

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	8 Aug 1972	Normal Hill Cemetery	Lewiston	Idaho

DATE REC'D BY LOCAL REG. 8-11-72
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. M -426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 28 12 41 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of NEZ PERCE

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Jessie Morea Painter (Name on Original Certificate) who died (Was Born or Died) on 5 Aug 1972 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Typegraphical Error (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	5 April 1972	5 April 1892

Subscribed and sworn to before me this 24th day of August 19 72.

Notary Public, residing at W. E. Black, Notary Public Lewiston, Nez Perce Co., Ida.
My commission expires My Commission Expires 3-9-1976
(Seal)

Signed M.R. Harwick
(Signature of parent or attendant if correcting a birth record; of attendant (funeral director) informant if correcting a death record; or other credible person.)

1711-18th Street, Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of NEZ PERCE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August 19 72

Notary Public, residing at W. E. Black, Notary Public Lewiston, Nez Perce Co., Ida.
My commission expires My Commission Expires 3-9-1976
(Seal)

Signed Lyle Atkins
(Signature of Any Credible Person)

1711-18th St. Lewiston, Idaho
(Street Address, City, State)

FORM DH 60-155

IDAHO DEPARTMENT OF HEALTH

BUREAU OF [illegible] STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO Certificate No.

County of NEZ PERCE Case Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Jessie Morea Printer (Name on Original Certificate) who died on 5 Aug 1972 (Date of Event)

in Lewiston, Idaho (Place of Event) are erroneous or were omitted and that, to the best of his knowledge, the

true facts are shown by Typographical Error (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) PTR.

FACTS TO BE CORRECTED (Name, "Birth Date," "Cause of Death," etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	5 April 1972	5 April 1972

Subscribed and sworn to before me this 24th day of August 19 72

Signed M.R. Klanwick (Signature of person to be informed if correcting a birth record, of attorney, Informant if correcting a death record, Sheriff, Bible Person)

Notary Public residing at Lewiston, Idaho (Street Address, City, State)

My commission expires 1711-18th Street, Lewiston, Idaho (Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO (The Affidavit MUST also be Inserted. (See Chapter 188, 1967 Idaho Session Laws.))

County of NEZ PERCE

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August 19 72

Signed [illegible] (Signature of Any Credible Person)

Notary Public residing at Lewiston, Idaho (Street Address, City, State)

My commission expires 1711-18th St. Lewiston, Idaho (Seal)

FORM DH 60.155

Certificate of Death
STATE OF IDAHO

State File No. 3955
Local Reg. No. 204
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 14 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 35 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 18 days d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital 128	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 35 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston d. STREET ADDRESS (If rural, give location): 3822 Barr Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dorothy	Bjork	Williams	Aug	5	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	30 March 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Aldorg Bjork	Sweden	Emma Johnson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-36-4379 a	A. L. Williams	Lewiston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4339

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Healing fracture, rt. femur

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-3, 1972, *to* 8-6, 1972, *that I last saw the deceased alive on* 8-6, 1972, *and that death occurred at* 9:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R C Colburn 098 (Degree or title) MD	Lewiston	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8 Aug 1972	Lewis-Clark Memo. Gar.	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-9-72	Leonard Palzer	W. Black	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memroial Chapel

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 14 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3956
Local Reg. No. 205
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 8 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 133 - 18th Ave

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Robert	c. (Last) Pomeroy	4. DATE OF DEATH	(Month) Aug	(Day) 5 (Year) 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 27 April 1926	9. AGE (In years last birthday) 46	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman 3	10b. KIND OF BUSINESS OR INDUSTRY insurance	11. BIRTHPLACE (State or foreign country) Washington	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Roy Pomeroy	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Mathel Leach	BIRTHPLACE Idaho			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) Korean	16. SOCIAL SECURITY NO. 519-18-3069	17. INFORMANT'S OWN SIGNATURE Mrs. Robert Pomeroy	ADDRESS Lewiston		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchogenic Carcinoma	1 1/2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Nov *, 19*71*, to* Aug 5 *, 19*72*, that I last saw the deceased alive on* Aug 5 *, 19*72*, and that death occurred at* 2:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE John Armstrong 013 (Degree or title)	23b. ADDRESS 307 St Johns Way	23c. DATE SIGNED 8/7/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) Lewiston (State) Idaho
DATE REC'D BY LOCAL REG. 8-9-72	REGISTRAR'S SIGNATURE Glenard Walzen	25. EMBALMER [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3957
Local Reg. No. 218
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Asotin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1215 Libby St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	F.	Wilson	8	7	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	8/12/82	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaker	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Patteraon	Missouri	Eluta Starkweather	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
	539-12-6048	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cardiovascular Disease	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophic adrenals	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1946, 19__, to 1972, 19__, that I last saw the deceased alive on July 7, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Walter W Seidly Jr	619 Diagnol Clarkston, Wa. 99403	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/10/72	Vineland Cemetery	Clarkston Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-72	Bonita Konrad, Deputy	Robert Lawler	OL 802

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3958
Local Reg. No. 216
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nezperce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILFRID	W	WATERS	Aughst 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec 3, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 7	Farming	Forest Grove, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E.H. Waters	Scott County Iowa	Margaret Edwards	Racine, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 42 3016	Mrs Wilfred Waters	Nezperce, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	UREMIA	ONE WK
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Pyelonephritis	yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonia	not wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 21, 1968, to Aug 7, 1972, that I last saw the deceased alive on Aug 7, 1968, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John Thomas Howard, M.D. (Degree or title)	307 1st Nat'l Bank Bldg	8/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 10, 1972	Nezperce Cemetery	Nezperce, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-21-72	Bonita Konsad, Deputy	Robert R Hansen	M433

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3959
Local Reg. No. 211
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 2 wks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location): 1131 - 12th Street

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) PHILLIP	c. (Last) RUPLE	4. DATE OF DEATH (Month) (Day) (Year) 8 August 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 25 April 1895	9. AGE (In years last birthday): 77 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance 8	10b. KIND OF BUSINESS OR INDUSTRY: City of Lewiston	11. BIRTHPLACE (State or foreign country): Riverton, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Arthur E. Ruple	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Susan May Nell	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 36 1313	17. INFORMANT'S OWN SIGNATURE: X Blanche E. Ruple	ADDRESS: Lewiston, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

881X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) pneumonia - possible pulmonary embolus

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic obstructive lung disease

DUE TO (c) (possible interstitial fibrosis)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture (L) Ribs, (2) / (L) clavicle

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: also other physicians	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-351 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 24 72 3Pm.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell off ladder at home

22. *I hereby certify that I attended the deceased from* 7/24/72, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Aug 4, 1972 *and that death occurred at* 5:46PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard D Morton (Degree or title) MD	23b. ADDRESS: 307 St John Way Lewiston Idaho	23c. DATE SIGNED: 8.11.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 8-15-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3960
Local Reg. No. 212
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 24 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 418 Silcott St.

3. NAME OF DECEASED (Type or Print)	a. (First): William	b. (Middle): Ray	c. (Last): Nolan	4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1972		
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 24 July 1898	9. AGE (In years last birthday): 74	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired - secretary 3	10b. KIND OF BUSINESS OR INDUSTRY: lumber	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Pinkney P. Nolan	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Mary E. Wright	BIRTHPLACE: Iowa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x Maude Nolan	ADDRESS: Lewiston			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7202

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial failure. embolism Disable	8 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Ischemia of foot With Astomyelitis	6 wks
DUE TO (c)	Amputation of leg at calve	24 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	~~Gyp~~ Toxicity from infected foot	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Ischemia of foot, endoxtenditis obtitrans.

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Aug 7th, 1972, *that I last saw the deceased alive on* Aug 7th, 1972, *and that death occurred at* 11:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jacob E Baldeck MD (Degree or title) 0221	23b. ADDRESS: 1522 13th St Lewiston Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 12 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county): Lewiston (State): Idaho
DATE REC'D BY LOCAL REG.: 8-16-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: [signature]	LICENSE NO.: M -426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3961
Local Reg. No. 314
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. CITY OR TOWN (If not in hospital or institution, give street address or location): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1102 Grelle

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Larry	Ronald	McIntyre	Aug	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Nov 5, 1946	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mechanic	auto	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William McIntyre	Idaho	Edna McMillen	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	Vietnam	518-52-5859	Mrs Wm. J McIntyre	Lewiston

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8230

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Massive Head & Chest Injuries
DUE TO (c): Auto accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Race Track	Lewiston	NezPerce	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8 Aug		1972	8 PM		Race car, out of control, struck contrete wall throwing driver out.

22. *I hereby certify that I attended the deceased from* - - -

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 18 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3962
Local Reg. No. 209
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural
c. LENGTH OF STAY (In this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 195

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1114 Bryden

3. NAME OF DECEASED (Type or Print): a. (First) Duane b. (Middle) Darrell c. (Last) Kruse
4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 23, 1942
9. AGE (In years last birthday): 30 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): technician
10b. KIND OF BUSINESS OR INDUSTRY: electronic
11. BIRTHPLACE (State or foreign country): Spokane, Wash.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Lorne D. Kruse BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Hazel Fleischman BIRTHPLACE: Spokane, Wash.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Sept. 61 to Oct. 61
16. SOCIAL SECURITY NO.: 531-42-2582
17. INFORMANT'S OWN SIGNATURE: X Lorne D. Kruse ADDRESS: Greenacres, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Shock and Hemhorrage — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): head and body injuries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 96
21c. (CITY, TOWN, OR TOWNSHIP) Lewiston, (COUNTY) Nez Perce, (STATE) Idaho
21d. TIME OF INJURY: (Month) Aug. (Day) 8, (Year) 1972 (Hour) 2:07 PM
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Auto went out of control over embankment

22. I hereby certify that I attended the deceased from ____ to 2:07 PM, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 383 (Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 8/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-11-72
24c. NAME OF CEMETERY OR CREMATORY: Uniontown Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Uniontown Wash.

DATE REC'D BY LOCAL REG.: 8-15-72
REGISTRAR'S SIGNATURE: Glenna Dalgleish
25. EMBALMER: V. Vassar
LICENSE NO.: E297

FIRM NAME: [illegible] Funeral [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 18 1972

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 9 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 3963
Local Reg. No. 215
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: NezPerce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence	d. STREET ADDRESS (If rural, give location): Apt. #212, Garden City Apartments

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) LORISSA	c. (Last) LUND	4. DATE OF DEATH (Month) (Day) (Year): 10 August 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 12 Dec. 1915	9. AGE (In years last birthday): 56; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator	10b. KIND OF BUSINESS OR INDUSTRY: High School	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frank L. Evans	BIRTHPLACE: Lincoln, Nebr.	14. MOTHER'S MAIDEN NAME: Grace Howard	BIRTHPLACE: Clyde, Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 09 8100	17. INFORMANT'S OWN SIGNATURE: Jim Lund	ADDRESS: Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 Yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1971, *to* 10 Aug., 1972, *that I last saw the deceased alive on* 10 Aug 1972, 19__, *and that death occurred at* 4:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 160 (Degree or title)	23b. ADDRESS: Lewiston, Idaho	23c. DATE SIGNED: 12 Aug 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 12 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY: Smith & Co. Crematory	24d. LOCATION (City, town, or county) (State): Spokane, Spokane Co., Wn.
DATE REC'D BY LOCAL REG.: 8-17-72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: [signature] W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972

NOV 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 18 1972 Bureau of Vital Statistics

State File No. 3964
Local Reg. No. 210
Reg. Dist. No. 230

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orchard Nursing Home
c. LENGTH OF STAY (In this place): 35y

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35y
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston, Idaho 174
d. STREET ADDRESS (If rural, give location): 221-3rd St

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Marie	Blinzler	Aug	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	3-11-1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Genesee, Idaho.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matt Fuchs — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Josephine Mertes — BIRTHPLACE: Wis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-3662B
17. INFORMANT'S OWN SIGNATURE: X Albert B Linzler — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: July 1st 72.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia — July 15/72.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Epilepsy — Diabetes Mellitus — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1954. 19__, *to* Aug 11 19 72, *that I last saw the deceased alive on* Aug 10 19 72, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack E Baldock MD	1522 17th St Lewiston Idaho	8/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 14, 1972	Lewis Clark Memorial Gardens	Lewiston,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-15-72	Alma Walzer	Andrew F. Vassar	M315

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 11 1975
AUG 27 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3965
Local Reg. No. 213
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 3350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Myrtle
c. LENGTH OF STAY (In this place): monents
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000 Below bridge over Clearwater River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 837 Linden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GREGORY	LESLIE	MOSES	13	August	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Ame. Ind.	Married	14 Jan. 1950	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Lumber Mill	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gabriel Moses	Kamiah, Ida.	Delores Quamps	Pendleton, Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	544 60 5562	Lillian H. Moses	Pendleton, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: monents

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Drowning
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Clearwater River 09	Myrtle	13 35 NezPerce Co.	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
13 Aug 1972, 5:00 PM m.		Dived or jumped from bridge while swiming at Myrtle beach and playing in river.

22. *I hereby certify that I attended the deceased from* - - -

AUG 2 9 1972
SEP 8 1972
NOV 4 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3966
Local Reg. No. 219
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Asotin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 514 11 th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stella	M.	Kelley	8	14	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	7/13/09	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaker	Forrest, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Burton	unavailable	Olive	unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-01-8330		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Respiratory alkalosis.	24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severe. Asthmatic Bronchitis.	3 + years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

490X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3 July, 1972, *to* 14 aug., 1972, *that I last saw the deceased alive on* 14 aug., 1972, *and that death occurred at* 10:00 m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stem	MD	307 St. John's Way Lewiston, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/18/72	Vineland Cemetery	Clarkston Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-72	Bonita Konrad, Deputy	Daniel Z. Brown	Wa 993

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 2 2 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3967
Local Reg. No. 220
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Washington 48 b. COUNTY Asotin 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 000	d. STREET ADDRESS (If rural, give location) 1014 Boston

3. NAME OF DECEASED (Type or Print) a. (First) IDA	b. (Middle) CHRISTINA	c. (Last) CATHERINA	WOLFF	4. DATE OF DEATH (Month) (Day) (Year) 21 August 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 13 Sept 1889	9. AGE (In years last birthday) 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME August Kock	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Marie (no record)	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 535 24 4871	17. INFORMANT'S OWN SIGNATURE X Lily C. Oeling	ADDRESS Clarkston, Wash.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	(B) Hypertensive Cardiovascular Disease	2yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(A) Coronary Thrombosis	moments
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - - - - - - - - 19 - - *to* - - - - - - - - - - 19 - - *, that I last saw the deceased alive on* - - - - - - - - - 19 - - *, and that death occurred at* 9:15 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J Duclos	583 (Degree or title) Coroner	23b. ADDRESS Lewiston, Idaho	23c. DATE SIGNED 24 Aug 1972
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 24 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) Lewiston (State) Idaho
DATE REC'D BY LOCAL REG. 8-24-72	REGISTRAR'S SIGNATURE Bonita Konrad, Deputy	25. EMBALMER W E Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3968
Local Reg. No. 222
Reg. Dist. No. 220

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Asotin 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston — LENGTH OF STAY (In this place) 12 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchard's Nursing Home 174	d. STREET ADDRESS (If rural, give location) P. O. Box 75

3. NAME OF DECEASED (Type or Print) a. (First) Inez	b. (Middle) Vivian	c. (Last) Jewett	4. DATE OF DEATH (Month) (Day) (Year) 24 Aug 1972		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 Oct 1895	9. AGE (In years last birthday) 76	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) North Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John McArthur	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME Ellen Mountain	BIRTHPLACE no record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 474 03 9667	17. INFORMANT'S OWN SIGNATURE X Eleanor G. Dixon	ADDRESS Lewiston 1208 Goelle		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2381

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suspected Brain Tumor

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/27, 1972 *to* 8/24, 1972, *that I last saw the deceased alive on* 8/15, 1972, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Husmion	114 (Degree or title) MD	23b. ADDRESS 347 St Johns Way	23c. DATE SIGNED 9 25 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 28 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 8-30-72	REGISTRAR'S SIGNATURE Bonita Konrad, Deputy	25. EMBALMER W. E. Black W E Black	LICENSE NO. M-426

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3969
Local Reg. No. 227
Reg. Dist. No. 220

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 6 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 1119-8th Street

3. NAME OF DECEASED (Type or Print)	a. (First) Edith M. Larkin	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) August 24, 1972
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 21, 1895	9. AGE (In years last birthday) 76 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Cleveland, Ohio	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Willis N. Thorp	BIRTHPLACE Ohio	14. MOTHER'S MAIDEN NAME Edna Jones	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 22 5289B	17. INFORMANT'S OWN SIGNATURE Ines A. Larkin	ADDRESS Lewiston, Idaho	

18. CAUSE OF DEATH 2001
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lymphosarcoma generalized

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None

DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7, 1971, *to* 8-24, 1972, *that I last saw the deceased alive on* 8-14, 1972, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Dadd D. C. Robertson 350 (Degree or title)	23b. ADDRESS Lewiston Idaho	23c. DATE SIGNED 9-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 9-8-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER V. Vassar	LICENSE NO. M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 7 1973
JUN 10 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3970
Local Reg. No. 221
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clearwater River & 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 523 - 16th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Darrin	Dee	OSBORN	26 August 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	27 Apr 1962	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Public School	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ronald Osborn	Montana	Imogene Denny	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	X Ronald D. Osborn	Lewiston, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: monents

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Railroad Bridge	Lewiston / NezPerce / Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
25 August 1972 unk. m.		Fell, while fishing, from RR Bridge, Clearwater R. about 5th St.

22. *I hereby certify that I attended the deceased from* - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3971
Local Reg. No. 223
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1 mile South of Culdesac
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile S. of Culdesac, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
d. STREET ADDRESS (If rural, give location) 112 Pine

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	John	Amschler	27 Aug 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12 Sept 1926	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef/ Cook	Restaurant	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Amschler	Wisconsin	Selma Brasch	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WWII	388 20 3640	X Gertaude Amschler	Nezperce

8129

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chest & Head injuries
DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-35 (COUNTY) (STATE)
Accident	Highway 66	1 mi. S. of Culdesac, NezPerce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
27 Aug 1972 8:20 p m.		Head-on auto accident while passing on hill

22. *I hereby certify that I attended the deceased from* XXXX

SEP 1 2 1972
NOV 1 4 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 1 8 1974
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3972
Local Reg. No. 224
Reg. Dist. No. 220

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston — c. LENGTH OF STAY (In this place) 14 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 328 - Skyline Drive

3. NAME OF DECEASED (Type or Print)	a. (First) Goldie	b. (Middle) Enise	c. (Last) Gibbs	4. DATE OF DEATH (Month) (Day) (Year) 28 Aug 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 16 Jan 1904	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Starbuck, Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Cal Smith	BIRTHPLACE no record	14. MOTHER'S MAIDEN NAME Ethel Stukey	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 52 7853	17. INFORMANT'S OWN SIGNATURE X John Gibbs	ADDRESS Culdesac, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1830

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of ovary — Months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1972, *to* 8-28, 1972, *that I last saw the deceased alive on* 8-27, 1972, *and that death occurred at* 4:55 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 781 (Degree or title)	23b. ADDRESS Lewiston, Idaho	23c. DATE SIGNED 8-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 31 Aug 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 9-1-72	REGISTRAR'S SIGNATURE Bonita Konrad, Deputy	25. EMBALMER W. E. Black [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

4487

State File No. 3973
Local Reg. No. 226
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard's Nursing Home 124

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1014 Burrell Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marion	H.	Fuller	8	29	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	2/29/88	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaker	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Howell	Unavailable	Mary	Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	541-07-1887 D		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Sr. Pelvis.	2 mo
DUE TO (c)	Gen. A.S.	yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
X	05	13 35-1

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Fell

22. *I hereby certify that I attended the deceased from* Sept 26, 19 69, to 8-28, 19 72, *that I last saw the deceased alive on* 8-28, 19 72 *and that death occurred at* 12.50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X [signature]	MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8/31/72	Smith Funeral Home	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-6-72	[signature]	[signature]	EL 803

FIRM NAME: Merchant Funeral Home
P.O. Box 107 Clarkston, Wash. 99403

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB - 4 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 23 1972 Bureau of Vital Statistics

State File No. 3974
Local Reg. No. 17
Reg. Dist. No. 5 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
LENGTH OF STAY (In this place) 4 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oneida Nursing Home 385

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
d. STREET ADDRESS (If rural, give location) 88 North Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JULIA ANN	PECK	THOMAS	AUG	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	divorced	Jan. 26, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRED PECK	New York	ELIZABETH LEIGH	Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-56-7043	Carol Watson	Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Dehydration 4369	Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Inadequate Intake	4
DUE TO (c)	Marasmus CVA	Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 16, 19 72, to Aug. 16, 19 72, that I last saw the deceased alive on Aug. 16, 19 72, and that death occurred at 9:34p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Gerald K. Goodenough, M.D. 959 (Degree or title)	Malad, Idaho	8/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 19, 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 18, 1972	Ruth G. Sumsion	Rayford G. Benson	M-351

FIRM NAME: Benson Funeral Home, Malad, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3975
Local Reg. No. 18
Reg. Dist. No. 530

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. 1 - Malad City
LENGTH OF STAY (In this place) -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Cherry Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
d. STREET ADDRESS (If rural, give location) Rt. 1 - Cherry Creek

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALBERT	HENRY	MILLWARD	AUG.	23	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Jan. 28, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Rancher	Farming	Chesterfield, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEROGE HENRY MILLWARD	Opher, Tooele, Uth	ADA CALL	Bountiful, Davis, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-	519-36-8892	Hazel Millward	Rt. 1, Malad, Idh.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

340X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aphasia — 6 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Gerald K. Goodenough, M.D. 957 (Degree or title)	Malad, Idaho	Aug 24, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 26, 1972	Malad City Cemetery	Malad City Oneida Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 24, 1972	Ruth G. Sweeten	Rulford G. Benson Rulford G. Benson	M-351

FIRM NAME: Benson Funeral Home Malad, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (CA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3976
Local Reg. No. 18
Reg. Dist. No. 530

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (In institution): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah
b. COUNTY: Box Elder
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Roland	HARPER	August 25 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 1, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Honeyville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Harper	Harperward, Utah	Kate Barnard	Harperward, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	528-20-9812	Mrs. Louise Harper	Garland, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Extension of previous CVA
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus, obesity, CHF & cardiac dysrhythmia in history

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1972, to Aug 25, 1972, that I last saw the deceased alive on Aug 25, 1972, and that death occurred at 2:50P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Jack Hilliard Johnson, MD 1139 (Degree or title)	13 North 2nd East, Tremonton, Utah 84337	8/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1972	Garland Cemetery	Garland, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/29/72	Ruth G. Swaner	Raiford G. Benson	M-351

FIRM NAME: Rogers Mortuary, Tremonton, Utah

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3977
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home 23 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): 23 Washington St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grace	L.	Colley	Aug.	10	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 12, 1891	80	7 / 13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Newspaper Ed.	Retired	Moran, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas O. Miller	Ohio	Lena Lam	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-24-6382	x Everett A. Colley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7963 Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Indef.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the ~~deceased from~~ Investigation Only to Aug. 10, 1972, that I ~~last saw~~ did not see the deceased alive on Aug. 10, 1972, and that death occurred at 7:A. m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
x William E. Doty 553 (Degree or title) Coroner 4	Murphy, Idaho	9/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/14/72	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 28, 1972	Andrew Warfield	Leonard C. Flahiff	M 481

FIRM NAME: Homedale's Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3978
Local Reg. No. 363
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 9 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mable	Enid	BROWNELL	August 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 17, 1887	84	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Holly, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Santford Washburn	Ohio	Cora Hurlbutt	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	518-44-5787	Santford Brownell	New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerosis	One wk.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Arteriosclerotic cerebral + Cardiac arrhythmia	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic degenerative spinal osteoporosis	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 18, 1972, to Aug. 9, 1972, that I last saw the deceased alive on July 31, 1972 and that death occurred at 12:15P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo E. Davis, M.D.	M.D.	New Plymouth, Idaho	Aug. 4, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-8-72	[signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3979
Local Reg. No. 365
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: PAYETTE 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CASA LOMA CONVALESCENT CENTER 355	d. STREET ADDRESS (If rural, give location): 1019 3rd AVE. SO.

3. NAME OF DECEASED (Type or Print)	a. (First): ELMIRA	b. (Middle): FRANCES	c. (Last): SALLEE	4. DATE OF DEATH	(Month): AUG	(Day): 6 (Year): 1972
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: JULY 7, 1878	9. AGE (In years last birthday): 94	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY: HOMEMAKING	11. BIRTHPLACE (State or foreign country): PRINCETON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME: SIMEON ADER	BIRTHPLACE: INDIANA	14. MOTHER'S MAIDEN NAME: HANNAH POTTER	BIRTHPLACE: INDIANA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: 518-60-6964 T	17. INFORMANT'S OWN SIGNATURE: Thelma V. Sallee	ADDRESS: 132-7th ave N. Payette Idaho		

4409

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	years
DUE TO (c)	Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19___, *to* Aug 6, 72, 19___, *that I last saw the deceased alive on* 7-29-72, 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 574 (Degree or title)	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 8-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 8-9-72	24c. NAME OF CEMETERY OR CREMATORY: MIDVALE CEMETERY	24d. LOCATION (City, town, or county): MIDVALE (State): IDAHO
DATE REC'D BY LOCAL REG.: 8-11-72	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Milford O Orgas	LICENSE NO.: M 318

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3980
Local Reg. No. 364
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 9 1972 Bureau of Vital Statistics 381

1. PLACE OF DEATH a. COUNTY: Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355	d. STREET ADDRESS (If rural, give location): 129 W Park Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Elmer	b. (Middle): Paul	c. (Last): ANDERSON	4. DATE OF DEATH (Month) (Day) (Year): August 7, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 13, 1881	9. AGE (In years last birthday): 91 — IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Labor 8	10b. KIND OF BUSINESS OR INDUSTRY: Boiler room	11. BIRTHPLACE (State or foreign country): Salina, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lewis Anderson	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Anna Ingaborg Oss	BIRTHPLACE: Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): — —	16. SOCIAL SECURITY NO.: 324-09-2963	17. INFORMANT'S OWN SIGNATURE: Irene Anderson	ADDRESS: Mesa, Arizona	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	myocardial infarction	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cardiovascular disease	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic cardiovascular disease.	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1972 *to* Aug. 7, 1972, *that I last saw the deceased alive on* Aug. 4, 1972, *and that death occurred at* 4:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. S. Carroll,	082 (Degree or title) M.D.	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 8/7/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery	24d. LOCATION (City, town, or county): New Plymouth (State): Idaho
DATE REC'D BY LOCAL REG.: 8-8-72	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 2003

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 31 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3981
Local Reg. No. 368
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Payette 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Malheur 355
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): 2½ Mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Cent. 355	d. STREET ADDRESS (If rural, give location): Same as Above

3. NAME OF DECEASED (Type or Print) a. (First): Joe	b. (Middle): Andrew	c. (Last): Yturriondobeitia	4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1972	
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: Feb. 18, 1921	9. AGE (In years last birthday): 51 IF UNDER 1 YR. Months: 18 Days: 20 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 7	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): Jordan Valley, Oregon	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Juan Yturriondobeitia BIRTHPLACE: Spain		14. MOTHER'S MAIDEN NAME: Angela Olea BIRTHPLACE: Spain		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.LL	16. SOCIAL SECURITY NO.: 543-40-6574	17. INFORMANT'S OWN SIGNATURE: Juanita Ansotegui ADDRESS:		

940X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute gastro-enteritis.	4 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Quadriplegia	4 yrs.
DUE TO (c)	Auto accident	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Urinary tract infection	1 year.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 2, 1970, *to* Aug. 8, 1970, *that I last saw the deceased alive on* Aug. 4, 1970, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. S. Carroll, M.D. 082 (Degree or title) 1	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 8/11/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-11-1972	24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley
24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon		
DATE REC'D BY LOCAL REG.: 8-22-72	REGISTRAR'S SIGNATURE: Anneskel Anderson	25. EMBALMER: Leonard P. Elshiff FIRM NAME: Elshiff Funeral Chapel
LICENSE NO.: M-481		

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3982
Local Reg. No. 366
Reg. Dist. No. 330

BIRTH NO.

AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (In this place): years
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 115 E. Maple

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Carrie	F.	PENNINGTON	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	August 2, 1893	79	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking		USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
King	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	533-20-3035		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac decompensation	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* August 9, 19 72, *that I last saw the deceased alive on* August 8, 19 72, *and that death occurred at* 6:15AM, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W Watts Jr	M.D.	Payette, Idaho	8/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 14, 1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-18-72	Arnold Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 31 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3983
Local Reg. No. 367
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Payette b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #1, SE of City d. STREET ADDRESS (If rural, give location): Payette, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Wesley	HILL	August 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 1, 1886	86	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Building Constr.	Clay County, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete Hill	Germany	Theresa Carver	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— —	558-09-3538A	Alice V Hill	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary embolism	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured femur	1 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic cerebrovascular dis.	1 year.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
X	Home	Payette Payette Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 6, 1972 7:00 p.m.		Fell at home striking left hip

22. I hereby certify that I attended the deceased from July 28, 1972 to Aug 9, 1972, that I last saw the deceased alive on Aug. 4, 1972 and that death occurred at 5:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Payette, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-18-72	[signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 23 1972

SEP 29 1972

OCT 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person, WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3984
Local Reg. No. 369
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 31 1972 381

1. PLACE OF DEATH a. COUNTY: Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette Bureau	c. LENGTH OF STAY (In this place):
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Nursing Home 355	d. STREET ADDRESS (If rural, give location): 752 W. Butterfield

3. NAME OF DECEASED (Type or Print) a. (First): ALICE	b. (Middle): VIVIAN	c. (Last): FREDRICK	4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1972		
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 12-21-1894	9. AGE (In years last birthday): 77	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.: --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Cushing, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Edward Toothman	BIRTHPLACE: unk.	14. MOTHER'S MAIDEN NAME: Fannie unk.	BIRTHPLACE: unk.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service): --------	16. SOCIAL SECURITY NO.: 518-22-0963	17. INFORMANT'S OWN SIGNATURE: Marguerite Jones	ADDRESS: Weiser, Idaho	

0092

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gastroenteritis	1 wk
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1, 1971, *to* Aug. 18, 1972, *that I last saw the deceased alive on* Aug 16, 1972, *and that death occurred at* 6:45p., *from the causes and on the date stated above.*

23a. SIGNATURE: E. S. Carroll, M.D. 082 (Degree or title) 1	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 8-18-72
24a. BURIAL, CREMATION, REMOVAL (Specify): removal	24b. DATE: 8-18-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho		
DATE REC'D BY LOCAL REG.: 8-28-72.	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: R. Lee Thomason
LICENSE NO.: M388		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3985
Local Reg. No. 320
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 31 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: PAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural New Plymouth
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette River, NE of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1417 NO. 17th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BOYD	THOMAS	ANDERSON	AUG. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JULY 7, 1951	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ATTENDANT	SERVICE STATION	BOISE, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN PATRICK ANDERSON	BROOKLYN N.Y.	JOY MCNEEL	FIELDING, UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-62-3265	Merrie Anderson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drowned — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	River 09	New Plymouth 13-33d Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug. 19, 1972 3:P.m.		Drowned while attempting to swim across river.

22. *I hereby certify that I* ~~XXXXXXXXXXXXXXXX~~ Investigated ~~XXXXXXXXXXXXXXX

FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 31 1972 Bureau of Vital Statistics

State File No. 3986
Local Reg. No. 371
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: PAYETTE 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE c. LENGTH OF STAY (In this place): 6 Yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1528 2nd AVE. SO.	d. STREET ADDRESS (If rural, give location): 1528 2nd AVE. SO.

3. NAME OF DECEASED (Type or Print) a. (First): LEO	b. (Middle): EDWARD	c. (Last): SPORUP	4. DATE OF DEATH (Month) (Day) (Year): AUG. 21, 1972	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: Oct. 17, 1891	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBER WORKER 5	10b. KIND OF BUSINESS OR INDUSTRY: LUMBER	11. BIRTHPLACE (State or foreign country): MILES CITY, MONTANA	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: RASSMUS SPORUP	BIRTHPLACE: DENMARK	14. MOTHER'S MAIDEN NAME: CHRISTINE MORTENSON	BIRTHPLACE: DENMARK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: 542-03-2891	17. INFORMANT'S OWN SIGNATURE: Anna Sporup	ADDRESS: 1528 2nd ave So payette Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral thrombosis	2 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cerebrovascular Disease	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Urinary Retention	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1972, *to* Aug. 21, 1972, *that I last saw the deceased alive on* Aug. 21, 1972 *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. G. Small, M.D. 082 (Degree or title)	23b. ADDRESS: Payette Idaho	23c. DATE SIGNED: 8/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 8-24-72	24c. NAME OF CEMETERY OR CREMATORY: ROSEDALE MEMORIAL GDNS.	24d. LOCATION (City, town, or county) (State): PAYETTE IDAHO
DATE REC'D BY LOCAL REG.: 8-28-72	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Milford D Drages	LICENSE NO.: M 318

FIRM NAME: CHAPEL OF THE ROSES

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972
MAR 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3987
Local Reg. No. 372
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Payette	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF HOSPITAL OR INSTITUTION: Casa Loma Convalescent Center	d. STREET ADDRESS (If rural, give location): Star Route S of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hannah	Lucinda	HUNTER	August 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 1, 1886	86	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Rays Mill, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elias E. Fulgham	Texas	Emma Coss	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— —	519-12-9094B	Gladys H. Needles	Yuma, Arizona

4379

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Generalized arteriosclerosis	years.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	"
DUE TO (c)	ASHD Senility	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1969, 19____, *to* Aug. 26, 72 19____, *that I last saw the deceased alive on* 8-25-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Payette, Idaho	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal-Burial	Aug. 29, 1972	Emmett Cemetery	Emmett	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-30-72.	[signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972
SEP 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3988
Local Reg. No. 373
Reg. Dist. No. 330

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Payette 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355	d. STREET ADDRESS (If rural, give location): 236 South 16th St.

3. NAME OF DECEASED (Type or Print) a. (First): Morris	b. (Middle): Elias	c. (Last): COLLINGWOOD	4. DATE OF DEATH (Month) (Day) (Year): August 28, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 16, 1911	9. AGE (In years last birthday): 60 IF UNDER 1 YR. Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barkeeper 6	10b. KIND OF BUSINESS OR INDUSTRY: Saloon	11. BIRTHPLACE (State or foreign country): Omaha, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Edgar Ray Collingwood	BIRTHPLACE: South Dakota	14. MOTHER'S MAIDEN NAME: Myrtle Adella Jeneson	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): — —	16. SOCIAL SECURITY NO.: 476-05-1546	17. INFORMANT'S OWN SIGNATURE: Margaret Collingwood	ADDRESS: Payette, Idaho	

1621

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Generalized metastatic carcinoma	6 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Oat Cell Carcinoma rt lung	1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/6/71, 19__, *to* 8/28/72, 19__, *that I last saw the deceased alive on* 8/27/72, 19__, *and that death occurred at* 9:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W Watts Jr 553 (Degree or title) M.D.	23b. ADDRESS: Payette, Idaho	23c. DATE SIGNED: 9/1/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside	24d. LOCATION (City, town, or county) (State): Payette Idaho
DATE REC'D BY LOCAL REG.: 9-5-72	REGISTRAR'S SIGNATURE: Annabel Anderson	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

SEP 14 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 21 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 03 1995

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3989
Local Reg. No. 6
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
LENGTH OF STAY (In this place): 39 1
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	E.	GIESBRECHT	Aug. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Never married	June 20, 1890	82	1 / 14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Public School	Beatrice, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Giesbrecht	Germany	Marie Tiahrt	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-46-3482-A	Mrs. O D Beeks	Aberdeen, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic pneumonia	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Malnutrition	6 months
DUE TO (c)	Advanced adenocarcinoma of Urinary bladder	8½ years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1887

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1958, to Aug. 4, 1972, that I last saw the deceased alive on Aug. 3, 1972, and that death occurred at 6:00A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Harms, 203 MD	American Falls, Idaho	8 Aug. '72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem.&Burial	8-7-72	Homestead Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 10, 1972	Irene Deeg	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3990
Local Reg. No. 8
Reg. Dist. No. 500-602

RECEIVED AUG 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (In this place) few minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sterling
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Scott c. (Last) Chandler Sr.

4. DATE OF DEATH (Month) August (Day) 5 (Year) 1972

5. SEX male
6. COLOR OR RACE cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 30, 1926
9. AGE (In years last birthday) 46 IF UNDER 1 YR. Months 1 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jack W. Chandler BIRTHPLACE Springfield, Idaho
14. MOTHER'S MAIDEN NAME Geneva Sullivan BIRTHPLACE Grace, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 722-18-0434
17. INFORMANT'S OWN SIGNATURE Pauline Chandler ADDRESS

18. CAUSE OF DEATH 8199
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE 1 (Specify) accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-060 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* [illegible] *, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Stetz 583 Coroner (Degree or title) 4
23b. ADDRESS 521 Walker Blackfoot
23c. DATE SIGNED 8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 9, '72
24c. NAME OF CEMETERY OR CREMATORY Springfield Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Idaho

DATE REC'D BY LOCAL REG. August 15, 1972
REGISTRAR'S SIGNATURE June Deeg
25. EMBALMER H. L. Davis
LICENSE NO. H. L. Davis M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1972

OCT 22 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3991
Local Reg. No. 7
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics 391

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 235 Tyler St.

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) c. (Last) DETZEL

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 12, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months: 4 Days: 24
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Phillips, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul Detzel
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Susana Reidel
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-42-9445

17. INFORMANT'S OWN SIGNATURE: X Lewis M Detzel
ADDRESS: Am. Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2699

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardio vascular failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition — 5 Months
DUE TO (c): Hepatic failure — 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Loss of appetite — 6 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1959 *to* Aug. 6, 1972 *that I last saw the deceased alive on* Aug. 4, 1972 *and that death occurred at* 9:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Harms, 203 (Degree or title) M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 8 Aug. '72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-9-72
24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery
24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL REG.: August 10, 1972
REGISTRAR'S SIGNATURE: Irene Deeg
25. EMBALMER: H. L. Davis
LICENSE NO.: M-253
FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3992
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED AUG 29 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 2yrs.10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MINNIE	KRUG	ADOLF	Aug. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	cauc	widowed	April 27, 1889	83	3	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Bessarabia, Russia	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilhelm Scherer	Russia	Katherine Traub	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-64-8734	Mrs. H.C. Misenheimer	Am.Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 402X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute cardio-vascular collapse	6 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Intermittent heart block	1 year
DUE TO (c)	Essential hypertension	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Organic brain disease	18 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 25, 1960, *to* August 20, 1972, *that I last saw the deceased alive on* August 19, 1972, *and that death occurred at* 10:40A *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O L Harris 203 (Degree or title) MD	American Falls, Idaho	19,Aug.'72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-23-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 28, 1972	Irene Deeg	Bud Kelly Bud Kelly	M-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3993
Local Reg. No. 10
Reg. Dist. No. 500-602

BIRTH NO. RECEIVED AUG 31 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Power 39/	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls c. LENGTH OF STAY (In this place): 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sterling
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137	d. STREET ADDRESS (If rural, give location): Sterling R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	BENJAMIN	WELLS	Aug. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Feb. 27, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Own Farm	Woodruff, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erastus N. Wells	Willard, Utah	Maryetta Moon	St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-18-6566	Ellis J Wells	Moreland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

4270

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac decompensation	6 Mo
DUE TO (c)	Chronic myocardial failure and cardiac enlargement	8 Mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 22 July, 1972, *to* Aug. 26, 1972, *that I last saw the deceased alive on* August 26, 1972 *and that death occurred at* 10:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. L. Harris 203	M.D.	American Falls, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-29-72	Springfield Cemetery	Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 29, 1972	Irene Deeg	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972
FEB 5 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3994
Local Reg. No. 11
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D. O. A. Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) VERA b. (Middle) ESTHER c. (Last) WICKHORST

4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1972

5. SEX Female

6. COLOR OR RACE Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 21, 1915

9. AGE (In years last birthday) 57 IF UNDER 1 YR. Months 2 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Rockland, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward P. Kramer
BIRTHPLACE Wisconsin

14. MOTHER'S MAIDEN NAME Etta Louise Speck
BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-54-8757

17. INFORMANT'S OWN SIGNATURE R Howard Wickhorst ADDRESS Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrest (Coronary occlusion) — INTERVAL BETWEEN ONSET AND DEATH: 30 mi

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Labile hypertension — 12 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 11 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1960, to Aug. 27, 1972, that I last saw the deceased alive on 7 April, 1971, and that death occurred at 3:01A m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Harris 203 (Degree or title) M.D.

23b. ADDRESS American Falls, Idaho

23c. DATE SIGNED 29 Aug. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. &Burial

24b. DATE 8-29-72

24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State) Aberdeen, Idaho

DATE REC'D BY LOCAL REG. August 31, 1972

REGISTRAR'S SIGNATURE Irene Deeg

25. EMBALMER H. L. Davis

LICENSE NO. M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3995
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 371
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Power 371
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) 260 Van Buren

3. NAME OF DECEASED (Type or Print) a. (First) LEITA b. (Middle) FLORENCE c. (Last) STOEHR

4. DATE OF DEATH (Month) Aug. (Day) 31, (Year) 1972

5. SEX Female

6. COLOR OR RACE Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 4, 1908

9. AGE (In years last birthday) 64
IF UNDER 1 YR. Months 1 Days 27
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Justice of the Peace
10b. KIND OF BUSINESS OR INDUSTRY County

11. BIRTHPLACE (State or foreign country) Wheeler County, Neb.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Taylor
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Anna Fuller
BIRTHPLACE West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-38-3174

17. INFORMANT'S OWN SIGNATURE X W. E. Stoehr ADDRESS Am. Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Vascular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary — 2 yrs
DUE TO (c) Pulmonary Emphysema — 10 yrs
Renal Failure — 3 mos
Bronchogenic Carcinoma Rt Lung — 6 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1972, to 8-31, 1972, that I last saw the deceased alive on 8-31, 1972, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 975 (Degree or title) M.D.

23b. ADDRESS American Falls, Idaho

23c. DATE SIGNED 9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-4-72

24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery

24d. LOCATION (City, town, or county) (State) American Falls, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Irene Deeg

25. EMBALMER [signature] H. L. Davis

LICENSE NO. M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3996

Certificate of Death

STATE OF IDAHO

State File No. 3996
Local Reg. No. 396
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 29 4 00 PM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - near Osburn
c. LENGTH OF STAY (In this place): 2 30 PM '72
d. FULL NAME OF HOSPITAL OR INSTITUTION: Interstate #90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 1141 Canyon Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GAYLE	LANCE	JOHNSON	July 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 14, 1949	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Underground Miner	Mining	Kellogg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald Johnson	Nebraska	Agnes Gemaehlich	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1969 - 1971	519-60-9707	Mrs Agnes M Johnson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral laceration and concussion	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-40 (COUNTY) (STATE)
Accident	Interstate 90 06	Osburn, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
July 30, 1972 3:50 p.m.		Automobile accident

22. I hereby certify that I attended the deceased from zz who died on 7/30 72 to ---------- , 19____ , that I last saw the deceased alive on 7/30/72 , 19____ , and that death occurred at 3:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
672	Box 725 Osburn, Idaho	August 3, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1972	Nine Mile Cemetery	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 4, 1972	Darrell J. Smith	Dean H. Petersen	M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 inclusive. In case of data taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being first obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3997

Certificate of Death
STATE OF IDAHO

State File No. 3997
Local Reg. No. 156
Reg. Dist. No. 142

RECEIVED AUG 23 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (In this place): 1Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 141	d. STREET ADDRESS (If rural, give location): 312 W. Brown

3. NAME OF DECEASED (Type or Print)	a. (First): Bernice	b. (Middle): O.	c. (Last): Hankel	4. DATE OF DEATH (Month) (Day) (Year): August 1, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 1,1914	9. AGE (In years last birthday): 58 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frank Fors	BIRTHPLACE: Finland	14. MOTHER'S MAIDEN NAME: Mary Fors	BIRTHPLACE: Finland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 519-30-2641	17. INFORMANT'S OWN SIGNATURE: Bernard H. Hankel	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis, Source undetermined — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1971, *to* Aug 1, 1972, *that I last saw the deceased alive on* Aug 1, 1972, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orland B. Swift 461 (Degree or title)	23b. ADDRESS: Kellogg Idaho	23c. DATE SIGNED: 8/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 8/5/1972	24c. NAME OF CEMETERY OR CREMATORY: Smith & Co.	24d. LOCATION (City, town, or county) (State): Spokane, Washington
DATE REC'D BY LOCAL REG.: 8/17/72	REGISTRAR'S SIGNATURE: Frances Farley	25. EMBALMER: Dean H. Peterson	LICENSE NO.: M 534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 3998
Local Reg. No. 391
Reg. Dist. No. 140

BIRTH NO.

RECEIVED AUG 11 1972 Bureau of Vital Statistics 400

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital 134

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana 27 b. COUNTY: Mineral 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Regis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Albert	Davis	August 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 2, 1929	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	U. S. Air Force	Prosser, Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Davis	Decatur, Tenn.	Amanda Elizabeth Land	McMinn Co., Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1951 to 1971	516-32-5738	Patsy L Davis	Box 173, St. Regis, Mon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased* who died on 8-1-, 1972, that I last saw the deceased on 8-1-, 1972, and that death occurred at about 8:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson, M.D. 414 (Degree or title)	Wallace, Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/5/1972	Plains Cemetery	Plains, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 9, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 11 1972

AUG 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 15 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 28 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 11 1972 Bureau of Vital Stat.

State File No. 3999
Local Reg. No. 392
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home 344	d. STREET ADDRESS (If rural, give location): 119 East Cameron St.

3. NAME OF DECEASED (Type or Print) a. (First): EMMA	b. (Middle): ERDMANN	c. (Last): RIESKE	4. DATE OF DEATH (Month) (Day) (Year): August 3, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 1, 1878	9. AGE (In years last birthday): 93 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Johana Gottlieb	BIRTHPLACE: Russia	14. MOTHER'S MAIDEN NAME: Ernestine Sommerfeld	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-56-6521	17. INFORMANT'S OWN SIGNATURE: Arnold M Rieske	ADDRESS	

18. CAUSE OF DEATH 4123
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Decompensation	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Dis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cathritis	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* Aug 3, 1972, *that I last saw the deceased alive on* Aug 3, 1972, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Bourbaker MD (Degree or title) 052	23b. ADDRESS: Kellogg, Ida	23c. DATE SIGNED: 8-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug. 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rosewood Cemetery	24d. LOCATION (City, town, or county) (State): Fairfield Washington
DATE REC'D BY LOCAL REG: August 9, 1972	REGISTRAR'S SIGNATURE: Darrell J Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4000
Local Reg. No. 157
Reg. Dist. No. 142

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enaville
d. STREET ADDRESS (If rural, give location): Rural Enaville

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert		Legault	Aug. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Sept. 5, 1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bar Owner 2	Tavern	Onterio, Canada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Evangilist Legault	Canada	Edrwidge Rocbrune	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-34-5593	Mrs Robert Pledger	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from who died on 8-5, 1972, [redacted], that I last saw the deceased [redacted] on 8-5, 1972, and that death occurred at about 7:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson 414 M.D.	Wallace, Idaho	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9 Aug 72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/17/72	Frances Lasley	Grant Carl Merrill	M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4001
Local Reg. No. 158
Reg. Dist. No. 14

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
AUG 23 1972
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural St. Joe National Forest
c. LENGTH OF STAY:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Yellow Jacket Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 872 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Jack b. (Middle) Rinehart c. (Last) Shaver

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 24, 1922

9. AGE (In years last birthday): 50
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dozer Operator

10b. KIND OF BUSINESS OR INDUSTRY: Diamond Internat'l Co.

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Seymour Shaver
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Vivian Rinehart
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 518 22 9633

17. INFORMANT'S OWN SIGNATURE: Genevieve Shaver
ADDRESS: Coeur d'Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Est. 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture neck.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Yellow Jacket Hill St Joe River
21c. (CITY, TOWN, OR TOWNSHIP): 13-48 (COUNTY): Shoshone (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 7 1972 5 P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tree fell on "Cat" he was operating

22. I hereby certify that I attended the deceased from DOA, 19___, to ___, 19___, that I last saw the deceased alive on 7 Aug, 1972, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE: W. J. Thurston MD (Degree or title) 533
23b. ADDRESS: St Maries, Ida
23c. DATE SIGNED: 18 Aug 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-8-72
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county): Coeur d' Alene
(State): Idaho

DATE REC'D BY LOCAL REG.: 8/21/72
REGISTRAR'S SIGNATURE: Frances Talley
25. EMBALMER: Elmer English
LICENSE NO.: M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972
AUG 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 16 1974
JUN 14 1978
OCT 19 1989

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4002
Local Reg. No. 393
Reg. Dist. No. 140

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 138	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): LOUIS	b. (Middle): HENRY	c. (Last): JOHNSON	4. DATE OF DEATH (Month) (Day) (Year): August 10, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 9, 1915	9. AGE (In years last birthday): 56 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman 4	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Wallace, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry W. Johnson	BIRTHPLACE:	14. MOTHER'S MAIDEN NAME: Jenny Lingren	BIRTHPLACE:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 518-03-3548	17. INFORMANT'S OWN SIGNATURE: Mrs. Ida Johnson	ADDRESS:	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Massive Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: about 2 hrs.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerosis, Generalized — Several years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10- *, 19*72 *to* 8-10 *, 19*72 *, that I last saw the deceased alive on* 8-10 *, 19*72 *and that death occurred at* 10:40 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Aug. 14, 1972	24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home	24d. LOCATION (City, town, or county) (State): Spokane, Washington
DATE REC'D BY LOCAL REG.: Aug. 14, 1972	REGISTRAR'S SIGNATURE: Darrell J Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972

AUG 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4003
Local Reg. No. 394
Reg. Dist. No. 140

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Cozy Corner Apts.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lester	LeClair	Dougall	August 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 25, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Timber Repairman	Mining	Palmyra, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Dougall		Sarah Bouck	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War #1	504-10-0529	Lernice McCorkle	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Few minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis, Generalized	Several years
DUE TO (c)	Diabetes Mellitus	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Cardiovascular Renal Disease	Several years

2509

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2- , 1953 *to* 8-12- , 1972 *, that I last saw the deceased alive on* 8-12- , 1972 *and that death occurred at* 5:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D.	Wallace Idaho	8-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 15, 1972	Forest Cemetery	Coeur D Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 15. 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services. Inc.

AUG 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 23 1972 Bureau of Vital Statistics

State File No. 4004
Local Reg. No. 159
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) 110 Yellowstone

3. NAME OF DECEASED (Type or Print)
a. (First) Brantly
b. (Middle) Jimmy
c. (Last) Boone

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 72

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 14, 1914
9. AGE (In years last birthday) 58
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner- Retired 5
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Boone
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-10-1551
17. INFORMANT'S OWN SIGNATURE Dorothy C Boone
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema, chronic Recent inguinal herniorrhaphy	16 yrs 8 days

19a. DATE OF OPERATION Aug 7 1972
19b. MAJOR FINDINGS OF OPERATION Recurrent Rt inguinal hernia
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1972, *to* Aug 16, 1972, *that I last saw the deceased alive on* Aug 16, 1972 *and that death occurred at* 10:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Orland B Scott 461 (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 8/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8- 21- 72
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 8/22/72
REGISTRAR'S SIGNATURE Frances Farley
25. EMBALMER David Carl Marsh
LICENSE NO.

FIRM NAME: Shoshone Funeral Service Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972
SEP 27 1972
OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4005
Local Reg. No. 160
Reg. Dist. No. 142

RECEIVED SEP 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 122 A. Vergobbi 000	d. STREET ADDRESS (If rural, give location) 122 A. Vergobbi

3. NAME OF DECEASED (Type or Print)	a. (First) Lucile	b. (Middle)	c. (Last) Braughton	4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 72
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 10 1920	9. AGE (In years last birthday) 52 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Evans Co. Ga.	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Roy Beasley	BIRTHPLACE Bullett Co. Ga.	14. MOTHER'S MAIDEN NAME Sally Tucker	BIRTHPLACE Bullet Co. Ga.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 337-12-4865	17. INFORMANT'S OWN SIGNATURE W.O. Beasley	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16-, 1972 *to* 8-16, 1972, *that I last saw the deceased alive on* 8-16, 1972 *and that death occurred at* about 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson, M.D. 414 (Degree of title)	23b. ADDRESS Wallace, Idaho	23c. DATE SIGNED 8-29-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-19-72	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REG. 9-5-72	REGISTRAR'S SIGNATURE Frances Farley	25. EMBALMER David Carl Marratt	LICENSE NO. M 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4006
Local Reg. No. 395
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS AUG 23 11 20 AM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 13Y

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 624 Olive Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marguerite	Ann	Wilkins	Aug.	20,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 25, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Mullan, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh McGillis		Mary Belle McDonald	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-26-6325A	Walter W. Wilkins	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4124 Congestive heart failure	3 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic CV disease	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial asthma	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7 Aug. 72, 19___, *to* 20 Aug. 72, 19___, *that I last saw the deceased alive on* 19 Aug. 72, 19___, *and that death occurred at* 7:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Leveille	435 MD	Kellogg Idaho	8/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Aug. 22, 1972	Nine Mile Cemetery	Wallace	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 21, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

FIRM NAME: Shoshone Funeral Services. Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 23 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4007
Local Reg. No. 161
Reg. Dist. No. 142

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 147

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver King
d. STREET ADDRESS (If rural, give location): Silver King

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Langdon	W.	Peacock	Aug. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	3/28/1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Smelter Worker	Mining	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Peacock	Indiana	Mabel Langdon	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-01-7436	Mrs. R.W. Peacock	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5621 (1) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10d

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (2) Ruptured Diverticulum
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Dis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 1968, 19__, to Aug 24, 1972, that I last saw the deceased alive on Aug 24, 1972 and that death occurred at 2:40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Kellogg, Idaho	8-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8/27/1972	Ball & Dodd	Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-5-72	[signature]	[signature]	M 534

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

APR 1 8 1975

JUN 8 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4008
Local Reg. No. 162
Reg. Dist. No. 142

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Shoshone General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Box 335

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Keith	W.	Dowell	8	25	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb 15, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Logging	Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E. C. Dowell	Missouri	Mollie Weedin	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	519-05-5966	Ilene Dowell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 404 Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 65 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C. V. R. Disease — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-21-72 *to* 8-25-72, *that I last saw the deceased alive on* 8-25, 1972 *and that death occurred at* 2:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D.	Wallace, Idaho	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-29-72	Osburn	Osburn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/6/72	Frances Farley	David C. Merritt	M-551

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4009
Local Reg. No. 397
Reg. Dist. No. 140

BIRTH NO.

SEP 7 - 1972

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries - Rural 16 mi E.
c. LENGTH OF STAY (In this place): Few minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joe River Road (Falls Creek)
d. STREET ADDRESS (If rural, give location): E. 13007 29th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Burke	Shaughnessy	Aug. 26 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 9, 1927	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Foreman	R.C. Hughes Electric	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Shaughnessy	South Dakota	Stella Adele Tidd	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	503-16-2044	Jackie L. Shaughnessy	E. 13007 29th Ave. Spokane, Wa. 99216

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Multiple rib fractures — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): rt. chest with lacerature
DUE TO (c): of the lung

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Compound fracture rt leg

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	06	Falls Creek Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug 26, 1972 12:30 p.m.		Car wreck

22. *I hereby certify that I attended the deceased from* DOA *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. A. Rapp	M.D.	St. Maries, Ida.	8-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Removal	Aug. 30, 1972	Mikeworth's Funeral Home	Portland, Oregon	M-411

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER
Aug. 29, 1972	Darrell J. Jones	Gerald E. Browning

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 7 1972
AUG 21 1973
OCT 31 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4010
Local Reg. No. 398
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Montana 27
b. COUNTY Missoula 5 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Missoula
d. STREET ADDRESS (If rural, give location) 1700 Cooley #27

3. NAME OF DECEASED (Type or Print)
a. (First) Garnet
b. (Middle) L.
c. (Last) McQuinley

4. DATE OF DEATH (Month) Aug. (Day) 30, (Year) 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-19-1918
9. AGE (In years last birthday) 54
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman 5
10b. KIND OF BUSINESS OR INDUSTRY R.C. Hughes Const.
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lewis McQuinley BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO. 406-16-7808
17. INFORMANT'S OWN SIGNATURE Lutie McQuinley ADDRESS

928X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Exanguination

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Avulsion of right knee

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Bullion Pass 27
21c. (CITY, TOWN, OR TOWNSHIP) 13-400 (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) 8 (Day) 30 (Year) 72 (Hour) 2:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Caught in steel cable.

22. *I hereby certify that I attended the deceased from* 8-30-72 only *19____, to _____, 19____, that I last saw the deceased* [redacted] *on _____, 19____, and that death occurred at* 3:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Gnaedinger (Degree or title) 182 M.D.
23b. ADDRESS Box 200, Wallace, Idaho
23c. DATE SIGNED Sept.6.1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-2-1972
24c. NAME OF CEMETERY OR CREMATORY Missoula Co.
24d. LOCATION (City, town, or county) Missoula, (State) Montana

DATE REC'D BY LOCAL REG. Sept. 6, 1972
REGISTRAR'S SIGNATURE Darrell J. Juelfs
25. EMBALMER Darrell J. Juelfs
LICENSE NO. M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972
SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 4 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended March 2, 1973

Certificate of Death
STATE OF IDAHO

State File No. 4011
Local Reg. No. 163
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 508 Riverside

3. NAME OF DECEASED (Type or Print): a. (First) Verna; b. (Middle) Marie; c. (Last) White

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 12, 1904

9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray Goldsmith
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 540-18-2980

17. INFORMANT'S OWN SIGNATURE: F. L. White
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-29, 19 72 *to* 8-31, 19 72, *that I last saw the deceased alive on* 8-31, 19 72, *and that death occurred at* 9:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. B. Scott, M.D. (Degree or title) 461 /
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-6-72
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Tillamook, Oregon

DATE REC'D BY LOCAL REG.: 9-7-72
REGISTRAR'S SIGNATURE: Frances Farley
25. EMBALMER: David Carl Merritt
LICENSE NO.: M 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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2 22 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS FEB 28 12 45 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 72-4011

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Verna Marie White (Name on Original Certificate) who died (Was Born or Died) on Aug. 31, 1972 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
24DLocation of Cemetery	McMinnville, Oregon	Tillamook, Oregon

Subscribed and sworn to before me this 26th day of February, 1973

Notary Public, residing at Pocatello

My commission expires 10/15/76

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1973

Notary Public, residing at Pocatello

My commission expires 10/15/76

(Seal)

Signed Eugene S. Clark
(Signature of Any Credible Person)

111 Elder Kellogg, Idaho
(Street Address, City, State)

FORM DH 60-155

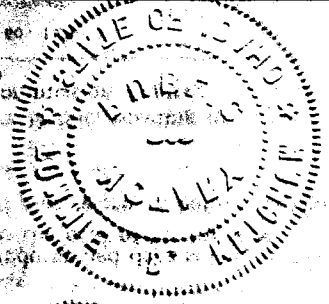
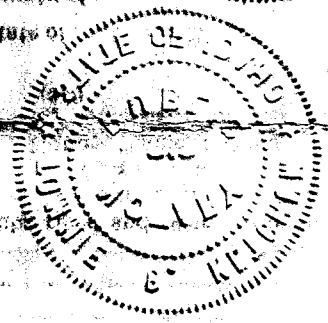

Certificate of Death
STATE OF IDAHO

State File No. 4011
Local Reg. No. 163
Reg. Dist. No. 142

BIRTH NO.

RECEIVED SEP 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 508 Riverside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Verna	Marie	White	August 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 12, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bar Tender	Tavran	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray Goldsmith	Unk.	Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	540-18-2980	T. F. White	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/29, 1972, to 8/31, 1972 that I last saw the deceased alive on 8/31, 1972 and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	461 /	Kellogg Idaho	9/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/6/72		McMinnville, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/7/72	[signature]	[signature]	M 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
MAR 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 25 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 14 1972 Bureau of Vital Statistics

State File No. 4012
Local Reg. No. 4
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4 Miles south of Victor
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor Rural
d. STREET ADDRESS (If rural, give location): 2 miles west of Victor

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LeeAnne		Bagley	Aug. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Never married	Oct. 28. 1955	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9		Driggs, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Verl P. Bagley	Victor, Idaho	Elva Nielsen	St.Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-70-4373	Verl P Bagley	Victor, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8169

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Possible Basal Skull Fracture and other neck injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	State Idaho 33 sign post 66	13-410 215	Teton	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug. 2, 1972 7:30 a.m.		thrown from an open vehicle

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. Greene 583	Coroner 4	Driggs, Idaho	Aug 4, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1972	Victor Cemetery	Victor, Idaho, Teton

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-8-72	Ella Griggs	Brian Quinn Bean	M- 544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 1972
SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4013
Local Reg. No. 5
Reg. Dist. No. 620

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Teton- Idaho b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Victor, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Perle		Perkins	Aug. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Never Married	1-15,-1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown	—	unknown	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-60-5477	Quin Bean	Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7960

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Progressive Weakness — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Neurological Disease of
DUE TO (c) unknown Etiology — 20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-13, 1969, to 8-6, 1972, that I last saw the deceased alive on 8-6, 1972, and that death occurred at 3:30 PM, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Heal MD	Driggs	8-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 1972	Driggs, Idaho	Driggs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-19-72	Ella J Gregg	Quin Bean	m -544

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4014
Local Reg. No. 7
Reg. Dist. No. 620

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Teton 4/0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Near Driggs)
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home in Darby, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Teton 4/0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Near Driggs)
d. STREET ADDRESS (If rural, give location) 2 miles south and 2 miles east of Drigg

3. NAME OF DECEASED (Type or Print) a. (First)	(Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wendell	Clair	Hillman	Aug.	9,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	July 4, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Pleasant Grove, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Silas Hillman	Ft.Harriman, Utah	Lydia M. Robinson	Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW1 1917 - 1919	519-05-1471 A	Mrs. Mildred Hillman	R.F.D. Driggs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarct	immed
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	AS HD	2+ years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1961, 19____, *to* 8-5-72 19____, *that I last saw the deceased alive on* 8-5-72 19____, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Driggs Id	8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-12-1972	Darby Cemetery	Near Driggs, Teton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-5-72	Ella Griggs	Brian Quinn Bean	M-544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972
AUG 11 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4015
Local Reg. No. 6
Reg. Dist. No. 620

BIRTH NO.

RECEIVED AUG 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
c. LENGTH OF STAY (In this place) 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) Rte. #1

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HOWARD c. (Last) OLSEN
4. DATE OF DEATH (Month) (Day) (Year) August 14, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 22, 1900
9. AGE (In years last birthday) 71 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Rigby, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Olsen BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Eliza Larsen BIRTHPLACE Paris, Idaho.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 721-14-1965
17. INFORMANT'S OWN SIGNATURE Belva H. Olsen ADDRESS Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Anterior Myocardial Infarct immed. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1972, to 8-14, 1972, that I last saw the deceased alive on 8-14, 1972, and that death occurred at 10:45A m. from the causes and on the date stated above.

23a. SIGNATURE L. Heap, M.D. (Degree or title)
23b. ADDRESS Driggs, Idaho.
23c. DATE SIGNED 8/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 17, 1972
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. 8-23-72
REGISTRAR'S SIGNATURE Ella Griggs
25. EMBALMER Bruce A. Eckersell
LICENSE NO. M-404
FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4016
Local Reg. No. 9
Reg. Dist. No. 620

BIRTH NO.

RECEIVED
SEP 19 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
c. LENGTH OF STAY (In this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) her home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
d. STREET ADDRESS (If rural, give location) Little Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lucinda	VanLeuven	Buxton	August 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Dec 4, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
hous ewife	none	Fairview, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William VanLeuven	Blue Creek, Wyoming	Julia Lake	North Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-52-9693	Velma B Reynolds	45W 9th So

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2697

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Dehydration & Starvation — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-10, 1961, *to* 9-20, 1972, *that I last saw the deceased alive on* 8-20, 1972, *and that death occurred at* 3:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Heard MD	Driggs, Idaho	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 26, 1972	Bates Cemetery	near Driggs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-16-72	Ella Driggs	Robert Bean	M-456

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4017
Local Reg. No. D-226
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 7 1972 Vital Statistics

1. PLACE OF DEATH a. COUNTY: TWIN FALLS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301 LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 422 6th Ave East	d. STREET ADDRESS (If rural, give location) 422 6th Ave East

3. NAME OF DECEASED (Type or Print)	a. (First) MARGUERITE	b. (Middle)	c. (Last) CLAIBORNE	4. DATE OF DEATH (Month) (Day) (Year)	August 1st, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 24, 1909	9. AGE (In years last birthday) 61	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Ferdenand Andrew Johansen	BIRTHPLACE Norway	14. MOTHER'S MAIDEN NAME Agnes Perkins	BIRTHPLACE Idaho			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 519-05-9030	17. INFORMANT'S OWN SIGNATURE Beth Eldredge	ADDRESS Twin Falls, Idaho		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary artery disease.	
DUE TO (c)	Possible fatal arrhythmia due to electrolyte disturbance	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis. Obesity. Hypercortisonism(therapy(self prescribed)	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 9-3-63 *, 19____, to* date *, 19____, that I last saw the deceased alive on* 7-31-72 *, 19____, and that death occurred at* approx 10:a *m., from the causes and on the date stated above.*

23a. SIGNATURE George E. Brown MD (Degree or title)	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 8-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3, 1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Aug. 3, 72	REGISTRAR'S SIGNATURE Norma D. Marsh	25. EMBALMER Edgar Peterson	LICENSE NO. M-507
		FIRM NAME: White Mortuary	Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4018
Local Reg. No. D-533
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 2 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 14 D. Lincoln Courts

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	O.	Brixey	Aug. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 19, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Willow Springs, Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Brixey	Missouri	Hattie Crider	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	500-01-4427	Mildred L. Novak	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Possible Infarct of lung from Peripheral Thrombosis	1/2 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Post operative Stroke	3 wks.
DUE TO (c)	cystectomy + bilateral lithiasis.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic Heart Dis	5-6 yrs

5741

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 19 72 to Aug 8, 72, that I last saw the deceased alive on 8-2-72, 19____, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Anderson	MD	Buhl, Ida	8-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1972	Buhl Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 14, 1972	Marna D. Marsh	Jim A. Hopkins	M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4019
Local Reg. No. D-230
Reg. Dist. No. 460

BIRTH NO.

AUG 10 1972 420

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: TwinFalls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen 83334 c. LENGTH OF STAY (If not in place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen 83334
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1 1mi. east 3/4 so. 000	d. STREET ADDRESS (If rural, give location): Route # 1 1 Mi. East 3/4/ So.

3. NAME OF DECEASED (Type or Print)	a. (First): ROY	b. (Middle): N.	c. (Last): DOPSON	4. DATE OF DEATH (Month) (Day) (Year): August 3, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 30,1918	9. AGE (In years last birthday): 54 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles Dopson	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Ivy McIntyre	BIRTHPLACE: Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 530-14-1618	17. INFORMANT'S OWN SIGNATURE: Afton E. Dopson	ADDRESS: Hansen, Ida	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction.	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Artery Disease	16 months.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 20, *19*59, *to* August 3, *19*72, *that I last saw the deceased alive on* February 21, *19*72, *and that death occurred at* 8:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Max W. Garwer (Degree or title) 085	23b. ADDRESS: 254 Martin, Twin Falls, Id.	23c. DATE SIGNED: Aug. 4, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug.7th,1972	24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho 83301		
DATE REC'D BY LOCAL REG.: Aug. 8, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: M-470		

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4020
Local Reg. No. D-229
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
AUG 10 1972
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Idaho

b. COUNTY: Jerome

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. STREET ADDRESS (If rural, give location): Rural Route #4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	F.	KLIMES, Sr.	August 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Widowed	Aug. 20, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franciska Klimes	Czechoslovakia	Maria Cessel	Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-46-4352	X Joe R. Klimes Jr.	Wendell, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatic Obstruction, Chronic — unknown

DUE TO (c) Chronic Renal Failure — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7/30, 1972 *to* 8/3, 1972, *that I last saw the deceased alive on* 8/3, 1972, *and that death occurred at* 11:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George T. Davis MD	Twin Falls, Id	8/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 7, 1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 8, 1972	Marva D. Marsh		M-3430

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

AUG 18 1976
JUN 23 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician:.....

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RECEIVED AUG 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4021
Local Reg. No. D-236
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls; c. LENGTH OF STAY (In this place) 2 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp. 143	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) GORDON	c. (Last) BECKSTEAD	4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 29, 1903	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 7	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Roger A. Beckstead	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Pricilla Martin	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - - -	16. SOCIAL SECURITY NO. 519-22-7831	17. INFORMANT'S OWN SIGNATURE Gordon Beckstead	ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of pancreas	2-3- months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes mellitus, cerebral vascular	1 month
DUE TO (c)	accident, pulmonary emphysema, carcinomatosis	4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 8-2-72	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-19, 19 68, *to* 8-6, 19 72, *that I last saw the deceased alive on* 8-6-72, 19 , *and that death occurred at* 9:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE Roy D. Shaub MD. 466 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 8-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-10-72	24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery	24d. LOCATION (City, town, or county) (State) Preston, Idaho
DATE REC'D BY LOCAL REG. Aug. 14, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Dale P. Patterson	LICENSE NO. M-451

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972
SEP 14 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4022
Local Reg. No. D-232
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 1314 C Lincoln Courts

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	M.	HERZINGER	August 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	widowed	March 16, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Clarkson, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Cibulka	Czechoslakia	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	507-20-2294 B	Marvin Herzinger	Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosis of iliac & lower abd. Aorta.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis

Persistent Auricular Fibrillation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Ischemia & Mental Deterioration

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs. / Several months / Sev. yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1, 1972, *to* Aug 7, 1972, *that I last saw the deceased alive on* Aug 7, 1972, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Henderson	MD	Buhl, Ida	8-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 11, 1972	Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 14, 1972	Marva D. Mash	George Farmer	M-480

FIRM NAME: Albertson-Dickard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972
JUN 15 1973
AUG 2 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4023
Local Reg. No. D-239
Reg. Dist. No. 460

BIRTH NO.

RE[illegible] AUG 15 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls; c. LENGTH OF STAY (In this place) D O A	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital	d. STREET ADDRESS (If rural, give location) 437 Lincoln

3. NAME OF DECEASED (Type or Print) a. (First) WARREN	b. (Middle) LOGAN	c. (Last) MC LEY	4. DATE OF DEATH (Month) (Day) (Year) August 8, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 1, 1886	9. AGE (In years last birthday) 85; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Reuben McLey	BIRTHPLACE Virginia	14. MOTHER'S MAIDEN NAME Malvina Laney	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - - -	16. SOCIAL SECURITY NO. 518-36-7060	17. INFORMANT'S OWN SIGNATURE Daryl McLey	ADDRESS Kimberly, ID	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio sclerotic	
DUE TO (c)	heart disease	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 apr, 1948 *to* 8 Aug., 1972, *that I last saw the deceased alive on* 9 may, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H Affleck (Degree or title) 003	23b. ADDRESS 231-4th Ave. No Twin Falls Ida.	23c. DATE SIGNED 8-11-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls, Idaho 83301 (State)		
DATE REC'D BY LOCAL REG. Aug 14, 1972	REGISTRAR'S SIGNATURE Marva D. March	25. EMBALMER Dale P. Patterson
LICENSE NO. M-451		

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4024
Local Reg. No. D-234
Reg. Dist. No. 460

BIRTH NO. 72-8455

RECEIVED AUG 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 203 East Ave. "D"

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KRISTEN	ELIZABETH	BARTLETT	Aug. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	never married	Aug. 7, 1972				10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Steve Bartlett	Jerome	Denice Johnson	Jerome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		------	X Steve Bartlett	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7769

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Atelectasis - Neonatal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/7/72, 19__, to 8/8/72, 19__, *that I last saw the deceased alive on* 8/8/72, 19__, *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ben [illegible] 374 (Degree or title) MD	Twin Falls	8/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 14, 1972	Marva D. Marsh	W. R. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4025
Local Reg. No. D-235
Reg. Dist. No. 460

BIRTH NO.

FILE

1. PLACE OF DEATH
a. COUNTY: Twin Falls
AUG 15 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place)
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 161 Pierce

3. NAME OF DECEASED (Type or Print): a. (First) GRACE b. (Middle) L. c. (Last) STODDARD
4. DATE OF DEATH (Month) (Day) (Year): Aug. 9, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 8, 1891
9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Mapleton, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Newman D. VanLeuven BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ida May Robinson BIRTHPLACE: Texas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: 519-24-2573
17. INFORMANT'S OWN SIGNATURE: x Grace Stoddard ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17-67, 19____, to 8-9-72, 19____, that I last saw the deceased alive on 8-9-72, 19____, and that death occurred at 5:09 p.m., from the causes and on the date stated above.

23a. SIGNATURE: George E. Brown, M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/12/1972
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Aug 14, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Jerry D. Holman
LICENSE NO.: M-516
FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4026
Local Reg. No. D-250
Reg. Dist. No. 460

RECEIVED AUG 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ~~Minidoka~~ Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Rural Route 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hospital 144

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dionigio	Dominic	Grisenti	Aug. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 8, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Austria	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Enrico Grisenti	Austria	Viola Bernardi	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-40-9742	Dino N Grisenti	Rupert,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gangrenous Cholecystitis 5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 5 '72	Acute gangrenous Cholecystitis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1972, to Aug 10, 1972, that I last saw the deceased alive on Aug 10, 1972, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
George W. Warner MD 531 (Degree or title)	666 Shoshone Twin Falls	8/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug. 10, 1972	Rupert Cemetery	Rupert, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 24, 1972	Marva D. Mason	Robert C Walk	M-294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1 1972

APR 2 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4027
Local Reg. No. D-238
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 Fourth Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 436 Second Avenue East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	MYRTLE	BAIR	August 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 30, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own home	Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Marion Oursler	Ohio	Clara Frances Hamilton	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - -		Thelma S. Huggins	Twin Falls, ID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2810

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pernicious anemia	uknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	A.S.H.D.	unknown
DUE TO (c)	Malnutrition and Inanition	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pylonephritis	2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-26-72, 19__, to Aug 12, 19 72, that I last saw the deceased alive on Aug 7, 19 72, and that death occurred at 12:30p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	204 4th Ave. E. Twin Falls, Idaho	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	Aug. 15, 1972	Sunset Memorial Park	Twin Falls, Idaho 83301	M-490

DATE REC'D BY LOCAL REG.: Aug. 16, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: William J. Boyd
FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4028
Local Reg. No. D-239
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 207 11th Avenue North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	FRANK	KELLY	Aug.	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 28, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Transportation	Pleasant Hill, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Frank Kelly	Pennsylvania	Louisa Muenoh	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-6544	Maxine Van Ostran	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart failure + mal-nutrition — INTERVAL BETWEEN ONSET AND DEATH: Several weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostate Cancer with — 4 yrs.
DUE TO (c) Spine + pelvis metastases

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary incontinence, Anemia, marked loss weight. — 6 mons.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1970, 19__, to Aug 13, 19 72, that I last saw the deceased alive on 8-12-, 19 72, and that death occurred at 8:38 a.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson MD (Degree or title)	Buhl, Ida	8-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8/16/72	Buhl	Buhl	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1972	Marva O. Marsh	Robert R. Dickard	M-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED AUG 24 1972 Bureau of Vital Statistics

State File No. 4029
Local Reg. No. D-245
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print): a. (First) Darrell; b. (Middle) LaVel; c. (Last) Lyon

4. DATE OF DEATH (Month) (Day) (Year): Aug. 13, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 23, 1939

9. AGE (In years last birthday): 33
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Cattle Ranching

11. BIRTHPLACE (State or foreign country): Buhl, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Darrell Lyon
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Mildred Green
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-44-1836

17. INFORMANT'S OWN SIGNATURE: Mildred Lyon
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3949

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Septic cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Infected prosthetic mitral valve
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac fibrillation & failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1972 to 8-10, 1972, that I last saw the deceased alive on 8-10, 1972 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): A. W. Kendall M.D. 777
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 17, 1972
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Aug. 23, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Jim A. Hopkins — Jim A. Hopkins
LICENSE NO.: M-482
FIRM NAME: Hopkins Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4030
Local Reg. No. D-249
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place) 6 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143	d. STREET ADDRESS (If rural, give location) Route

3. NAME OF DECEASED (Type or Print)	a. (First) Ray Jasper	b. (Middle)	c. (Last) Stanley	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 29, 1911	9. AGE (In years last birthday) 60 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Bloomfield, Nebr	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fred Stanley	BIRTHPLACE Iowa		14. MOTHER'S MAIDEN NAME Media Chalbert	BIRTHPLACE Nebr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-42-6810	17. INFORMANT'S OWN SIGNATURE x Lyle Stanley	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of the	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	rt lung —	6 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 5/30/ *, 19*72*, to* 8/15/ *, 19*72*, that I last saw the deceased alive on* 8/15/ *, 19*72*, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H Applech (Degree or title) 003	23b. ADDRESS Twin Falls, Ida.	23c. DATE SIGNED 8/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-19-72	24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	24d. LOCATION (City, town, or county) (State) Rupert, Ida
DATE REC'D BY LOCAL REG. Aug. 24, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Robert C Walk	LICENSE NO. M-294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 3 0 1976

NOV 1 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4031
Local Reg. No. D-340
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T. Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 622 Filer Avenue West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LILLIE	M.	JONES	August 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 20, 1874	98		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Winterset, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Jones	New York	Ella Crawford	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
no	518-60-3692	Mrs J Stelkheen, Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4410

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Dissecting Abd. aneurysm (Ruptured)	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardiovascular disease	9 Yrs
DUE TO (c)	Abd. aortic aneurysm	10 Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 19 54 *to* 8/15/, 19 72, *that I last saw the deceased alive on* 8-15, 19 72 *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
468 M.D.	Twin Falls, Idaho	8-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/18/72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1972	Marva D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 9 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4032
Local Reg. No. D-246
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Virginia; b. (Middle) Frances; c. (Last) Machacek

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 22, 1923

9. AGE (In years last birthday): 48
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Moorehead
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Aurelia Steinkoetter
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-20-1162

17. INFORMANT'S OWN SIGNATURE: Alleen Machacek
ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Chest Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest
Multiple injuries to:
DUE TO (c) head, trunk, and limbs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Farm area*rural 06

21c. (CITY, TOWN, OR TOWNSHIP) 13-42 (COUNTY): Twin Falls (STATE): Idaho

21d. TIME OF INJURY (Month) Aug (Day) 16, (Year) 72 (Hour) 4:00 P m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* Investigation only *, to* _____ *, 19____ , that I last saw the deceased alive on* _____ *, 19____ , and that death occurred at* 4:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Eloyce O. Edwards (583) (Degree or title) Coroner

23b. ADDRESS: Rt #3 Twin Falls, Idaho

23c. DATE SIGNED: 8-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 19, 1972

24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Aug. 23, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Jim A. Hopkins — Jim A Hopkins

LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4033
Local Reg. No. D-247
Reg. Dist. No. 460

BIRTH NO.

AUG 24 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (In this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grand View Dr. & Pole Line Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Wanda b. (Middle) Marie c. (Last) Kitzhaber
4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 19, 1944
9. AGE (In years last birthday): 27 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alvin Machacek — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Frances Moorehead — BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-54-7926
17. INFORMANT'S OWN SIGNATURE: James A Kitzhaber — ADDRESS: Buhl, Idaho

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Internal injuries — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Multiple injuries to: head, trunk, and limbs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Farm area*rural
21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) Twin Falls (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 16, 72 4:00 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* investigation only *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:40 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Gloyce O. Edwards (Degree or title): Coroner
23b. ADDRESS: RT #3 Twin Falls, Idaho
23c. DATE SIGNED: 8-19-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1972
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho
DATE REC'D BY LOCAL REG.: Aug. 23, 1972
REGISTRAR'S SIGNATURE: Marva D. Mauk
25. EMBALMER: Jim A. Hopkins — Jim A Hopkins
LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4034
Local Reg. No. D 248
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (In this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grand View Dr. & Pole Line Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jimmie	Joe	Kitzhaber	Aug. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Aug. 11, 1967	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 9	None	Clarkston, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jim Kitzhaber	Colorado	Wanda Machacek	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	James A Kitzhaber	Buhl, Idaho

8199

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Multiple fractures and abrasions

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-42 (COUNTY)	(STATE)
Accident	Farm area*rural 06	Twin Falls Twin Falls	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Aug. 16 1972 4:00PM.		Auto Accident

22. *I hereby certify that I attended the deceased from* investigation only, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gloyce O. Edwards 503	Coroner 4	Rt 2 Twin Falls, Idaho	8-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 19, 1972	Buhl Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1972	Marva D. Marsin	Jim A. Hopkins Jim A Hopkins	M-482

FIRM NAME Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4035
Local Reg. No. D-243
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 1005 Broadway Avenue North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANTHONY	B.	SOBOTKA	Aug.	17	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 15, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Inman, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Sobotka	Czechoslovokia	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	508-20-3202 A	Mary Sobotka	Buhl

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

342X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Parkinsonism	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 18, 1962, *to* August 17, 1972, *that I last saw the deceased alive on* August 14, 1972, *and that death occurred at* p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 118	122 9th Ave. North BUHL, IDAHO	8-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	8/21/72	Buhl	Buhl,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 22, 1972	Marian D. Marsh	Robert R. Dickard	M-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 5 1972
FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4036
Local Reg. No. D-241
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 832 Alturas Dr. No.

3. NAME OF DECEASED (Type or Print): a. (First) CHRISTINE; b. (Middle); c. (Last) ATKIN

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 8, 1957
9. AGE (In years last birthday): 15 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Clifton Springs, N.Y.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Atkin — BIRTHPLACE: St. George, Utah
14. MOTHER'S MAIDEN NAME: Mary Nelson — BIRTHPLACE: Weston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-76-9860
17. INFORMANT'S OWN SIGNATURE: x John D Atkin — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Wet feet, hands, and clothing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 17 72 12:50 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Touched High Voltage Wire

22. *I hereby certify that I attended the deceased from* Investigation only *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at* 12:50 *m. from the causes and on the date stated above.*

23a. SIGNATURE: Eloyce C. Edwards — (Degree or title): Coroner
23b. ADDRESS: Rt #3 Twin Falls, Idaho
23c. DATE SIGNED: 8-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/19/1972
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 22, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Harry D. Holman
LICENSE NO.: M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1972
MAR 21 1973
MAR 21 1973
AUG 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4037
Local Reg. No. D-242
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS * 833301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FILER 83328
d. STREET ADDRESS (If rural, give location): Route# 2

3. NAME OF DECEASED (Type or Print): a. (First) EDNA; b. (Middle) GRACE; c. (Last) OLIVER

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 6, 1889

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Laurenes, Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Thomas
BIRTHPLACE: Norway, Iowa

14. MOTHER'S MAIDEN NAME: Louisa Voltz
BIRTHPLACE: Buffalo, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-40-7682B

17. INFORMANT'S OWN SIGNATURE: Claude P. Oliver
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

880X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) Filer (COUNTY) Twin Falls (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 17 72 3:05 A m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Fell Down Stairs

22. *I hereby certify that I attended the deceased from* investigation only *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geloyce O. Edwards 583 (Degree or title) 4 Coroner

23b. ADDRESS: TwinFalls, Idaho

23c. DATE SIGNED: 8.17.72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 21, 1972

24c. NAME OF CEMETERY OR CREMATORY: Sunset MemorialPark Cem.

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 22, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Harry d. Nelson

LICENSE NO.: M-516

FIRM NAME: WhiteMortuary TwinFalls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 4038
Local Reg. No. D-251
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital (143)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon (38) b. COUNTY: Marion (555)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location): 115 N. 1st Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SHARYN	AGNES	WOODALL	Aug. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Nov. 20, 1945	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest W. Whiteford	Ohio	Dora Huettig	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - -	518-50-9405	Dora F. Tuttle	Shoshone, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple gunshot Wounds to the Head. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr. 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

965X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
3 Homicide	Home c/	Jerome, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Aug. 17. 72 7:45P		Gun Shot Wound to head

22. *I hereby certify that I attended the deceased from* Inv. Only *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 8:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eloyd O. Edwards (555)	Coroner (4)	R#3 Twin Falls, Idaho	8-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-21-72	Trinity Lutheran Cem.	Eden, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 25, 1972	Marva D. Marsh	Dale E. Patterson	M-451

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 8 1972

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 8 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 5 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 10 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4039
Local Reg. No. D-244
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T. Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): P.O. Box 35

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DENNIS	M.	PETERSON	August 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 6, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bar Owner		Scofield, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dennis F. Murphy	Ireland	Mary Agnes Kelly	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-20-2160	Laverne Peterson	Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	11days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypercholesterolemia	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	?

279X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-7, 19 72 *to* 8/18/, 19 72, *that I last saw the deceased alive on* 8-18, 1972, *and that death occurred at* 11:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy O. Shaub M.D. 466 M.D.	Twin Falls, Idaho	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/22/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 22, 1972	Marva D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Paul D. Reynolds

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1972

DEC 1 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 29 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4040
Local Reg. No. D-254
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place): 2 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 143	d. STREET ADDRESS (If rural, give location): 428 9th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First) BLAINE	b. (Middle) CARTE	c. (Last) EWELL	4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 16, 1914	9. AGE (In years last birthday): 58	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse Foreman 4	10b. KIND OF BUSINESS OR INDUSTRY: Food Processing	11. BIRTHPLACE (State or foreign country): Eagle City, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Melvin Ewell	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Irena Carte	BIRTHPLACE: Oklahoma		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): Navy-1935	16. SOCIAL SECURITY NO.: 518-07-4018	17. INFORMANT'S OWN SIGNATURE: Elsie E. Ewell	ADDRESS: Buhl	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Prob Infarction into lung from Extremities	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Removal of Abdominal aortic Aneurysm + graft	12 hrs.
DUE TO (c)	Arteriosclerotic Heart Disease	Sev. years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Surg on Aug 17, 1972	

4412

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1972 *to* Aug 18, 1972, *that I last saw the deceased alive on* Aug 17, 1972, *and that death occurred at* 12:25 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Vern H Anderson, M.D. (Degree or title)	23b. ADDRESS: Buhl, Idaho	23c. DATE SIGNED: 8-23-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8/21/72	24c. NAME OF CEMETERY OR CREMATORY: Buhl	24d. LOCATION (City, town, or county) (State): Buhl, Idaho
DATE REC'D BY LOCAL REG.: Aug. 28, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Robert R. Dickard	LICENSE NO.: M-312

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

FEB 09 2017

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4041
Local Reg. No. D-256
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 511 5th Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 511 5th Avenue North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAWRENCE	A.	JACKSON	August 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 3, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter; Ret. U.S.N.		Osceola, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilbur F. Jackson	Osceola, Nebraska	Dossie B. Lovell	Wood River, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	Korean-China	508-16-9536	Maxine L. Berglund	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3032

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic alcoholism — 3 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Disease — 5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 6, 1969, to 8/18/, 19 72, that I last saw the deceased alive on Aug 12, 1972, and that death occurred at 2:00a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max W Parker	085 M.D.	Twin Falls, Idaho	27 August 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/25/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29, 1972	Marva D. Mason	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972

MAR 1 8 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

4042

State File No. 4042
Local Reg. No. D-252
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California b. COUNTY 05 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Sobrante
d. STREET ADDRESS (If rural, give location) 5788 Robin Hood Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROSALIE		DUNN	August 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Jan. 20, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IBM operator 3	Public Schools	Oakland, Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert John Finn	England	no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	552-05-9694	[signature]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4279

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sudden + Unexpected Death — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possibly Cardiac Arrythmia
DUE TO (c) Aspiration of Gastric Contents

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* INV ONLY, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eloyce O. Edwards	583 Coroner 4	R#3 Twin Falls, Ida.	8-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	8-24-72	Rolling Hills Cem.	Richmond, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 25, 1972	Marva D. Marsh	William Boyd	M-490

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 8 1972

JUL 3 0 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED AUG 28 1972 Bureau of Vital Statistics

State File No. 4043
Local Reg. No. D - 253
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 640 Filer Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) IRENE b. (Middle) ELIZABETH c. (Last) BARTHOLOMEW

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 24, 1873

9. AGE (In years last birthday): 99
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Clarion, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Williams
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Lorinda Williams
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ***

16. SOCIAL SECURITY NO.: 519-28-0674D

17. INFORMANT'S OWN SIGNATURE: M. E. Bartholomew
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Bronchopneumonia 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age Senile Arteriosclerosis 99 yrs
DUE TO (c) Terminal Heart Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1965, to Aug 22, 1972, that I last saw the deceased alive on July 14, 1972, and that death occurred at p m., from the causes and on the date stated above.

23a. SIGNATURE: M. E. Baker M.D. 146 (Degree or title)

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 8/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. for Bur.

24b. DATE: 8/22/72

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Aug. 25 - 72

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Jerry K. Lawson

LICENSE NO.: M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4044
Local Reg. No. D-258
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
c. LENGTH OF STAY (in this place) 421 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer 83328
d. STREET ADDRESS (If rural, give location) 227 Fifth Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOMER	EDWARD	CRAWFORD	August 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 15, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Aguriculture	Belle Rive, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Hamilton Crawford	Illinois	Nellie May Tedford	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-18-3458	Genevieve H. Crawford	Filer, Id 83328

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia,	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive heart failure	4 days
DUE TO (c)	Carcinoma of prostate	4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Panhypopituitarism	2 months

185X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-2 , 19 65 , *to* 8-23 , 19 72 , *that I last saw the deceased alive on* 8-23 , 19 72 , *and that death occurred at* 4:15a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Roy D. Shaub MD, 466 (Degree or title)	562 Shoup Ave. W., Twin Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1972	Filer I.O.F. Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 30, 1972	Marva D. Marsh	William J. Boyd	M-490

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4045
Local Reg. No. D-257
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 454 Jefferson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRISTINA		SHEARER	Aug. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	July 3, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Scotland	Scotland

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Stewart	Scotland	Helen McDonald	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	Unknown	Mrs. B.H. Fenwick	Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	887X Pulmonary Embolism	3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fracture right femur	8 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-17-72	Fracture proximal ® femur	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
fall at home 7-14-72		Twin Falls	Twin Falls	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7	14	72	10 A m.		Fall at Home

22. *I hereby certify that I attended the deceased from* 8-9, 19 72, *to* 8-25, 19 72, *that I last saw the deceased alive on* 8-25, 19 72, *and that death occurred at* 11-P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Michael Phillips MD 976	562 Shoup ave. W. Twin Falls, Idaho 83301	8-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8.30.72	Mt, View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29, 1972	Norma D. Mason	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY Twin Falls Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4046
Local Reg. No. D-262
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic 144	d. STREET ADDRESS (If rural, give location): 810 J Street

3. NAME OF DECEASED (Type or Print) a. (First): Avis b. (Middle): c. (Last): Heisel			4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1972	
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 18, 1887	9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months 1 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Retired Nurse	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Bassett, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: C. A. Gaylord	BIRTHPLACE: Unknown		14. MOTHER'S MAIDEN NAME: Margaret Purdy	BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 554-01-6138B		17. INFORMANT'S OWN SIGNATURE: August L. Heisel	ADDRESS: 810 J. St. Rupert, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CARDIAC STAND STILL	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ACUTE MYOCARDIAL INFARCTION	
DUE TO (c)	CORONARY DISEASE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1972, *to* 8-25, 1972, *that I last saw the deceased alive on* 8-25, 1972, *and that death occurred at* 5:12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: P. Desmond, M.D. 1108 (Degree or title)	23b. ADDRESS: TWIN FALLS CLINIC	23c. DATE SIGNED: 8-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Aug. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery	24d. LOCATION (City, town, or county): Rupert, (State): Idaho
DATE REC'D BY LOCAL REG.: Sept. 1, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Ormand F. Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4047

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. D-263
Reg. Dist. No. 460

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls County 4-21	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls Idaho c. LENGTH OF STAY (In this place) 14 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem Hospital 143	d. STREET ADDRESS (If rural, give location) 104 east 6th street

3. NAME OF DECEASED (Type or Print) a. (First) Ernest	b. (Middle) Roy	c. (Last) Ralls	4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 10 1898	9. AGE (In years last birthday) 73 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hedge City Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wm Morton Ralls	BIRTHPLACE Hedge City Missouri	14. MOTHER'S MAIDEN NAME Roxie Massey	BIRTHPLACE Tuscola Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 518 03 0043A	17. INFORMANT'S OWN SIGNATURE Alfred W Ralls	ADDRESS Rupert Ida

4189

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Infarction	8/23/72
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Adenocarcinoma of Prostate Gland	unknown

19a. DATE OF OPERATION 8/15/72	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Prostate Gland	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/11, 1972, *to* 8/26, 1972, *that I last saw the deceased alive on* 8/26, 1972, *and that death occurred at* 2254 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE George T Davis MD 132 (Degree or title)	23b. ADDRESS 236 Marlin St. Twin Falls Id	23c. DATE SIGNED 9/1/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 30 1972	24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert Idaho (State)		
DATE REC'D BY LOCAL REG. 8-31-72	REGISTRAR'S SIGNATURE Marvin D. Marsh	25. EMBALMER Robert C Walk — LICENSE NO. M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM 63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4048
Local Reg. No. D-260
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 5 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Rural--R.F.D. # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RALPH	S.	SKINNER	Aug.	26	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 27, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Stillwater, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Riley Skinner	Indiana	Marguerite Andrews	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
[illegible] No	518-42-6871	Mrs Marie Skinner	Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — 4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Rt hemiplegia — Arteriosclerosis — sev. yrs
DUE TO (c) No speech after stroke
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coma 3 days.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 23 *,* 19 72 *, to* Aug 26 *,* 19 72 *, that I last saw the deceased alive on* Aug. 26 *,* 19 72 *, and that death occurred at* 9:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern K Anderson	MD	Buhl	8-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/29/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 31, 1972	Marva D. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
AUG 29 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4049
Local Reg. No. D-255
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 420	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Filer 83328 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. Filer 83328
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route # 1 Farm 000	d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) T.	c. (Last) URIE	4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1972	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 12, 1936	9. AGE (In years last birthday) 35 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY box factory	11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert C. Urie	BIRTHPLACE UNK	14. MOTHER'S MAIDEN NAME Winnie T. Tucker	BIRTHPLACE Oregon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Vietnam	16. SOCIAL SECURITY NO. 519-40-6783	17. INFORMANT'S OWN SIGNATURE Dorothy M. Urie	ADDRESS Filer, Id.	

9288

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive internal injuries — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) 13-420 rural Filer (COUNTY) Twin Fall (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 26, 1972 10:30A m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]	21f. HOW DID INJURY OCCUR? Tractor flipped over	

22. *I hereby certify that I attended the deceased from* CORONERS INVESTIGATION ONLY *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE Cloyce O. Edwards 583 (Degree or title) Coroner 4	23b. ADDRESS Route #3 Twin Falls, Idaho	23c. DATE SIGNED 8/28/1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/30/72	24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Aug. 28, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Jerry D. Holman	LICENSE NO. M-516

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

State File No. 4050
Local Reg. No. D-259
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin FAlls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 7½ years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor 285	d. STREET ADDRESS (If rural, give location): Hazeldel Manor

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) V.	c. (Last) KING	4. DATE OF DEATH (Month) Aug. (Day) 27 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 14, 1878	9. AGE (In years last birthday): 94 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Tacewell, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Silas Evans	BIRTHPLACE: Kentucky	14. MOTHER'S MAIDEN NAME: Katherine Lane	BIRTHPLACE: Kentucky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-60-8930 T	17. INFORMANT'S OWN SIGNATURE: Marie Hanel	ADDRESS: 213 Ash St. Twin Falls, Idaho	

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Old age Terminal heart failure — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* Aug 27, 1972, *that I last saw the deceased alive on* Aug 26, 1972, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 146 (Degree or title)	23b. ADDRESS: 594 Hazeldel Manor	23c. DATE SIGNED: 8 29 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8/30/72	24c. NAME OF CEMETERY OR CREMATORY: Buhl	24d. LOCATION (City, town, or county) (State): Buhl Idaho
DATE REC'D BY LOCAL REG.: Aug. 31, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Albert F. Dickard	LICENSE NO.: M-312

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 18 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4051
Local Reg. No. D-266
Reg. Dist. No. 460

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY T.Falls 920
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hansen
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hospital 144	d. STREET ADDRESS (If rural, give location) Box 306

3. NAME OF DECEASED (Type or Print)	a. (First) LENNIE	b. (Middle)	c. (Last) FRIEL	4. DATE OF DEATH (Month) (Day) (Year) August 28, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept.24,1919	9. AGE (In years last birthday) 52 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clover Lick, West Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Ray	BIRTHPLACE unknown		14. MOTHER'S MAIDEN NAME Leavie Kennedy	BIRTHPLACE West Va.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-70-4041		17. INFORMANT'S OWN SIGNATURE Donald R Friel	ADDRESS Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1808

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of cervix

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with extensive metastasis
DUE TO (c) to abdomen extended and

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brain

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6-, 1972 *to* 8/28/, 1972, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:45p. *m., from the causes and on the date stated above.*

23a. SIGNATURE Russell Kennedy 881 (Degree or title) M.D.	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 8/30/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept.2, 1972	24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Sept. 7, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER James C Reynolds James C. Reynolds	LICENSE NO. M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

State File No. 4052
Local Reg. No. D-261
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 546 3rd Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) E. P. c. (Last) GERBER

4. DATE OF DEATH: (Month) Aug. (Day) 30, (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 22, 1892

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant 2

10b. KIND OF BUSINESS OR INDUSTRY: accounting

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul Gerber
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Franziska
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-07-9797

17. INFORMANT'S OWN SIGNATURE: Mrs. Ilse Gerber
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4410

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Dissecting aneurysm of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1961, *to* Aug 30, 1972, *that I last saw the deceased alive on* Aug 30, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 578 M.D.

23b. ADDRESS: 204 4th Ave. E. Twin Falls, Idaho

23c. DATE SIGNED: 8-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Sept. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cem. Maus Crematory

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1, 1972

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Harry D. Holman

LICENSE NO.: M-516

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

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MAR 2 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED AUG 23 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4053
Local Reg. No. 29
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Valley 430	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade c. LENGTH OF STAY (In this place): 2 Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital 152	d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First) RUTH	b. (Middle) B.	c. (Last) DELZELL	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 14, 1906	9. AGE (In years last birthday): 66 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): South Crane Creek, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: A. A. Seay	BIRTHPLACE: Arkansas	14. MOTHER'S MAIDEN NAME: Bethany Cordell	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 518-74-3117	17. INFORMANT'S OWN SIGNATURE: W. H. Delzell	ADDRESS: Route #1 Eagle, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	MYOCARDIAL INFARCTION	3 HRS.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DIABETES	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Aug, 19__, *to* 13 Aug, 1972, *that I last saw the deceased alive on* 13 Aug, 19__, *and that death occurred at* 9:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Moore 376 (Degree or title) MD	23b. ADDRESS: CASCADE	23c. DATE SIGNED: 8/16/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-16-72	24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery	24d. LOCATION (City, town, or county) (State): Star, Idaho
DATE REC'D BY LOCAL REG.: August 21, 1972	REGISTRAR'S SIGNATURE: Maryanne Hill	25. EMBALMER: Norwell N. Demaray	LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4054
Local Reg. No. 28
Reg. Dist. No. 310

BIRTH NO.

RECEIVED AUG 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
c. LENGTH OF STAY (In this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location): Box 14

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	MARIA	LEHTI	August 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	August 2, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Laihia, Finland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Matt Prinkki	Finland	no record	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-05-3641	Mrs. Joe Benzel	Donnelly

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) RHEUMATOID ARTHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

7123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		CASCADE VALLEY IDA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 1953 *to* Aug. 1972, *that I last saw the deceased alive on* Aug 1, 1972 *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John J. Moon 376 (Degree or title) MD	CASCADE	8/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 18, 1972	Finnish Cemetery	Lakefork, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 21, 1972	Maryanne Hill	Burton C. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-53021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4055
Local Reg. No. 30
Reg. Dist. No. 30

BIRTH NO.

RECEIVED AUG 23 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Cascade
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cabin Creek Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location): Box 24

3. NAME OF DECEASED (Type or Print): a. (First) ELI; b. (Middle) SCOTT; c. (Last) WOLHETER

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 19, 1921

9. AGE (In years last birthday): 51
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horseshoer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Corral, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elmer Wolheter
BIRTHPLACE: Paloose, Wn.

14. MOTHER'S MAIDEN NAME: Edith Wolheter
BIRTHPLACE: Madison, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W W 2

16. SOCIAL SECURITY NO.: 519-18-0073

17. INFORMANT'S OWN SIGNATURE: Elsie Miller
ADDRESS: Donnelly, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7963

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) UNKNOWN NATURAL CAUSES — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): natural

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Cabin Creek Ranch

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): rural Cascade, Valley, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 16, 1972 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton E Walker, Coroner

23b. ADDRESS: McCall, Idaho

23c. DATE SIGNED: 8/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 18, 1972

24c. NAME OF CEMETERY OR CREMATORY: Holmes Cemetery

24d. LOCATION (City, town, or county) (State): Valley Co. Idaho

DATE REC'D BY LOCAL REG.: August 21 1972

REGISTRAR'S SIGNATURE: Maryanne Hill

25. EMBALMER: Burton E Walker

LICENSE NO.: M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 29 1972
SEP 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 18 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. FEB 14 1986
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

State File No. 4056
Local Reg. No. 31
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: McCall Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hazel	E.	Thompson	Aug. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 21, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Logan, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry R. Griffith	Unknown	Sarah Stratton	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-66-0125	X Lorraine Malstrom	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic lymphogenous leukemia

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20-, 1968, *to* 8-18, 1972, *that I last saw the deceased alive on* 8-17-72, 19____, *and that death occurred at* 2300 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Allen MD 006	McCall Idaho	8-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-22-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29, 1972	Maryanne Hill	Burton E. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 29 2016

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4057
Local Reg. No. 32
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Payette Lakes Nursing Home 324

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1820 So. Phillipi

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JENNIE	SCHREINER	MANNING	August 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug 5, 1877	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Carroll, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Schreiner	Germany	Louisa Brand	Bedfershire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	330-01-0832	Marjorie L Manning	McCall, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 36h

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-20, 1969, *to* 8-19, 1972, *that I last saw the deceased alive on* 8-6, 1972 *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F Allen MD	McCall Idaho	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
cremation	Aug 21, 1972	Mt. View Crematorium	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 29 1972	Maryanne Hill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4058
Local Reg. No. 34
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 3 yrs 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Lakes Nursing Home 324

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BRUCE		CARSON	August 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	never married	Nov 26, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer, retired		no record	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-9842	Nursing Home records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASCVD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eddie J. Bragg, M.D.	McCall, Idaho	9-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug 30, 1972	McCall Cemetery	McCall Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 6 1972	Mary Anne Hill	Burton E Walker	M-386

Federal Security Agency
United States Public Health Service FORM DH-66021

FIRM NAME: WALKER FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4059
Local Reg. No. 10
Reg. Dist. No. 320

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital/53

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 465 E. Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELMER	EUGENE	BOWMAN	August 3 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 15, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Real Estate	Milton-Freewater, Ore.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Bowman	----	Minerva Wells	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		[signature]	RVAH-14 FPO N.Y. 09561

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

492 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-20- , 1972, to 8-3- , 1972, *that I last saw the deceased alive on* 8-3-72 , 19—, *and that death occurred at* 11:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 344 (Registration No.)	Weiser, Idaho	Aug. 3, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 7, 1972	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 3, 1972	[signature]	[signature]	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4060
Local Reg. No. 11
Reg. Dist. No. 320

BIRTH NO.

RECEIVED AUG 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LLOYD	M.	NEWMAN	August 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 27, 1886	86	3 / 7	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel S. Newman	Canada	Elsie Saling	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 1906-1909	518 10 8227	Mrs L M Newman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca. Prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-13- , 19 72 *to* 8-4- , 19 72 *that I last saw the deceased alive on* 8-4- , 19 72 *and that death occurred at* 7:30 p m. *from the causes and on the date stated above.*

23a. SIGNATURE (344 Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Weiser, Idaho	Aug.4,1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug.8,1972	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug.4,1972			M 464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4061
Local Reg. No. 13
Reg. Dist. No. 320

BIRTH NO.

RECEIVED SEP 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hosp. 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1106 E. 5th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AGNES	BERTHA	MATHIS	August 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	6-24-1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Munterville, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Maxell	Sweden	Amanda Snelson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x Lola Mathis	Weiser, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4100 Coronary Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-21-, 1972, to 8-21-, 1972, that I last saw the deceased alive on 8-21-, 1972, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Physician)	23b. ADDRESS	23c. DATE SIGNED
344	Weiser, Idaho	8-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-25-72	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-72	x T. Lee Thomason	T. Lee Thomason	M388

FIRM NAME: Northam-Jones Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 20 1981
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4062
Local Reg. No. 14
Reg. Dist. No. 320

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place): 41
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GLADYS	VIVIAN	SHELTON	8	26	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	married	12/15/21	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Bellingham, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Merwyn Macwhinney	--	Francis Hinkley	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		✓ Marvin Shelton	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7963 Subject died in automobile

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) enroute to Weiser Memorial Hospital.
DUE TO (c) Was DOA and not seen by a physician, but had been treated previously for a heart condition. To the best of my knowledge & belief, subject died of natural causes.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Coroner's investigation, 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:40 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
T. Dale Thomason Wash. Co. Coroner 533 (Degree or title) 4	Weiser, Idaho	8/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem burial	8/30/72	New Meadows Cemetery	NewMeadows Adams Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-26-72	T. Dale Thomason	Marshall S. Dickerson	M464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4063
Local Reg. No. 15
Reg. Dist. No. 320

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital 453

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Howard Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALVERNA	ESTHER	PETERSON	August 28 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 6, 1890	82	2 / 22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Lanark, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Buterbaugh	----	Elizabeth Stoker	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Willis Peterson	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4360

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteria

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-17- , 1972 *to* 8-28- , 1972 *that I last saw the deceased alive on* 8-28 , 1972 *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
M.D. McGrath M.D. 344	Weiser, Idaho	Aug.28,1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug.31,1972	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug.28,1972	L. Dale Thomason	Marshall Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 6 1972
NOV 2 0 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4064
Local Reg. No. 629
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1008 No. 7th. St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1008 No. 7th. St. rec

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) J. c. (Last) Chaussee

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 25, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sand & Gravel Dealer 3	Sand & Gravel Co.	So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	519 01 7034 A	D. J. Gibson (Hosp. Records)	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pulmonary emphysema — several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Silicosis — several yrs
Chronic bronchitis — several yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1960, *to* July 26, 1972, *that I last saw the deceased alive on* July 14, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner 364 M.D.	1333 W. Jefferson St. Boise, Idaho 83702	7/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-29-1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28, 1972	Myrtle Palmer	Daniel G. Gibson	M-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973

MAY 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-8796 RECEIVED SEP 27 1972 Bureau of Vital Statistics

State File No. 4065
Local Reg. No. 616
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3905 ALPINE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LYNDA	COLLEEN	HOSFORD	AUG. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	NEVER MARRIED	AUG. 5, 1972		4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INFANT	------	BOISE, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert C. Hosford	Idaho	Lynda J. Turner	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	None	Lynda J. Turner By [illegible]	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7761

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: birth

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature twin — birth
DUE TO (c) Meconium aspiration with pneumonia — birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Intraventricular and peripontine hemorrhage — 1 hour

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 August, 19 72 to 9 August, 19 72, that I last saw the deceased alive on 9 August, 19 72, and that death occurred at 2:50 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Noble M.D. 945	620 W. Hays St. Boise, Idaho 83702	22 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	8-14-72	MERIDIAN CEMETERY	MERIDIAN, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Myrtle Palmer RD.	[illegible]	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 6 1973

APR 2 7 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4066
Local Reg. No. 620
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 3, Box 158AA

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sandra	Joan	Jensen	Aug. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	never married	July 4, 1970	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Darrel Jensen — BIRTHPLACE: Emmett, Idaho
14. MOTHER'S MAIDEN NAME: Cynthia Thayer — BIRTHPLACE: Rapid City, S. D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Darrel G Jensen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7478

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Massive right cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital cerebral cortical arteriovenous malformation — birth
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 August, 1972, *to* 24 August, 1972, *that I last saw the deceased alive on* 24 August, 1972, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C Knoble MD (Degree or title) 745
23b. ADDRESS: 620 W. Hays St. Boise, Idaho 83702
23c. DATE SIGNED: 21 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 26, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Myrtle Palmer	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4067
Local Reg. No. 147
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 19 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa Rural
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) H. c. (Last) SHAW
4. DATE OF DEATH (Month) (Day) (Year) September 1, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12, 1885
9. AGE (In years last birthday) 87 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Lehi, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph C. Shaw BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Sarah Jane Trinniman BIRTHPLACE England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. 518-26-9367
17. INFORMANT'S OWN SIGNATURE Max J. Whitaker ADDRESS Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer of prostate, Diabetes Mellitus, Uremia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1969, to August 29, 1972, that I last saw the deceased alive on August 29, 1972, and that death occurred at 5:00p.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] M.D. 766 (Degree or title) /
23b. ADDRESS Nampa
23c. DATE SIGNED 9/14/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 5, 1972
24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery
24d. LOCATION (City, town, or county) Meridian (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 18, 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Marvin R. Siddle
LICENSE NO. M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 6 1981

MAY 8 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4068
Local Reg. No. 744
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

016

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 MILES EAST OF BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: OREGON 38
b. COUNTY: MALHEUR 525
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ONTARIO
d. STREET ADDRESS (If rural, give location): INTERSTATE 80 Highway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	RICHARD	KEITH	ORRIS	SEPT	1	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	SEPT. 14, 1946	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN 3	AUTO SALESMAN	CALDWELL, IDAHO	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DONALD KEITH ORRIS	OREGON	BETTY ADAMS	WYOMING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 6-7-65 to 5-21-69	519-58-0269	Catherine Orris	Ontario, Oregon 249 S. W. 7th

8199

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) MASSIVE HEAD INJURIES — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-016 (COUNTY)	(STATE)
Accident-6 Miles E. Boise on I-80		Boise	Ada Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX	21f. HOW DID INJURY OCCUR?
9-1-72			10:00 P.M.		Automobile Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 583 (Degree or title) Deputy Coroner	1214 Ada, Boise Idaho	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
BURIAL	9-5-72	Vally View Cemetery	VALE MALHEUR	OREGON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 12, 1972	Myrtle Palmer		M-461

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4069
Local Reg. No. 572
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1412 North 8th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frances	M.	Kelly	Sept. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Feb. 17, 1896	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	--	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Brassfield		Sara Stewart	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-22-7343	Jack a Kelly	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-8, 1971, *to* 9-1, 1972, *that I last saw the deceased alive on* 6-12, 1972, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ward E. McCoy MD	100 Warm Springs Boise	9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/5/1972	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 7 1972	Myrtle Palmer	Earl Waggoner	M-422

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

DUTIES:

SEP 13 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 16 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4070
Local Reg. No. 567
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 19 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 6402 Ustick Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Edna b. (Middle) V. c. (Last) Wheeler

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 23, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Jamestown, N. Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ren Wells	New York	Ednell Fisher	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		502-09-6138D	2113 El Caballo Barbara W. Hjellum	Boise, Idaho

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 8, 19 72 *to* Sept. 1, 19 72, *that I last saw the deceased alive on* Sept. 1, 19 72 *and that death occurred at* 11:10 pm *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 654 (Degree or title)	425 W Bannock	9/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 6, 1972	Highland Home Cemetery	Jamestown, N. Dakot

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1972	Myrtle Palmer	[signature]	M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4071
Local Reg. No. 138
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 54 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: LEMHI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SALMON
d. STREET ADDRESS (If rural, give location): BOX 422

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) PHILLIP c. (Last) MICHAEL

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 1, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 4-20-93

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MINER
10b. KIND OF BUSINESS OR INDUSTRY: MINING

11. BIRTHPLACE (State or foreign country): NEBRASKA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK O. MICHAEL
BIRTHPLACE: WISCONSIS

14. MOTHER'S MAIDEN NAME: DELLA J. STEWART
BIRTHPLACE: OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 518-10-8621

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma, head of pancreas. — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Erosive esophagitis. — 6 weeks

19a. DATE OF OPERATION: 4-28-70

19b. MAJOR FINDINGS OF OPERATION: Mass in head of pancreas with common duct obstruction.

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I, [redacted], attended the deceased from JULY 9, 19 72, to SEPTEMBER 1, 19 72 [redacted] and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): WILLIAM W. LAXSON, M.D. Wm. W. Laxson 597

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-6-72

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 11 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Robert G. Rose

LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4072
Local Reg. No. 587
Reg. Dist. No. 370

BIRTH NO.

SEP 15 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (In this place): 24hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KATHLEEN	DANEEL	PAGE	9	1	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Student	Aug. 3, 1957	15	0 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	School	Pocatello, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kenneth C. Page	Carson, Oklahma	Diana Parsons Fernley, Nevada	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-74-5927	x Kenneth C Page	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	86	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
8-30-72 m.		Car accident

22. I hereby certify that I attended the deceased from 8-30, 1972, to 9-1, 1972, that I last saw the deceased alive on 9-1, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	704		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/5/72	Roswell	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Myrtle Palmer	Lucy M. Flahiff	M-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4073
Local Reg. No. 589
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital
d. STREET ADDRESS (If rural, give location): 3110 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS	PHIL	ASHFORD	September 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	October 24, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney-Stockbroker	Investments	Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James W. Ashford	Georgia	Ethel Whitman	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	518 16 4119	X Thomas P. Ashford	14 Elm Cooperstown NY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

887X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of hip. — 13 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	10	13 Ada

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1957, 19__, to death., 19__, that I last saw the deceased alive on 1 Sept, 19 72 and that death occurred at 10.00 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. R. Blackburn	M.D.	800 LaCassia Drive Boise Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	9-5-1972	Cloverdale Memorial Park	Boise Idaho	Clyde Vassar	0535

DATE REC'D BY LOCAL REG.: Sept. 14, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 7 1972

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4074
Local Reg. No. 140
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 13 1972

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2301 NORTH 16TH

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) W. c. (Last) BROOKS
4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 1, 1972
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 4-30-25
9. AGE (In years last birthday): 47
IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: TRUCKING
11. BIRTHPLACE (State or foreign country): OREGON
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: F. W. BROOKS — BIRTHPLACE: KANSAS
14. MOTHER'S MAIDEN NAME: ROSE PELIKAN — BIRTHPLACE: NEBRASKA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 519-20-6958
17. INFORMANT'S SIGNATURE: Madison Hall — ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4412

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary consolidation — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured abdominal aortic aneurysm
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: AUGUST 31, 1972
19b. MAJOR FINDINGS OF OPERATION: Ruptured abdominal aortic aneurysm
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

VA

22. I [redacted] attended the deceased from AUGUST 31, 19 72 to SEPTEMBER 1, 19 72, [redacted] and that death occurred at 11:00a m., from the causes and on the date stated above.

23a. SIGNATURE: Raymond E. Bungard, M.D. (Degree or title) 597
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 9-6-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-72
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Sept. 13, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-549
FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4075
Local Reg. No. 563
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEPT - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1111 Berkely

3. NAME OF DECEASED (Type or Print): a. (First) Ralph; b. (Middle) William; c. (Last) Thomas
4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1972
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 5, 1895
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: State Government
11. BIRTHPLACE (State or foreign country): Woodland, Washington
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H. Thomas — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Eliza — BIRTHPLACE: Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 520-10-0341A
17. INFORMANT'S OWN SIGNATURE: Isabelle D Thomas — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic brain lesion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic Carcinoma — 13 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Abdominal perineal resection June 1965 for Carcinoma rectum

19a. DATE OF OPERATION: July 1971
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1972, to Sept 3, 1972, *that I last saw the deceased alive on* Sept 3, 1972, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 654 (Degree or title) M.D.
23b. ADDRESS: 425 W Bannock - Boise
23c. DATE SIGNED: Sept 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 5, 1972
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-549

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 13 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

State File No. 4076
Local Reg. No. 568
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 8 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 506 Sherman St
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293	d. STREET ADDRESS (If rural, give location): Boise, Idaho

3. NAME OF DECEASED (Type or Print) a. (First): Beatrice	b. (Middle):	c. (Last): Jewell	4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 4, 1919	9. AGE (In years last birthday): 53 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY: Bakery	11. BIRTHPLACE (State or foreign country): New York, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Harry Glasser	BIRTHPLACE: New Jersey	14. MOTHER'S MAIDEN NAME: Rose Sanders	BIRTHPLACE: Penn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 085-05-3072	17. INFORMANT'S OWN SIGNATURE: Susan R. Derbyshire	ADDRESS: 8030 Tower Terrace Pensacola, Fla	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1729

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malignant Melanoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1972, *to* 9-2, 1972, *that I last saw the deceased alive on* 9-2, 1972, *and that death occurred at* 11:05 *m. from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 333 (Degree or title)	23b. ADDRESS: 808 [illegible] Dr. Boise	23c. DATE SIGNED: 9/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Sept. 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Lowell [illegible]	LICENSE NO.: M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 - 1972
NOV 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-8884 RECEIVED SEP 12 1972 Bureau of Vital Statistics

State File No. 4077
Local Reg. No. 573
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2070 Allumbaugh St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRISTOPHER	HAROLD	VAN HORN	September 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Sept. 1, 1972		1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 9	Infant	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerry Van Horn	Nampa, Idaho	Alberta Schaefer	Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - -	None	Jerry L Van Horn	Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5513

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Left Diaphragmatic Hernia — INTERVAL BETWEEN ONSET AND DEATH: 44 hours

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Right Pneumothorax — 12 hours.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug. 31, 1972	Left Diaphragmatic Hernia	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 31, 1972, *to* Sept. 2, 1972, *that I last saw the deceased alive on* Sept. 2, 1972, *and that death occurred at* 6:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roberta A. Hughes, M.D. 1106	200 E. Bannock	9/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 1972	Hillcrest Mem. Gardens	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 7 1972	Myrtle Palmer	Marvin R. Sheldahl	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4078
Local Reg. No. 585
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2218 Targee

3. NAME OF DECEASED (Type or Print): a. (First) HAROLD b. (Middle) WILLIAM c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): September 2, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 23, 1918

9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Systems Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Vale, Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bud Anderson
BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Beatrice Stacey
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 542-12-7408

17. INFORMANT'S OWN SIGNATURE: X Richard F. Anderson
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced Emphysema — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1972, to 2 Sept, 1972, that I last saw the deceased alive on 2 Sept, 1972, and that death occurred at 4 p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 965 (Degree or title) MD

23b. ADDRESS: 405 W Bannock

23c. DATE SIGNED: 11 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 9-5-72

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 12, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters [signature]

LICENSE NO.: M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate
Rec'd Sept 15, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4079
Local Reg. No. 569
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7555 Stratford

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): K
c. (Last): Fleming

4. DATE OF DEATH (Month) (Day) (Year): 9-2-72

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-14-96
9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Carmel, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Gannon
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Clara E. Greer
BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 536-07-6919-Hb
17. INFORMANT'S OWN SIGNATURE: Mortuary Records
ADDRESS: Boise, Idaho Box 7212

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 June, 1972, *to* 2, Sep't., 1972, *that I last saw the deceased alive on* 2 Sep't., 1972, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1016 (Degree or title)
23b. ADDRESS: 6003 Overland
23c. DATE SIGNED: 8Sep't.72

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 9-2-72
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept 11,1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home
MPhone 375-4212

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 569
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7555 Stratford

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): K
c. (Last): Flemming

4. DATE OF DEATH (Month) (Day) (Year): 9-1-92

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-14-96
9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Carmel, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Gannon
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Clara E. Greer
BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 536-07-6919-hb
[signature] Box ADDRESS: Mortuary records-Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 June, 1972 *to* 2 Sept, 1972 *that I last saw the deceased alive on* 12 Sept, 1972, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 6003 Overland Rd
23c. DATE SIGNED: 8 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 9-2-72
24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 11, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 15 1972

OCT 10 1972

MAY 16 1973

JUL 12 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4080
Local Reg. No. 578
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 012	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 721 East Pine 000	d. STREET ADDRESS (If rural, give location): 721 East Pine

3. NAME OF DECEASED (Type or Print)	a. (First): JOE	b. (Middle):	c. (Last): ALCORN	4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 31, 1886	9. AGE (In years last birthday): 86 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Railroader 5	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Richfield, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Richard Lee Alcorn	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Sarah Broom	BIRTHPLACE: Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 712-07-7316	17. INFORMANT'S OWN SIGNATURE: Mrs Joe Alcorn	ADDRESS: Meridian Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1972, *to* Sept 3, 1972, *that I last saw the deceased alive on* Aug 15, 1972, *and that death occurred at* 8:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 333	23b. ADDRESS: 808 Lalassie Dr. Boise	23c. DATE SIGNED: 9/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Sept. 8, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Marvin R. Heikkila	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4081
Local Reg. No. 579
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 115 So. 4th. Street

3. NAME OF DECEASED (Type or Print): a. (First) ELADIA b. (Middle) JOSEPHA c. (Last) GOICOECHEA

4. DATE OF DEATH: (Month) (Day) (Year): September 4, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 27, 1891

9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Spain

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jose Zatica
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Dominga Uriarte
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 518 54 2207

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2090

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Reticulum Cell Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1970

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) neoplastic occlusion of left Innominate vein — 1972
DUE TO (c) Pulmonary Thrombosis — 1972
DUE TO (d) Pulmonary Congestion — 1972

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Renal Cysts — ? ; Chronic Cystitis, Diverticulosis — 1970 ; Peri-Colic Fibrosis — 1970 ; Partial obstruction of the left ureter

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1970, 19__, to 9/4, 1972, that I last saw the deceased alive on 9/3, 1972, and that death occurred at 1300 p.m., from the causes and on the date stated above.

23a. SIGNATURE: E. R. Jones 267 (Degree or title) MD

23b. ADDRESS: First Natl. Bank Bldg. Boise Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-7-1972

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 11, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-461

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4082
Local Reg. No. 570
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2519 DEWEY

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) EARL c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 4, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 31, 1916

9. AGE (In years last birthday): 55
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISPATCHER 3

10b. KIND OF BUSINESS OR INDUSTRY: TRUCK LINES

11. BIRTHPLACE (State or foreign country): ROCKLAND, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH W. THOMPSON BIRTHPLACE: ROCKLAND, IDAHO

14. MOTHER'S MAIDEN NAME: BELLE JONES BIRTHPLACE: OLIVE HILL, KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 519-01-5445

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5320

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hepatitis

19a. DATE OF OPERATION: Aug 23, 1972

19b. MAJOR FINDINGS OF OPERATION: Chronic Duodenal Ulcer Disease, severe

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. , 19 52 *to* Sept 4 , 19 72 *, that I last saw the deceased alive on* Sept 4, '72 , 19 72 *and that death occurred at* 12:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max F. Bell, M.D. 839 (Degree or title)

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 9/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: SEPT. 8, 1972

24c. NAME OF CEMETERY OR CREMATORY: TERRACE LAWN

24d. LOCATION (City, town, or county) (State): MERIDIAN, IDAHO

DATE REC'D BY LOCAL REG.: Sept. 11, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: L. Conway Grant

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 11 1972
MAR 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 12 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4083
Local Reg. No. 139
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Route # 3 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian (rural)
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print): a. (First) Anne b. (Middle) Marie c. (Last) Salomonsen

4. DATE OF DEATH: (Month) Sept. (Day) 4, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 20, 1886

9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: --- Hansen BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-44-3595

17. INFORMANT'S OWN SIGNATURE: Arthur Salomonsen ADDRESS: Route # 3 Meridian, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occulsion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Boise (COUNTY): Ada (STATE): Idaho
21d. TIME OF INJURY (Month) 9 (Day) 4 (Year) 72 (Hour) 2:00P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Steven Jablonski 583 Deputy Coroner
23b. ADDRESS: 1214 Ada - Boise
23c. DATE SIGNED: 9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 11, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leo Jerred
LICENSE NO.: M-366
FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 22 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4084
Local Reg. No. 565
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6903 Brentwood

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leona	P	Bellamy	9-5-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 20, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Same	Mason City, Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed Moslander	unk.	Estelle unk.	unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-07-9584	Mortuary Records	Box 7212-Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Cerebral and Cor arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH: Many years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Degenerative arthritis — year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 28, 19 72 *to* 9-5-72, 19____, *that I last saw the deceased alive on* 9-5-72, 19____, *and that death occurred at* 3:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise Idaho	8-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9-5-72	Mtn. View	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8 1972	Myrtle Palmer	[signature]	M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home
Box 7212- 83707

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4085
Local Reg. No. 583
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Wallowa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallowa
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 27

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Steven	Eugene	Womack	Sept. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	Dec. 30, 1952	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Green Chain- Lbr.
10b. KIND OF BUSINESS OR INDUSTRY: Boise-Cascade
11. BIRTHPLACE (State or foreign country): Enterprise, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert F. Womack — BIRTHPLACE: Wallowa, Ore.
14. MOTHER'S MAIDEN NAME: Bethel Larkin — BIRTHPLACE: County Canyon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 543682794
17. INFORMANT'S OWN SIGNATURE: Robert F Womack — ADDRESS: Rt.1 Box 27 Wallowa, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe brain injury — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto. accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Depressed skull fracture
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	County Road 86	App. 2 M. East of Wallowa Wallowa Oregon

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 4, 1972 App. 10:30 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Lost control of car on County Gravel Road

22. *I hereby certify that I attended the deceased from* 9/5, 19 72, *to* 9/5, 19 72, *that I last saw the deceased alive on* 9/5, 19 72, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M Hawkins MD (Degree or title) — 23b. ADDRESS: 401 W. IDAHO St. - BOISE — 23c. DATE SIGNED: 9-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-8-1972	Wallowa	Wallowa, Oregon

DATE REC'D BY LOCAL REG.: Sept. 13, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Alden Waggoner
LICENSE NO.: M-549
FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 13 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4086
Local Reg. No. 141
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDA.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WILDER
d. STREET ADDRESS (If rural, give location): ROUTE 2

3. NAME OF DECEASED (Type or Print): a. (First) LYMAN b. (Middle) c. (Last) LOVEJOY

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 5, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-29-03

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months: -- Days: --
IF UNDER 24 HRS. Hours: -- Min.: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): IOWA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: OWEN LOVEJOY
BIRTHPLACE: IOWA

14. MOTHER'S MAIDEN NAME: ELIZABETH LAWLER
BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 538-32-9019

17. INFORMANT'S SIGNATURE: [signature]
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 887X Respiratory failure and pulmonary edema.
INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Following cervical laminectomy for fracture of cervical spine with quadriplegia (C4-5 level) on 8/19/72
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism.

19a. DATE OF OPERATION: Aug. 26,1972

19b. MAJOR FINDINGS OF OPERATION: Fracture cervical spine C4-5 level with cord compression

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): in yard at home

21c. (CITY, TOWN, OR TOWNSHIP) 13-140: Wilder (COUNTY) (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA Aug 19,1972 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Reported that patient had fallen while walking in yard at home

22. I ~~[illegible]~~ attended the deceased from AUGUST 25, 19 72 to SEPTEMBER 5, 19 72, ~~[illegible]~~, and that death occurred at 4:07p m., from the causes and on the date stated above.

23a. SIGNATURE: Wayne G. Crookston, M.D. 597 (Degree or title)

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-8-72

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 13 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-549

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4087
Local Reg. No. 153
Reg. Dist. No. ~~370~~ 371

RECEIVED SEP 22 1972

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 23 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): % GENERAL DELIVERY

3. NAME OF DECEASED (Type or Print)	a. (First): CORNELIUS	b. (Middle): J.	c. (Last): DESMOND	4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 6, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: 2-9-94	9. AGE (In years last birthday): 78 — IF UNDER 1 YR. Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STONE MASON 4	10b. KIND OF BUSINESS OR INDUSTRY: MASONRY	11. BIRTHPLACE (State or foreign country): MASSACHUSETTS	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: CORNELIUS DESMOND	BIRTHPLACE: CONN.	14. MOTHER'S MAIDEN NAME: FLORENCE GOKY	BIRTHPLACE: NEW YORK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 529-28-0259	17. INFORMANT'S OWN SIGNATURE: Andrew Renee Hall	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO	

5932

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Kidney failure — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ attended the deceased from AUGUST 14, 1972, to SEPTEMBER 6, 1972, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 1:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Daniel Klein M.D. (Degree or title) DANIEL KLEIN, M.D. 597	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 9-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 9-9-72	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 9-22-72	REGISTRAR'S SIGNATURE: Myrtle Palmer No.	25. EMBALMER: Clyde J. Vassar	LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4028
Local Reg. No. 602
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon 38
b. COUNTY: Malheur 535
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): 84 Lana Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katheryn	Lenore	Rothwell	Sept	7	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 22 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Patterson, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence W. Taylor	Colorado	Mary E. Smith	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	544-52-0168	R.D. Rothwell	Ontario, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1829

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic sarcoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-18, 1972, to 9-7, 1972, that I last saw the deceased alive on 9-6, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ward E. Dickey MD	100 Warm Springs Boise	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 9, 1972	Evergreen	Ontario Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-72	Myrtle Palmer	John A. Lienkaemper	Ore 91

FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4089
Local Reg. No. 599
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 2 Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Home 332	d. STREET ADDRESS (If rural, give location): 512 N. 14th

3. NAME OF DECEASED (Type or Print)	a. (First) ROSCOE	b. (Middle) L.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) September 7, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Oct. 20, 1901	9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivery 6	10b. KIND OF BUSINESS OR INDUSTRY: Bakery Goods	11. BIRTHPLACE (State or foreign country): Cheney, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Clarence Williams	BIRTHPLACE: Whichita, Kansas	14. MOTHER'S MAIDEN NAME: Jocie Alice Roads	BIRTHPLACE: Macupion Co., Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-07-4148A	17. INFORMANT'S OWN SIGNATURE: X Ruth W Wells	ADDRESS: Boise Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 11 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Nov, 1962 *to* 7 Sept, 1972 *that I last saw the deceased alive on* 30 Aug, 1972, *and that death occurred at* 5 45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Hug Atchley MD (Degree or title) 014 1	23b. ADDRESS: 401 Idaho St Boise Ida	23c. DATE SIGNED: 14 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-11-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 9=22=72	REGISTRAR'S SIGNATURE: Myrtle Palmer HO.	25. EMBALMER: G. W. Waters [signature]	LICENSE NO.: M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972
DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 13 1972 Bureau of Vital Statistics

State File No. 4090
Local Reg. No. 142
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1305 EAST JEFFERSON

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RANSLER	C.	FRALICK	SEPTEMBER 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	4-15-94	78	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
POSTAL CLERK 3	POST OFFICE	NEBRASKA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE FRALICK	NEW YORK	JESSIE CAMERON	NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
YES	WWI	518-54-8265T	[signature] VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Left hemiplegia after acute cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal bronchopneumonia — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I [redacted] attended the deceased from SEPTEMBER 4, 19 72, to SEPTEMBER 7, 19 72, [redacted] and that death occurred at 11:30p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O. G. RIML, M.D. 597 (Degree or title)	VA CENTER, BOISE, IDAHO	9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-11-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Myrtle Palmer	[signature]	M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

FEB 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 13 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4091
Local Reg. No. 584
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location) Bellevue, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDNA	E.	BISHOP	Sept. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 1, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Snelson	Iowa	Dolly Croft	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-60-0530	Harold F. Bishop	Box 123 Bellevue, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1990

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 28, 1972, to Sept. 7, 1972, that I last saw the deceased alive on 9/7, 1972, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter M. Stein	425 W Bannock	9/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1972	Bellevue	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Myrtle Palmer	Lowell Demaray	M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4092
Local Reg. No. 148
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna (rural)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 (Robinson Boulevard)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna (rural)
d. STREET ADDRESS (If rural, give location): Route 1 (Robinson Boulevard

3. NAME OF DECEASED (Type or Print): a. (First) CECIL b. (Middle) WILLIAM c. (Last) DENNIS

4. DATE OF DEATH (Month) (Day) (Year): September 9, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 31, 1893

9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher (retired) 7

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Eastonville, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles V. Dennis BIRTHPLACE: Marshalltown, Iowa

14. MOTHER'S MAIDEN NAME: Ada Patton BIRTHPLACE: Fremont, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 518-07-4858-A

17. INFORMANT'S OWN SIGNATURE: Gladys Dennis ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 20

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1972, to Sept 9, 1972, that I last saw the deceased alive on Sept 7, 1972, and that death occurred at 2:00 a m., from the causes and on the date stated above.

23a. SIGNATURE: M Boxall M.D. (Degree or title) 766

23b. ADDRESS: 824 17th Avenue South, Nampa

23c. DATE SIGNED: Sept 13 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 13, 1972

24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery

24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Charles K Person

LICENSE NO.: M-494

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 13 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4093
Local Reg. No. 143
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 4½ Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home 235	d. STREET ADDRESS (If rural, give location): 3223 North 36th Street

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) AKIN	c. (Last) WATKINS	4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 22, 1889	9. AGE (In years last birthday): 83; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Grundy Center, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William K. Watkins, BIRTHPLACE: New Hampshire		14. MOTHER'S MAIDEN NAME: Mary A. Ball, BIRTHPLACE: Massachusetts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 470-16-0606	17. INFORMANT'S OWN SIGNATURE: Edna L. Watkins; ADDRESS: 3223 N. 36th St. Boise, Idaho		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Influenzal Pneumonia	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebrovascular Arteriosclerosis	

471X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 1971, *to* 9-9, 1972, *that I last saw the deceased alive on* 9-8, 1972, *and that death occurred at* 2:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 333	23b. ADDRESS: 808 LaCassia Dr. Boise	23c. DATE SIGNED: 9/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-11-72	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State): Grundy Center, Iowa
DATE REC'D BY LOCAL REG.: Sept. 13, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4094
Local Reg. No. 594
Reg. Dist. No. 370

RECEIVED SEP 20 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3 hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 005	d. STREET ADDRESS (If rural, give location): 326 W. Pine

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) J.	c. (Last) Kauphusman	4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1972
5. SEX: Male	6. COLOR OR RACE: White/	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 11, 1893	9. AGE (In years last birthday): 79 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Merchandise 3	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Hart. Minn.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Kauphusman	BIRTHPLACE: Minn.	14. MOTHER'S MAIDEN NAME: Caroline Burmeister	BIRTHPLACE: Minn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I	16. SOCIAL SECURITY NO.: 518-07-3802A	17. INFORMANT'S OWN SIGNATURE: Margaret Kauphusman	ADDRESS: Meridian	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 1972, *to* 9-9, 1972, *that I last saw the deceased alive on* 9-9, 1972, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ward E. Hickey	984 (Degree or title) MD 1	23b. ADDRESS: 100 Warm Springs	23c. DATE SIGNED: 9-20-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-13-72	24c. NAME OF CEMETERY OR CREMATORY: Sunset Cemetery	24d. LOCATION (City, town, or county) (State): Ontario, Oregon
DATE REC'D BY LOCAL REG.: 9-20-72	REGISTRAR'S SIGNATURE: Myrtle Palmer 440	25. EMBALMER: Geo. H. Jerread	LICENSE NO.: M-366

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4095
Local Reg. No. 610
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 707 Braemere Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 707 Braemere Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARROLL	WILLIAM	JOSLYN	Sept. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 26, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary-Treasurer,	Ret'd -M-K Co.	Brownington, Vermont	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ahira O. Joslyn	Unknown	Mary S. Spencer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-07-0143	Grace A Joslyn	707 Braemere Rd. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1870

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sarcoma (Neurogenic) of Pelvis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Renal Obstruction
Brain metastases.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ____, 19__, to Sept 9, 19 72, that I last saw the deceased alive on ____, 19__, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Sayles M.D.	Boise, Idaho	Sept 9, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Myrtle Palmer	Robert L. G. Ross	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
SEP 29 1972
OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 28 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 14 2014

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4096

Certificate of Death
STATE OF IDAHO

State File No. 4096
Local Reg. No. 601
Reg. Dist. No. 370

RECEIVED SEP 26 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 320 COLLINS RD. (SOLDIERS HOME)

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) L. c. (Last) MURRAY

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 10, 1972

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 23, 1893
9. AGE (In years last birthday): 79 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): IRON WORKER 5
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POPLAR, MONTANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS MURRAY — BIRTHPLACE: IRELAND
14. MOTHER'S MAIDEN NAME: ANNIE MURPHY — BIRTHPLACE: IRELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 347-09-6689
17. INFORMANT'S OWN SIGNATURE: Miren Osick — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24°

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Sept, 1972, *to* 10 Sept, 1972, *that I last saw the deceased alive on* 9 Sept, 1972, *and that death occurred at* 730 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M O Brien MD 1835 (Degree or title) 1
23b. ADDRESS: 401 Idaho
23c. DATE SIGNED: 14 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 13, 72
24c. NAME OF CEMETERY OR CREMATORY: TERRACE LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): MERIDIAN, IDAHO

DATE REC'D BY LOCAL REG.: 9-21-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: L. Conway Grant
LICENSE NO.: M-478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4097
Local Reg. No. 593
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location): 907 Resseguie Street

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) J.	c. (Last) INGRAHAM (Sr)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 23, 1902	9. AGE (In years last birthday): 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Highway Dept. - State & Federal	10b. KIND OF BUSINESS OR INDUSTRY: 5		11. BIRTHPLACE (State or foreign country): Meridian, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Ingraham	BIRTHPLACE: Missouri		14. MOTHER'S MAIDEN NAME: Mary Ward	BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-01-9053		17. INFORMANT'S OWN SIGNATURE: Mabel Ingraham	ADDRESS: Boise, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972 *to* 9-10, 1972, *that I last saw the deceased alive on* 9-9-72, 19__, *and that death occurred at* 1:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ward E Dickey MD (Degree or title) 984 1	23b. ADDRESS: 100 Warm Springs Boise	23c. DATE SIGNED: 9-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-14-72	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 9-20-72	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

OCT 7 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 19 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4098
Local Reg. No. 591
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada 01	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 1½ Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292	d. STREET ADDRESS (If rural, give location): 2711 North 36th Street

3. NAME OF DECEASED (Type or Print)	a. (First): CORA	b. (Middle): S.	c. (Last): COTNER	4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 12, 1886	9. AGE (In years last birthday): 86	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher-Retired	10b. KIND OF BUSINESS OR INDUSTRY: Education	11. BIRTHPLACE (State or foreign country): Benedict, Nebraska	12. CITIZEN OF WHAT COUNTRY?: USA		
13. FATHER'S NAME: Robert Stewart	BIRTHPLACE: Pennsylvania	14. MOTHER'S MAIDEN NAME: Sarah Jane Dishman	BIRTHPLACE: Indiana		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 522-20-7232	17. INFORMANT'S OWN SIGNATURE: C. D. Cotner	ADDRESS: 2711 N. 36th Boise, Idaho	

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 dys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 8-30, 1972, *to* 9-11, 1972, *that I last saw the deceased alive on* 9-10, 1972, *and that death occurred at* 9:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D-333	23b. ADDRESS: 808 Valencia Dr. Boise	23c. DATE SIGNED: 9-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-15-72	24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Sept. 15, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

JUL 2 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4099
Local Reg. No. 590
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Alphonsus Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 11101 Fairview Ave #41

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): WILLIWM
c. (Last): COONEY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1935
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recruiter
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps.
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edwin Cooney — BIRTHPLACE: (NA)
14. MOTHER'S MAIDEN NAME: Kathaleen — BIRTHPLACE: (NA)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 11-13-52 9-11-72
16. SOCIAL SECURITY NO.: 389-32-1544
17. INFORMANT'S OWN SIGNATURE: H. Neil Humphreys — ADDRESS: U.S. Marine Recruite Center Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe head injures — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Hemmorage
DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Garden City 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-011 (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-11-72 10:40 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* did not see alive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Steve Jablonski 583 Deputy Coroner 4
23b. ADDRESS: 1214 Ada - Boise
23c. DATE SIGNED: 9-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal
24b. DATE: Sept. 16, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kaukauna, Wisconsin
24d. LOCATION (City, town, or county) (State): Kaukauna Wisconsin

DATE REC'D BY LOCAL REG.: Sept. 15 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: H. Neil Humphreys — LICENSE NO.: M-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

~~SEP 20 1972~~
SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 15 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

VED

Certificate of Death
STATE OF IDAHO

State File No. 4100
Local Reg. No. 149
Reg. Dist. No. 371

BIRTH NO.

SEP 20 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: JEROME 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): 309 WEST 4TH

3. NAME OF DECEASED (Type or Print)	a. (First): STEWART	b. (Middle): F.	c. (Last): MC CLURE	4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 12, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED	8. DATE OF BIRTH: 9-1-95	9. AGE (In years last birthday): 77 — IF UNDER 1 YR. Months: — Days: — IF UNDER 24 HRS. Hours: — Min.: —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PACKER 5	10b. KIND OF BUSINESS OR INDUSTRY: PACKING	11. BIRTHPLACE (State or foreign country): IOWA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: R. W. MC CLURE	BIRTHPLACE: OHIO	14. MOTHER'S MAIDEN NAME: EVA BOONE	BIRTHPLACE: IOWA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-22-0071	17. INFORMANT'S OWN SIGNATURE: Claudia Ponce Hall	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO	

2509

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Sudden death, exact cause unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
1. Diabetes mellitus.
2. Arteriosclerotic heart disease.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 12, 1972, to SEPTEMBER 12, 1972, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 1:35p m., from the causes and on the date stated above.

23a. SIGNATURE: MURRAY G. STROMBERG, M.D. 597 (Degree or title) 1	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 9-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Sept 15 1972	24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery	24d. LOCATION (City, town, or county) (State): Emmett, Idaho
DATE REC'D BY LOCAL REG.: Sept. 19, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Walter Potter	LICENSE NO.: M 445

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 15 1972 Bureau of Vital Statistics

State File No. 4101
Local Reg. No. 586
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Owyhee Plaza Motor Inn Rm. 107 11th & Main Streets

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: Klamath
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Klamath Falls
d. STREET ADDRESS (If rural, give location): 2045 Leroy

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	Alexander	Moore	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 16, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Partner 2	Moter Investment Co.	Effingham, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles S. Moore	Kansas	Grace Wallace	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	541-36-9305A	Thomas K. Moore	Klamath Falls, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) THROMBOSED CORONARY ARTERY — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY OCCULSION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-12-72 m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] -583 (Degree or title) Deputy Coroner	1214 Ada, Boise Idaho	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City or Town) (State)
Burial	9-12-72	Ward Funeral Home Mt. Calvary Cemetery	Klamath Falls, Oregon Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 12, 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4102
Local Reg. No. 598
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 22 1972

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1900 N. 28th Street

3. NAME OF DECEASED (Type or Print): a. (First) FRANCES b. (Middle) ANN c. (Last) MC GEE

4. DATE OF DEATH (Month) (Day) (Year): September 12, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 29, 1905

9. AGE (In years last birthday): 67
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Murphy, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry P. Cox
BIRTHPLACE: New Castle, England

14. MOTHER'S MAIDEN NAME: Anna Robinson
BIRTHPLACE: Coleville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-20-2910B

17. INFORMANT'S OWN SIGNATURE: X Charles M. McGee
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13-66, to 9-12-72, that I last saw the deceased alive on Sept 12, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] 654 (Degree or title) MD

23b. ADDRESS: 42 W Bannock

23c. DATE SIGNED: 9/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-16-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-22-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-7790

RECEIVED SEP 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4103
Local Reg. No. 617
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (In this place): 3 da.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 1524 Colorado

3. NAME OF DECEASED (Type or Print) a. (First): Sara	b. (Middle):	c. (Last): Atwood	4. DATE OF DEATH (Month) (Day) (Year): 9-13-72
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --	8. DATE OF BIRTH: 8-3-72
9. AGE (In years last birthday): —	IF UNDER 1 YR. Months: 1 Days: 10	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- 9	10b. KIND OF BUSINESS OR INDUSTRY: --	11. BIRTHPLACE (State or foreign country): Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Tom Atwood	BIRTHPLACE: Utah, Salt Lake City	14. MOTHER'S MAIDEN NAME: McElhanon	BIRTHPLACE: Boise, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -- (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: --	17. INFORMANT'S OWN SIGNATURE: Mortuary information	ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7536

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Septicemia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Urinary Tract Infection	
DUE TO (c)	Urethral Stenosis Ball valve Bladder Obstruction hydrometer	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Meningitis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1972, *to* 9-14, 1972, *that I last saw the deceased alive on* 9-14, 1972, *and that death occurred at* 1 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Michael S Pecora 801 (Degree or title)	23b. ADDRESS: 100 Warm Springs Boise	23c. DATE SIGNED: 9-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 9-16-72	24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View	24d. LOCATION (City, town, or county) (State): Boise
DATE REC'D BY LOCAL REG.: 9-27-72	REGISTRAR'S SIGNATURE: Myrtle Palmer Ho.	25. EMBALMER: [signature]	LICENSE NO.: M-527

FIRM NAME: Mountain View Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4104

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 154
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1010 NORTH 23RD STREET

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) c. (Last) FOUCH
4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 13, 1972
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-21-91
9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED TELEPHONE CO. 5
10b. KIND OF BUSINESS OR INDUSTRY: TELEPHONE
11. BIRTHPLACE (State or foreign country): IDAHO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ALBERT FOUCH — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: THERESA STOCKTON — BIRTHPLACE: MISS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 518-05-2261
INFORMANT'S SIGNATURE: [signature] ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 517X Pulmonary fibrosis — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Calcific periarditis, chronic — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from SEPTEMBER 12, 1972, to SEPTEMBER 13, 1972, and that death occurred at 2:30p m., from the causes and on the date stated above.

23a. SIGNATURE [signature] DANIEL KLEIN, M.D. (Degree or title) — 23b. ADDRESS: VA CENTER, BOISE, IDAHO — 23c. DATE SIGNED: 9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation — 24b. DATE: 9-16-72 — 24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Crematory — 24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-22-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: M-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4105
Local Reg. No. 145
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 50 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 004 VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2509 PENDLETON

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	E.	RADER	SEPTEMBER 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	11-10-26	45	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PILOT	AVIATION	CALIFORNIA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROY RADER	UNKNOWN	NELL ROARK	MISSIOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	566-30-0254	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1530

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma of cecum — INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I [redacted] attended the deceased from JULY 26 19 72 to SEPTEMBER 14, 19 72, [redacted], and that death occurred at 6:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
FRED B. HINE, M.D. [signature]	VA CENTER, BOISE, IDAHO	9-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9-15-72	Mt'n. View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EM[redacted]	LICENSE NO.
Sept. 18, 1972	Myrtle Palmer	[signature]	M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home

SEP 18 1972
AUG 31 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
JUL 16 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4106
Local Reg. No. 156
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
LENGTH OF STAY (In this place): 60 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: FREMONT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ASHTON
d. STREET ADDRESS (If rural, give location): STAR ROUTE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	FREEMAN	COONTZ	SEPTEMBER 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	4-9-25	47	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
EQUIPMENT OPERATOR	CONSTRUCTION	ILLINOIS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE COONTZ	ILLINOIS	RUBY HUFF	ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S SIGNATURE	ADDRESS
YES	WWII	317-20-6186	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1580

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malignant fibrous hystiocytoma, — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of retroperitoneal origin with
DUE TO (c) abdominal and pulmonary metastases.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe anemia, apparently secondary to I.(a)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-26-72	Retroperitoneal tumor mass.	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY Ooccur?
VA m.		

22. I attended the deceased from JULY 16, 19 72, to SEPTEMBER 14, 19 72, and that death occurred at 2:40p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William W. Laxson WILLIAM W. LAXSON, M.D. 597	VA CENTER, BOISE, IDAHO	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-16-72		Ashton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Myrtle Palmer	[signature]	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2-6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4107
Local Reg. No. 595
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOISE CONVALESCENT CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 603 SOUTH LATAH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BETTIE	M.	STIVERS	SEPT. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	JAN. 8, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BATES COUNTY, MISSOURI	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE McMILLIAN	MISSOURI	SARAH MADDEN	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-26-6104-A	George N. Stivers	906 Baker Boise Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive H Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atrial Fibrillation — 2 mos
DUE TO (c) Arteriosclerotic Vascular Disease — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 10, 1972, *to* Sept 15, 1972, *that I last saw the deceased alive on* Sept 15, 1972, *and that death occurred at* 10 [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	1703 Hillcrest Drive	9/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	SEPT. 18, 1972	MOSCOW CEMETERY	MOSCOW, LATAH, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Myrtle Palmer	Conway Grant	478

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM PH-63021

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Lower
2121 College Blvd

Certificate of Death
STATE OF IDAHO

343-4291

State File No. 4108
Local Reg. No. 592
Reg. Dist. No. 270

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Box 863

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DENO		NELSON	September 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 2, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plant Mgr, retired - Imperial Gas Co, Calif.		Northfield, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nels Nelson	Denmark	Denah Norswing	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	558-26-5362	Mary Jo Nelson	McCall, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary artery disease	—
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of rectum	2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/12/72	Carcinoma of rectum	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/7/72 *to* 9/15/72, *that I last saw the deceased alive on* 9/15/72, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Lower MD	2121 College Blvd Boise Ida	9/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 18, 1972	McCall Cemetery	McCall Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 20 1972	Myrtle Palmer	Alden-Waggoner Chapel	M-549

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 27 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4109
Local Reg. No. 608
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor N. H. 293	d. STREET ADDRESS (If rural, give location): 2623 W. Jefferson St.

3. NAME OF DECEASED (Type or Print)	a. (First): THOMAS	b. (Middle): ----	c. (Last): ALLEN	4. DATE OF DEATH (Month) (Day) (Year): September 15, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 10, 1890	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 5	10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel F. Allen	BIRTHPLACE: ----	14. MOTHER'S MAIDEN NAME: Nancy Ann Smith	BIRTHPLACE: ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: A577 193	17. INFORMANT'S OWN SIGNATURE: X Ida Veona Hudson	ADDRESS: Parma, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardio-Respiratory	Curved
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Failure	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Cerebral Arteriosclerosis	Unk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Aug, 1972, *to* 15 Sept, 1972, *that I last saw the deceased alive on* 15 Sept, 1972, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1016 (Degree or title) 1	23b. ADDRESS: 6005 Overland Rd.	23c. DATE SIGNED: 9-22-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-19-1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Weiser (State): Idaho		
DATE REC'D BY LOCAL REG.: 9-25-72	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Daniel G. Gibson [signature]
LICENSE NO.: M-400		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4110
Local Reg. No. 606
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Artelle	Barney	Dick	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct. 24, 1931	40	10 / 23	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Deputy Assessor	County	Heyburn, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur H. Schlecht	Elgin, Nebraska	Alice Reed	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	526-36-4330	Richard C. Dick	Bellevue, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

322X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Brain abscess — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ? Cerebral edema
DUE TO (c) Bilateral uncal herniation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/15/72	Rt. Temporo-parietal abscess	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 4, 1972, to Sept. 16, 1972, that I last saw the deceased alive on Sept. 16, 1972, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward D. Krupp	M.D.	616 Eastman Bldg, Boise	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 20, 1972	Gem Memorial Gardens	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Myrtle Palmer		M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SDH JUN 19 2017
OCT 20 1972
NOV 23 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4111
Local Reg. No. 613
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (in this place): D.O.A.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 000	d. STREET ADDRESS (If rural, give location): 1011 So. Orchard

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roland	Charles	Standefer	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 7, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Trucking	Kelton, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Roland Standefer	Unknown	Madge Olive Wilcox	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1928 To 1930	528-03-9926	Mrs. Doris L. Standefer	1011 So. Orchard

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolism	Short
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombosis extremity	Short 5-8 day
DUE TO (c)	Truck accident & Injury	8 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	06	Sidney, Nebraska 28-555

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
9 10 72 A m.		Truck accident

22. *I hereby certify that I attended the deceased from* 6/29, 1961, *to* 9/16, 1972, *that I last saw the deceased alive on* 9/14, 1972 *and that death occurred at* 10:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 318 (Degree or title) MD	401 No orchard Boise Ida	9/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-18-72	Terrace Lawn Cemetery	Ada Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Myrtle Palmer	Howell Demaray	M-509

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 19

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4112

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 597
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 4105 ADAMS

3. NAME OF DECEASED (Type or Print): a. (First) IDA b. (Middle) M. c. (Last) BYINGTON

4. DATE OF DEATH: (Month) (Day) (Year) SEPT. 16, 1972

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 6, 1894

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BOX ELDER, BEAR CO. UTAH

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hadfield — BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Mary Jane Oliver — BIRTHPLACE: Hensonville, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-14-2343

17. INFORMANT'S OWN SIGNATURE: X Raymond B Byington — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ident failure — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, adenocarcinoma of uterus — 4 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1972 *to* Sept 16, 1972, *that I last saw the deceased alive on* Sept 16, 1972, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.R. Blackburn MD (Degree or title)
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 18 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY: TERRACE LAWN
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: 9-21-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: L. Conway Grant
LICENSE NO.: M478
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 4 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4113
Local Reg. No. 152
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 3 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAGLE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): BOX 175

3. NAME OF DECEASED (Type or Print)	a. (First): MARION	b. (Middle): RAYMOND	c. (Last): DAVIS	4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 16, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: NOV. 4, 1902	9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER	10b. KIND OF BUSINESS OR INDUSTRY: SAME	11. BIRTHPLACE (State or foreign country): NEBRASKA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: ALPHAN DAVIS	BIRTHPLACE: IOWA	14. MOTHER'S MAIDEN NAME: CHAROLETTE BROMLEY	BIRTHPLACE: NEBRASKA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: 517-05-9985	17. INFORMANT'S OWN SIGNATURE: James Bentley	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO	

5193

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic obstructive pulmonary disease	many years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Exposure to insecticide?	8 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. VA attended the deceased from SEPTEMBER 13, 1972, to SEPTEMBER 16, 1972, and that death occurred at 9:40P m., from the causes and on the date stated above.

23a. SIGNATURE: Daniel Klein M.D. (Degree or title) DANIEL KLEIN, M.D. 577	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 9-16-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-19-72	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise		
DATE REC'D BY LOCAL REG.: 9-21-72	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. Conway Grant
LICENSE NO.: M478	FIRM NAME: Relyea Mort.	

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4114

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 151
Reg. Dist. No. 37

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (In this place) 206 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 209 EAST 33RD.

3. NAME OF DECEASED (Type or Print) a. (First) MERLE b. (Middle) NONE c. (Last) KENNEDY
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 16, 1972

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MARCH 26, 1897
9. AGE (In years last birthday) 75
IF UNDER 1 YR. Months ___ Days ___
IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE IDAHO POWER CO.
10b. KIND OF BUSINESS OR INDUSTRY UTILITY
11. BIRTHPLACE (State or foreign country) KANSAS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ED KENNEDY BIRTHPLACE INDIANA
14. MOTHER'S MAIDEN NAME LIDA PRIOR BIRTHPLACE MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 518-14-3410
17. INFORMANT'S SIGNATURE [signature] ADDRESS VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malignant neoplasm, type undetermined — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. VA
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from JUNE 2, 19 72, to SEPTEMBER 16, 19 72, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE FRED B. HINE, M.D. 597 (Degree or title) [signature]
23b. ADDRESS VA CENTER, BOISE, IDAHO
23c. DATE SIGNED 9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
24d. LOCATION (City, town, or county) (State) Stark, Kansas

DATE REC'D BY LOCAL REG. 9-20-72
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. M-410
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4115
Local Reg. No. 158
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 55 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: GEM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMETT
d. STREET ADDRESS (If rural, give location): EMMETT MOBIL HOMES

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) F c. (Last) TILMAN

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 17, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 11-15-89

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LEE TILMAN
BIRTHPLACE: INDIANA

14. MOTHER'S MAIDEN NAME: ELIZABETH KRODAL
BIRTHPLACE: INDIANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 541-18-9674

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

1541

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cachexia. — 1 month
DUE TO (c): Adenocarcinoma of rectum. — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 4, 1972
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of rectum.
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I attended the deceased from JULY 24, 1972, to SEPTEMBER 17, 1972 and that death occurred at 7:25p m., from the causes and on the date stated above.

23a. SIGNATURE (Coroner or M.D.): RAYMOND J. BUNGARD, M.D. 597
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-20-72
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 9-25-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Walter Potter
LICENSE NO.: M-445
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 8 1990
APR 2 6 2016
MAY 1 6 2016

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 1 0 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4116
Local Reg. No. 612
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Park Haven Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLA	J.	BOWMAN	9	17	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	11/26/1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Cove, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira Bloom	Ohio	Ida Keller	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		x Gladys J Chisum	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Embolism 8877

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Phlebo thrombosis, leg
DUE TO (c) Recent hip fracture & hip surgery

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
13 Sept 72	Displaced sub-capital fracture	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	08	13-050

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept	11	72	m.		fell at nursing home

22. I hereby certify that I attended the deceased from 12 Sept, 19 72, to 17 Sept, 19 72, that I last saw the deceased alive on 17 Sept, 19 72, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loren D Blickenstaff	MD	1015 No 8th St Boise	9/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem. burial	9/19/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Myrtle Palmer RD.	R. Lee Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4117
Local Reg. No. 596
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ADA b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): c/i d. FULL NAME OF HOSPITAL OR INSTITUTION: RESIDENCE	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA c/i b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE d. STREET ADDRESS (If rural, give location): 817 SO CURTIS SP. 37

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	OLIVA	ROSHONG	SEPT. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	JAN. 23, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		YORK, NEBR.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOSEPH Z. WILSON	KENTUCKY	MABEL ELLIOTT	NEBR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		520-03-8540	X Roy D Roshong	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery	Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occulsion	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒ XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-17-72 2:00 A. m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 583	Deputy Coroner	1214 Ada, Boise, Idaho	9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Sept. 20, 1972	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Myrtle Palmer	X Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4118
Local Reg. No. 607
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1509 Leadville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1509 Leadville

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) c. (Last) Moran

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 21, 1879

9. AGE (In years last birthday): 92
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middleton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Beasley
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Sarah Trabune
BIRTHPLACE: Kent.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-56-6190-J1

17. INFORMANT'S OWN SIGNATURE: x Mary Rinzer
ADDRESS: Parma, Idaho

4310

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 1 Week
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at 8:45A m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 573 (Degree or title) Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise
23c. DATE SIGNED: 9-19-72.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-72
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 9-25-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-366
FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4119
Local Reg. No. 604
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 26 1972 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Baker 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): Medical Springs Highway

3. NAME OF DECEASED (Type or Print): a. (First) LORRAINE b. (Middle) FRANCIS c. (Last) WIDMAN

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 18, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 7, 1925

9. AGE (In years last birthday): 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baker, Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver J. Francis BIRTHPLACE: U.S.A.

14. MOTHER'S MAIDEN NAME: Madge Bernice Powers BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 540-28-2918

17. INFORMANT'S OWN SIGNATURE: William E. Widman ADDRESS: Baker, Oregon

MEDICAL CERTIFICATION

203X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Myeloma — 3 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Addison's Disease — 15 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* May 24, 1967, *to* Sept. 18, 1972, *that I last saw the deceased alive on* Sept. 17, 1972, *and that death occurred at* 4:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker, MD (Degree or title): MD
23b. ADDRESS: 121 E. Idaho St.
23c. DATE SIGNED: 9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 21, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 9-26-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Grays West and Co. ADDRESS: Baker, Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 28 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul Wiggins Lic. No. M-422 at Boise, Ida. on 9/18/72

ADDITIONAL REMARKS by Physician

Certificate of Death
STATE OF IDAHO

State File No. 4120
Local Reg. No. 600
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box 43

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Helen	Elizabeth	Helwich	September 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	August 8, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Farrell	Idaho	Mary Burke	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Melvin L. Helwick	Glenns Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic obstructive emphysema — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Pneumonitis — 5 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 15 Sept 19 72 *to* death, 19____, *that I last saw the deceased alive on* 18 Sept, 19 72 *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. R. Blackburn MD	Boise Ida	20 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-21-1972	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Myrtle Palmer		M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972
APR 15 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 13 1974
OCT 11 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 21 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4121
Local Reg. No. 150
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 59 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): 1519 LINCOLN

3. NAME OF DECEASED (Type or Print)	a. (First): FRED	b. (Middle): L.	c. (Last): EYTCHISON	4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 18, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED	8. DATE OF BIRTH: 8-26-21	9. AGE (In years last birthday): 51 — IF UNDER 1 YR. Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY: TRUCKING	11. BIRTHPLACE (State or foreign country): IDAHO	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: OLLIE EYTCHISON	BIRTHPLACE: KANSAS	14. MOTHER'S MAIDEN NAME: MARTHA HOLMES	BIRTHPLACE: IDAHO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: 519-14-8136	17. INFORMANT'S OWN SIGNATURE: Claudia Renee Hale	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO	

1519

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cancer of stomach c̄ metastases.	around 9 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ attended the deceased from JULY 21, 1972, to SEPTEMBER 18, 1972, ~~that I last saw the deceased alive~~ ~~on XXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 8:50a m., from the causes and on the date stated above.

23a. SIGNATURE: Daniel Klein M.D. (Degree or title) DANIEL KLEIN, M.D. 597	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 9-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-21-72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Sept. 20, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Alden E. Scantlin	LICENSE NO.: M-549

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1972

OCT 16 1972

NOV 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 16 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 20 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4122
Local Reg. No. 155
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print): a. (First) WOODROW; b. (Middle) WILSON; c. (Last) FREEBORN

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 19, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 1-9-20

9. AGE (In years last birthday): 52
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: LABOR

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LEROY FREEBORN
BIRTHPLACE: MISSOURI

14. MOTHER'S MAIDEN NAME: NANCY MULLINS
BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 499-07-3630

17. INFORMANT'S (OWN) SIGNATURE: Claudia Renee Hale
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial fibrosis, unknown etiology — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I, ROBERT C. LEWIS, M.D., attended the deceased from JULY 10, 1972, to SEPTEMBER 19, 1972 and that death occurred at 9:50p m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Lewis, M.D. (Degree or title)
ROBERT C. LEWIS, M.D.

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-20-72

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-20-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Ardelle M. Summers

LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4123
Local Reg. No. 603
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Boise
c. LENGTH OF STAY (In this place) 15 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 321 Grove Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BERTHA		WEISSHAUPT	Sept. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 4, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Switzerland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clemens Studer	Switzerland	Anna Roost	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-16-1144-B	Linda B. Wyatt	3532 Windsor Dr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suspected myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ____, 1968, to 19 Sept, 1972, that I last saw the deceased alive on 7 Sept, 1972, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Physician or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	2121 College Blvd Boise	9/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-21-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Myrtle Palmer RD	Robert G. Summers	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

SEP 26 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4124
Local Reg. No. 157
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 79 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): IDAHO STATE SOLDIERS HOME

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	W.	BOOTH	SEPTEMBER 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	3-8-07	65	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED RAILROAD EMPL.	RAILROAD	UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
OGDEN BOOTH	ENGLAND	KATHERINE MARTIN	UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	519-01-0895	Claudia Lenee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

5193

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic obstructive pulmonary disease	15 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from JULY 2, 19 72, to SEPTEMBER 19, 19 72 and last viewed the deceased on XXXXXXXXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 4:40a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
MURRAY G. STROMBERG, M.D. 597 (Degree or title)	VA CENTER, BOISE, IDAHO	9-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem-burial	9/22/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Myrtle Palmer Reg.	R. Lee Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

SEP 27 1972

MAR 7 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4125

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 161
Reg. Dist. No. 371

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 010	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian c. LENGTH OF STAY (In this place) years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #1 000	d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)	a. (First) Celia	b. (Middle)	c. (Last) Baarda	4. DATE OF DEATH (Month) (Day) (Year) September 20, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1900	9. AGE (In years last birthday) 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Holland- Burgwerd	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME P. Struikmans	BIRTHPLACE Holland	14. MOTHER'S MAIDEN NAME D. Piersma	BIRTHPLACE Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-60-0013T	17. INFORMANT'S OWN SIGNATURE * Dave Baarda	ADDRESS Meridian Idaho	

4389

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arterio-Sclerotic Cerebral Vascular disease.	4 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT 14, 1965, *to* AUG 24, 1972, *that I last saw the deceased alive on* AUG 24, 1972, *and that death occurred at* 2:30p. *m., from the causes and on the date stated above.*

23a. SIGNATURE R C Trayer M.D. 666 (Degree or title)	23b. ADDRESS 619 S. Canyon Nampa Idaho	23c. DATE SIGNED Sept 25, 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/25/72	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG. Sept. 28 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Marvin R. Heikkila	LICENSE NO. M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 2 1972

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4126
Local Reg. No. 160
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 27 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2102 MADISON

3. NAME OF DECEASED (Type or Print): a. (First) IVAN b. (Middle) E. c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 20, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-21-97

9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months: — Days: —
IF UNDER 24 HRS. Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER 21

10b. KIND OF BUSINESS OR INDUSTRY: PLUMBING

11. BIRTHPLACE (State or foreign country): IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN DAVIS
BIRTHPLACE: WALES

14. MOTHER'S MAIDEN NAME: ALICE LLOYD
BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 519-03-7445

INFORMANT'S OWN SIGNATURE: Rebecca Renee Hall
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4820

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchopneumonia, due to Klebsiella
INTERVAL BETWEEN ONSET AND DEATH: 2½ weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Metastatic cancer, Primary undetermined, unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: ~~Metastatic cancer, primary undetermined~~

20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I XXXXXXXXX attended the deceased from AUGUST 24, 1972, to SEPTEMBER 20, 1972 XXXXXXXX

OCT 2 1972
JUN 16 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4127
Local Reg. No. 614
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2313 North 25th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEROY	L.	MILLIKEN	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 2, 1917	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk -- U. S. Postal Service		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Milliken	Canada	Jennie Belfour	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519-10-3101	Mrs. Leroy Milliken	2313 N. 25th St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	hypercalcemia	4 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchogenic carcinoma	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Leukopenia ↓ platelet 2° to chemotherapy	1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 6, 1972, *to* 20 Sept, 1972, *that I last saw the deceased alive on* 20 Sept, 1972, *and that death occurred at* 5:13 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D K Summers	965 MD	425 W Bannock	9-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-25-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Myrtle Palmer	Lowell Summers	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1972

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4128
Local Reg. No. 679
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 23 1972 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 702 Williams Rd.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle); c. (Last) Rader

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 24, 1882

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer & ditch rider

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): York Co., Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Rader
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary Real
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-1152

17. INFORMANT'S OWN SIGNATURE: Harry D Rader
ADDRESS

1518

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adeno-Carcinoma of the Stomach + malnutrition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cancer of Stomach fundus 1969

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 years

19a. DATE OF OPERATION: Oct 1969

19b. MAJOR FINDINGS OF OPERATION: Cancer of fundus of Stomach

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 20 72 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1969, *to* Sept, 1972, *that I last saw the deceased alive on* 9/20, 1972, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 23, 1972

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 9-27-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Walter F. Potter

LICENSE NO.: M-445

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4129
Local Reg. No. 609
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1308 Hale Street 000	d. STREET ADDRESS (If rural, give location): 1308 Hale Street

3. NAME OF DECEASED (Type or Print)	a. (First) Harriet	b. (Middle) Helen	c. (Last) McRoberts	4. DATE OF DEATH (Month) Sept (Day) 21, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 28, 1921	9. AGE (In years last birthday): 51; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Sievers	BIRTHPLACE: Wyoming		14. MOTHER'S MAIDEN NAME: Anna M. Renzelman	BIRTHPLACE: Colorado
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - -	16. SOCIAL SECURITY NO.: 518-22-8581		17. INFORMANT'S OWN SIGNATURE: Steve McRoberts	ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Breast Cancer — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1971, *to* Sept 21, 1972, *that I last saw the deceased alive on* Sept 19, 1972, *and that death occurred at* 7:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M M Rubbholder, MD 071 (Degree or title)	23b. ADDRESS: 848 La Cassia, Boise, Ida	23c. DATE SIGNED: 9/21/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/25/1972	24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery	24d. LOCATION (City, town, or county): Buhl, (State): Idaho
DATE REC'D BY LOCAL REG.: 9-26-72	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Frank Waggoner	LICENSE NO.: M-422

Federal Security Agency
United States Public Health Service FORM Dd-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4130
Local Reg. No. 605
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY IN this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 520 So. Owyhee St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ross	Edwin	Barney	Sept. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 2, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Exec. Sec. & Educator	Idaho Comm. for Higher Ed. Facilities	Mammoth, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benj. Kimball Barney	Spanish Fork, Utah	Betsy Thomas	Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-1632	x Mrs. Ross E. Barney	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	10 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Emphysema	5 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Respiratory Acidosis	6 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 28, 1964, *to* Sept. 21, 1972, *that I last saw the deceased alive on* Sept. 21, 1972, *and that death occurred at* ____ p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R. Bakes	M.D.	121 E. Ladies St.	9/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/25/1972	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Myrtle Palmer Reg.	Emil Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4131
Local Reg. No. 621
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): ½ Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1555 West Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) LIZZIE; b. (Middle) MAY; c. (Last) SMITH

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 2, 1883

9. AGE (In years last birthday): 89
IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Vernon Co., Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ingram
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Annie Daugherty
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-32-3278

17. INFORMANT'S OWN SIGNATURE: Merle A. Schwartz
ADDRESS: 906 N. 1st Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Perforation of Ileum with General peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno Carcinoma of the Sigmoid Colon with Colo-Vesical fistula — 3 mo-
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post Op Resection - Colon - Omentum, Ileum & Bladder — 7/15/72

19a. DATE OF OPERATION: 7/15/72

19b. MAJOR FINDINGS OF OPERATION: Cancer involving Colon, bladder & attached Ileum & Omentum

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/11, 1972, *to* 9/21, 1972, *that I last saw the deceased alive on* 9/20, 1972, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] Degree or title: MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-25-72

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-28-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4132
Local Reg. No. 159
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 611
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 604

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: BINGHAM 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKFOOT
d. STREET ADDRESS (If rural, give location): 370 BINGHAM

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WESTON	WHEELER	LOWE	SEPTEMBER 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	11-6-13	58	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BARBER	BARBERING	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LEROY LOWE	IDAHO	MELISSA WHEELER	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	518-07-5922	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5193

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic pulmonary obstructive disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I, the undersigned, attended the deceased from SEPTEMBER 20, 1972, to SEPTEMBER 21, 1972 and that death occurred at 11:20p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
MURRAY G. STROMBERG, M.D. 597 (Degree or title)	VA CENTER, BOISE, IDAHO	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal - Burial	9-23-1972	Moreland Cemetery	Moreland	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Myrtle Palmer	[signature]	M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP. 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4133
Local Reg. No. 636
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 6 - 1972 Vital Statistics Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 37 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1719 N. 26th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	A	SYLVESTER	A. WONACOTT	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 13, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Custodian	School	Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward L. Wonacott	Illinois	Addie A. Hardin	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-36-0031	Mary Wonacott	1719 N. 26th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5310

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremic Coma - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure - Nephrosclerosis
DUE TO (c) Bronco Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer - Massive Hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Gastric Ulcer - acute Cholecystitis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 15, 19 72 to Sept 8, 19 72, that I last saw the deceased alive on Sept 8, 72, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 094 (Degree or title) M.D.	311 Idaho St Boise	10-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sept. 27, 1972	Morris Hill	Boise,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6, 1972	Myrtle Palmer	[signature]	M-497

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM OH-63021

OCT 6 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4134
Local Reg. No. 622
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 200 N. 3rd. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL	D.	HAYS	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 8, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Land Reclamation / Dept. of Interior		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel H. Hays	Wisconsin	Gertrude Lindsay	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes W.W.I & W.W.II	518-34-035	William D. Hays	Seattle, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 9yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 18, 1963, to Sept 22, 1972, that I last saw the deceased alive on Sept 21, 1972 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise Idaho	9/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 23, 1972	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-28-72	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4135
Local Reg. No. 615
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Boise 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho City
d. STREET ADDRESS (If rural, give location) P. O. Box 115

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLYVE	JAMES	EDLIN	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never-Married	Sept. 15, 1972		7	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	---	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
---	---	Nita Edlin	Louisville, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	Williams W. Cooley	Idaho City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7760 Meconium Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 15, 1972, to Sept. 22, 1972, that I last saw the deceased alive on Sept. 22, 1972, and that death occurred at 1:55 PM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roberta Hughes	M.D.	200 E. Bannock Boise	Sept. 25, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-26-72	Idaho City Pioneer	Idaho City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Myrtle Palmer	Robert L. Ross	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 18 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Merrick

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4136
Local Reg. No. 631
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 1½ years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Nursing Home 235	d. STREET ADDRESS (If rural, give location): 2603 Davis St.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): WILLIAM ROYAL KERN	4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
Male	White	Widowed	November 10, 1880	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail Salsman 3	Lumber Industry	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael D. Kern	New York	Margaret Dolan	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	533 10 1714	x Florence Faucher	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular Insufficiency	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Senility	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1971, *to* 23 Sept, 1972, *that I last saw the deceased alive on* 21 Sept, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
D K Merrick 965 (Degree or title) MD	425 W Bannock	28 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-26-1972	St. James Acres Cemetery	Vancouver Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2, 1972	Myrtle Palmer	Clyde Vassar	M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
OCT 3 - 1972
Bureau of Vital Statistics

State File No. 4137
Local Reg. No. 625
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 332	d. STREET ADDRESS (If rural, give location): Box 285

3. NAME OF DECEASED (Type or Print)	a. (First) Eliel	b. (Middle) Hugh	c. (Last) McNichols	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 1, 1899	9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher	10b. KIND OF BUSINESS OR INDUSTRY: Public Schools	11. BIRTHPLACE (State or foreign country): Burr Oak, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Perry McNichols	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Mary Baker	BIRTHPLACE: Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-05-2968A	17. INFORMANT'S OWN SIGNATURE: Hugh B. McNichols	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-31-72	19b. MAJOR FINDINGS OF OPERATION: Hemorrhage, (?) astrocytoma	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Aug, 1972, *to* Sept 23, 1972, *that I last saw the deceased alive on* 22 Sept, 1972, *and that death occurred at* 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE: M O'Brien M D (Degree or title) 1035	23b. ADDRESS: 401 Idaho	23c. DATE SIGNED: 2 Oct 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/28/1972	24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho		
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Wesley Leantlin
LICENSE NO.: M-549		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 - 1972
MAR 2 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 1 4 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAR 1 1 1977
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4138
Local Reg. No. 611
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2117 Heights Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT	S.	CONOVER	Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 8, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Accountant	Amer. Tel & Tel.	New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry M. Conover	New Jersey	Louise Kipp	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	055-10-9034	Ina F. Conover	2117 HeightsDr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Pulmonary Embolus. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease and Congestive failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Aortic + Iliac arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-21, 1972, *to* 9-23, 1972, *that I last saw the deceased alive on* 9-23, 1972, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Thuson	261 MD	Boise Ida	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Sept. 26, 1972	Mountain View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Myrtle Palmer Reg.	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 16 1984

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4139
Local Reg. No. 646
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 13 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): 468 East [illegible] Jackson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Coralie	Irene	Pelroy	Sept.	23	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Feb. 8, 1959	13				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Eighth Grade	Aracata, California	U.A.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Calvin F. Pelroy	-------	Alice Helen Fulwilder	----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	Calvin F. Pelroy	Burns, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Head Injury — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	06	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
23 Sep 72 10:30 A. m.		

22. I hereby certify that I attended the deceased from 23 Sep, 1972, to 23 Sep, 1972, that I last saw the deceased alive on 23 Sep, 1972, and that death occurred at 6:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause 295 (Degree or title) M.D.	Boise, Idaho	29 Sep 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-23-72	Burns Cemetery	Burns, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Myrtle Palmer	Robert H. Salladay	M-449

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Salladay Funeral Home Burns, Ore.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 13 197.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4140
Local Reg. No. 162
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 102 SOUTH 10TH

3. NAME OF DECEASED (Type or Print): a. (First) JACK; b. (Middle) NMN; c. (Last) JUSTICE

4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 24, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 12-28-02

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months: -- Days: --
IF UNDER 24 HRS. Hours: -- Min.: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING

11. BIRTHPLACE (State or foreign country): ARKANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM E. JUSTICE
BIRTHPLACE: ARKANSAS

14. MOTHER'S MAIDEN NAME: EMMY WOODS
BIRTHPLACE: ARKANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 543-03-9813

17. INFORMANT'S SIGNATURE AND ADDRESS: Christine Hale
VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5710

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of the liver — unknown
DUE TO (c) Alcoholic gastritis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 24, 1972, to SEPTEMBER 24, 1972, and that death occurred at 4:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): O. G. RIML, M.D. 597

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 29 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Mary A. Cowger

LICENSE NO.: M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4141

Certificate of Death
STATE OF IDAHO

State File No. ____
Local Reg. No. 630
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 312 East Pine Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Rudolph b. (Middle) C. c. (Last) Rossow
4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 9, 1897
9. AGE (In years last birthday): 74 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Law Enforcement
10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho
11. BIRTHPLACE (State or foreign country): Greenwood, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Carl Rossow BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Bertha Krause BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-12-7823A
17. INFORMANT'S OWN SIGNATURE: Vera L. Rossow ADDRESS: 312 E. Pine Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Stroke — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8 Sept 72
19b. MAJOR FINDINGS OF OPERATION: Abdominal Aortic Aneurysm
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__ *to* ____ 19__ *that I last saw the deceased alive on* ____ 19__ *and that death occurred at* 11:10p m. *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H Waldron 236 (Degree or title) MD
23b. ADDRESS: 201 W State ST Boise
23c. DATE SIGNED: 27 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27, 1972
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county): Meridian (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 29, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gary A. Cowger
LICENSE NO.: M-526
FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 29 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4142
Local Reg. No. 624
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): residence	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2413 Hazel St. 000	d. STREET ADDRESS (If rural, give location): 2413 Hazel St.

3. NAME OF DECEASED (Type or Print)	a. (First) LaDAWNA	b. (Middle) DIANE	c. (Last) GRIGGS	4. DATE OF DEATH (Month) (Day) (Year) September 24, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: December 30, 1965	9. AGE (In years last birthday): 6 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 9	10b. KIND OF BUSINESS OR INDUSTRY: -----	11. BIRTHPLACE (State or foreign country): Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: J. D. Griggs	BIRTHPLACE: Arkansas	14. MOTHER'S MAIDEN NAME: Beverly Diane Condit	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: ----------	17. INFORMANT'S OWN SIGNATURE: X Mrs. J. D. Griggs	ADDRESS: Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1719

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Embryonal Rhabdomyosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 26, 1972	19b. MAJOR FINDINGS OF OPERATION: Embryonal Rhabdomyosarcoma, retroperitoneal	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1972, *to* September 24, 1972, *that I last saw the deceased alive on* Sept 20, 1972 *and that death occurred at* 6:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mary Lynn O'Brien MD 1035 (Degree or title)	23b. ADDRESS: 6003 Overland	23c. DATE SIGNED: 9-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-27-1972	24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county): Hagerman (State): Idaho		
DATE REC'D BY LOCAL REG.: Sept. 29, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]
LICENSE NO.: M-535		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4143
Local Reg. No. 633
Reg. Dist. No. 370

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser (rural)
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD b. (Middle) HOMER c. (Last) BRECHBIEL
4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1972
5. SEX: male
6. COLOR OR RACE: caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11/28/1899
9. AGE (In years last birthday): 72 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Monticella, Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William D. Brechbiel — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Delilah Kauffman — BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-18-8340
17. INFORMANT'S OWN SIGNATURE: Floyd Brechbiel — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-vascular Accident — 48 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ileo-femoral thrombophlebitis — 4 d

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Sept, 1972, to 24 Sept, 1972, that I last saw the deceased alive on 24 Sept, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 123 E. Idaho
23c. DATE SIGNED: 24 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify): rem-burial
24b. DATE: 9/28/72
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Washington Idaho

DATE REC'D BY LOCAL REG.: Oct 4, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M 464
FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4144
Local Reg. No. 654
Reg. Dist. No. 370

RECEIVED OCT 16 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 000	d. STREET ADDRESS (If rural, give location): 1807 NO. HILTON

3. NAME OF DECEASED (Type or Print): a. (First) ALTA b. (Middle) BENOVA c. (Last) BRUVOLD

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	AUGUST 16, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		HEBRON, NO. DAKOTA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HENRY GROTH	IOWA	MARY TOLLEFSON	WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO.			Elisabeth B. Hendricks	1807 N. Hilton Boise, Id

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Thrombosis	Instantaneous
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Atherosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/1/63, 19 63, *to* 6/15, 19 70, *that I last saw the deceased alive on* 6/15, 19 70, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Quentin L. Quickstad, M.D. 426 (Degree or title)	6613 Ustick Rd, Boise, Idaho	8 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	9-26-72	HEBRON CEMETERY	HEBRON, NO. DAKOTA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Myrtle Palmer	G. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4145
Local Reg. No. 659
Reg. Dist. No. 370

RECEIVED OCT 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Alphonsus Hospital 000	d. STREET ADDRESS (If rural, give location) 5140 Kootenai Apt. 8

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) c. (Last) SUTHERLAND

4. DATE OF DEATH (Month) (Day) (Year) September 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
Male	White	Divorced	Feb. 27, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	20-30 Truck Stop	Unknown	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		554-24-6786	Records - Steve Alphonski	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes		Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
9-24-72 7:00P m.		Natural Causes

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 583 Deputy Coroner 4	1214 Ada - Boise Idaho	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-29-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 13, 1972	Myrtle Palmer	C. J. Vassar	M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

4146

State File No. 4146
Local Reg. No. 618
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION: Sunset Nursing home 235
d. STREET ADDRESS (If rural, give location): 2119 Madison St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) R c. (Last) Braden
4. DATE OF DEATH: (Month) (Day) (Year) 9-24-72

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-21-83
9. AGE (In years last birthday): 89
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Violinist-teacher
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Braden BIRTHPLACE: S. Dakota
14. MOTHER'S MAIDEN NAME: Lucy Ra[illegible]bergers BIRTHPLACE: S. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-8028
17. INFORMANT'S SIGNATURE: [signature] ADDRESS: 1212 Mortuary records Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4379

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis severe — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Aug 1972, to 24 Sept 1972, that I last saw the deceased alive on 23 Sept 1972, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 1016 (Degree or title) MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9-28-72
24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-27-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO. M-527
FIRM NAME: Mt'n. View Funeral Home 375-4212

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4147
Local Reg. No. 164
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Chinden Blvd at 36th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ray		Ross	Sept. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	July 25, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		La Jara, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lee Ross	S. Carolina	Addie Phillip	S. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-16-7727	Eunice Muskwell	

8199

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive internal hemorrage	Two Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severe internal traume	Two Hours
DUE TO (c)	Auto Accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident---36th and Chinden Blvd. 06		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-26-72 11:30Pm.		Auto Accident

22. *I hereby certify that I attended the deceased from* DID NOT SEE *to* ALIVE, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 583 (Degree or title) 4 Deputy Coroner	1214 Ada, Boise Idaho	10-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-29-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 6 1972	Myrtle Palmer	Rodney A. Dakan	M-508

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4148
Local Reg. No. 632
Reg. Dist. No. 370

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (In this place): 7Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2220 Iowa

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	BEVERLY	JEAN	McGEE		9	26	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Nov. 12, 1926	47	10	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Investments 3	Retired	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Day C Maxfield	Bedford, Iowa	Thelma Croker	Battle Mt. Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-24-6544	Thomas G McGee	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

340X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple sclerosis	10yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal Pneumonia	5days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 23 Sept, 19 72 *to* death, 19 ____, *that I last saw the deceased alive on* 23 Sept, 19 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
C R. Blackburn MD	Boise, Ida	29 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/29/72	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2, 1972	Myrtle Palmer	Lucy M. Flahiff	M-393

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 2 6 1972

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 2 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 2 4 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4149
Local Reg. No. 163
Reg. Dist. No. 371

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: TWIN FALLS 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — c. LENGTH OF STAY (In this place): 14 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): ROUTE 3

3. NAME OF DECEASED (Type or Print)	a. (First): EURA	b. (Middle): NMN	c. (Last): KEENEY	4. DATE OF DEATH (Month) (Day) (Year): SEPTEMBER 27, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: 6-17-05	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months: -- Days: -- — IF UNDER 24 HRS. Hours: -- Min.: --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER	10b. KIND OF BUSINESS OR INDUSTRY: LABOR	11. BIRTHPLACE (State or foreign country): MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: HOWARD KEENEY	BIRTHPLACE: MISSOURI	14. MOTHER'S MAIDEN NAME: BERTHA BARNES	BIRTHPLACE: MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: 519-05-1245	17. INFORMANT'S OWN SIGNATURE: Claudia Stone Hall	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary embolism	1-2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary emphysema	severalyears
DUE TO (c)	Atherosclerotic heart disease	several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPTEMBER 13, 1972, *to* SEPTEMBER 27, 1972 *and that death occurred at* 7:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. G. RIML, M.D. 597 (Degree or title)	23b. ADDRESS: VA CENTER, BOISE, IDAHO	23c. DATE SIGNED: 9-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-28-72	24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery — 24d. LOCATION (City, town, or county) (State): Buhl, Idaho
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Wesley Scantlin — LICENSE NO.: M-549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972
OCT 30 1972
NOV 7 1972
FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4150
Local Reg. No. 650
Reg. Dist. No. 370

RECEIVED OCT 16 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES 002	d. STREET ADDRESS (If rural, give location): 215 COTTERELL

3. NAME OF DECEASED (Type or Print)	a. (First): ELLA	b. (Middle):	c. (Last): CHAMBERS	4. DATE OF DEATH (Month) 9 (Day) 27 (Year) 1972	
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 1-13-1884	9. AGE (In years last birthday): 88	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): SOUIX FALLS, SOUTH DAK.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: ANNON J. ANDERSON	BIRTHPLACE: NORWAY	14. MOTHER'S MAIDEN NAME: CHARLOTTE WELTZEN	BIRTHPLACE: WISCONSIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 501 16 1454D	17. INFORMANT'S OWN SIGNATURE: Woodrow E Powell	ADDRESS:		

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia, Acidosis & Arrhythmia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severe Generalized AS	
DUE TO (c)	Age	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old fixed CVA	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 June, 1971, *to* _____, 19____, *that I last saw the deceased alive on* 27 Sept, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: B Woody MD 368 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	24b. DATE: (9-28-1972	24c. NAME OF CEMETERY OR CREMATORY: Balfour cemetery
24d. LOCATION (City, town, or county): Balfour	(State): N.D.	
DATE REC'D BY LOCAL REG.: Oct. 10 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. Conway Grant
LICENSE NO.: M478		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4151
Local Reg. No. 623
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: BOISE CONVALESCENT CENTER 332

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3609 RoSeHill

3. NAME OF DECEASED (Type or Print): a. (First) WALDEMAR b. (Middle) LANTAU c. (Last) JENSEN

4. DATE OF DEATH: (Month) Sept. (Day) 27, (Year) 72

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 12, 1894

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Retail Auto

11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Peder Jensen, BIRTHPLACE: Copenhagen, Denmark

14. MOTHER'S MAIDEN NAME: Dorthea F. Lantau, BIRTHPLACE: Copenhagen, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 533 03 3986

17. INFORMANT'S OWN SIGNATURE: Frances Jensen ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Cancer of prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stroke — 10 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 19 72, to death, 19, that I last saw the deceased alive on Sept 17, 19 72, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE: D J Jeppesen 359 (Degree or title) MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 30, 1972

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-28-72

REGISTRAR'S SIGNATURE: Myrtle Palmer MD

25. EMBALMER: L. Conway Grant

LICENSE NO.: M478

FIRM NAME: REIYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4152

Amended Oct. 4, 1972

Certificate of Death
STATE OF IDAHO

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

State File No.
Local Reg. No. 626
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 112 N. Garden St.

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Courtney	c. (Last) Eddy	4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 14, 1903	9. AGE (In years last birthday): 69; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator	10b. KIND OF BUSINESS OR INDUSTRY: Public Schools	11. BIRTHPLACE (State or foreign country): Terry, Lawrence Co., S.Dak.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Henry Eddy	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Anna Moyle	BIRTHPLACE: England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-30-3223	17. INFORMANT'S OWN SIGNATURE: * Mrs. J. C. Eddy	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5718

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bleeding Duodenal Ulcer	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hepatic Failure	
DUE TO (c)	Post Cholangiolytic Cirrhosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus, Renal Failure	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 19, 1963, *to* Sept. 27, 1972, *that I last saw the deceased alive on* Sept. 26, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wayne R Baker, MD (Degree or title) 019	23b. ADDRESS: 121 E. Idaho St.	23c. DATE SIGNED: 10/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/30/1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-549

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for John Courtney Eddy (Name on Original Certificate) who died (Was Born or Died) on Sept. 27, 1972 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item #11	Leeds, So. Dakota	Terry, Lawrence Co., So.Dak.

Subscribed and sworn to before me this 4th day of October, 1972

Notary Public, residing at Boise, Idaho

My commission expires September 15, 1976

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

419 N. 9th St., Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 1972

Notary Public, residing at Boise, Idaho

My commission expires September 15, 1976

(Seal)

Signed .....
(Signature of Any Credible Person)

7518 Wesley Dr. Boise Ida.
(Street Address, City, State)

FORM DH 60-155

OCT 4 1972

AUG 2 7 1980

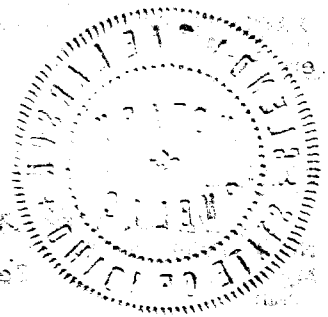

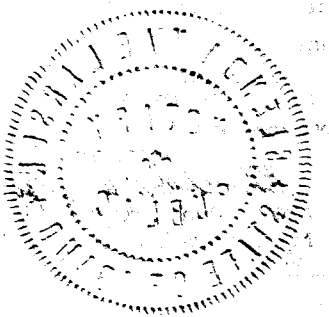

Certificate of Death
STATE OF IDAHO

State File No. 4153
Local Reg. No. 651
Reg. Dist. No. 370

BIRTH NO. 72-9427

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): c/1
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. ## 6

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Baby Girl		Aguilar	Sept. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Mexican	Infant	Sept. 21, 1972			7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
9		Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amador Aguilar, Jr.	Mexico	Alice Ragnit	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	Amador Aguilar Jr.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7261

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Extensive intraventricular hemorrhage	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Prematurity with Hyaline Membrane Disease	birth
DUE TO (c)	Penumonia	3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Suspected Kernicterus	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 21 Sept, 19 72 *to* 28 Sept, 19 72, *that I last saw the deceased alive on* 28 Sept, 19 72, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Noble, M.D. 945 (Degree or title)	620 W. Hays St. Boise Idaho 83702	3 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-2-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10 1972	Myrtle Palmer	Oakan	M-508

FIRM NAME: Oakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. W Hair

RECEIVED OCT 10 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4154
Local Reg. No. 639
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 15 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): 923½ W. Fort St.

3. NAME OF DECEASED (Type or Print)	a. (First) IRENE	b. (Middle) R.	c. (Last) PINSONAULT	4. DATE OF DEATH (Month) (Day) (Year) September 28, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: January 14, 1894	9. AGE (In years last birthday): 78; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 3	10b. KIND OF BUSINESS OR INDUSTRY: Legal Profession	11. BIRTHPLACE (State or foreign country): Massacusetts	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Timothy Rochford	BIRTHPLACE: Massachusetts	14. MOTHER'S MAIDEN NAME: Agnes Sheehan	BIRTHPLACE: Massachusetts Boise	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 017 07 3641 A	17. INFORMANT'S OWN SIGNATURE: X Marie B. Owens	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-28, 1968, *to* 9-28, 1972, *that I last saw the deceased alive on* 9-28, 1972, *and that death occurred at* 9:43 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] -654 (Degree or title) M.D.	23b. ADDRESS: 425 W. Bannock	23c. DATE SIGNED: 9-29-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-2-1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Oct. 6, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde Vassar	LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4155
Local Reg. No. 640
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Convalescent Center 330

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1123 Cleveland

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Amelia	L.	Lilly	Sept. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 14, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Pittsburgh, Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Udick	Germany	Mary E. Spirl	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		519-09-0569A	Catherine A. Pape	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrhythmia	Acute
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Senility & Nephrosis	Chronic
DUE TO (c)	Arteriosclerosis Generalized & Cerebral	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1968, 19__, *to* 9-30, 1972, *that I last saw the deceased alive on* 9-1, 1972, *and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James L. Rapmund MD	4808 Fairview, Boise, Idaho	10-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-3-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6, 1972	Myrtle Palmer	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4156
Local Reg. No. 627
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 2 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location): 2207 Heights Drive

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) IRENE	c. (Last) McDANIEL	4. DATE OF DEATH (Month) (Day) (Year)	Sept. 30, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 29, 1893	9. AGE (In years last birthday): 79	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): New York, New York	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Fred Bohn	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Germany			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-12-0161	17. INFORMANT'S OWN SIGNATURE: Charles W. McDaniel	ADDRESS: 2207 Heights, Boise Ida.			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Metastatic Adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Liver, Omentum Peritoneum — over 1 Year.

DUE TO (c) and Lung from Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 11, 1971	19b. MAJOR FINDINGS OF OPERATION: Metastatic Adenocarcinoma Colon Liver Omentum Peritoneum	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Oct 5 19 71, *to* September 30 19 72, *that I last saw the deceased alive on* September 30 19 72 *and that death occurred at* 12:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R. Jones 270 M.D.	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED: 10/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-3-72	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 4, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Orval W. Murray	LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 - 1972

MAR 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 1 4 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4157
Local Reg. No. 628
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 433 W. Pine Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Carl	E.	Knudsen	Sept.	30,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 9, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farming	Ganado, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence Knudsen	Denmark	Carrie Peterson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-07-7875	Loraine Knudsen	433 W. Pine Ave Meridian, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Renal failure (arteriosclerotic) — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-21, 1972, to 9-30, 1972, *that I last saw the deceased alive on* 9-29, 1972, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	401 Idaho St. Boise, Ida.	10-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 3, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1972	Myrtle Palmer	[signature]	M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 9 1981 OCT 4 - 1972 MAR 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. SEP 14 1979
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4158
Local Reg. No. 634
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write BURB and give township): Meridian
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Franklin Nursing Home 379

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian (rural)
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) Ira; b. (Middle) B.; c. (Last) Lane

4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 5, 1884

9. AGE (In years last birthday): 88
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marshalltown, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Lane
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Harriett Nelson
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-24-8491

17. INFORMANT'S OWN SIGNATURE: Esther C. Allen
ADDRESS: Route # 1 Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 1 wk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Sept, 1972, *to* 30 Sept, 1972, *that I last saw the deceased alive on* 23 Sept, 1972, *and that death occurred at* 8:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Howells 965 (Degree or title) MD

23b. ADDRESS: 425 W Bannock Boise

23c. DATE SIGNED: 3 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 4, 1972

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: Oct. 4 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gary C. Cowger

LICENSE NO.: M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4159
Local Reg. No. 18
Reg. Dist. No. 300

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Stats

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARIE	SUSAN	HOLMES	8/29/72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	7/7/1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
teaching	public schools	Glencoe, Oklahoma	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Weaver	---	Lillie D. Moss	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		John W Holmes	Indian Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold Whitaker	Adams County Coroner	Council, Idaho	Sept. 17, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem. burial	9/2/72	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/25/72		Marshall S Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4160
Local Reg. No. 16
Reg. Dist. No. 300

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics 020

1. PLACE OF DEATH
a. COUNTY Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAVADA	NORENE	HORN	Sept. 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	divorced	Sept. 26, 1927	44	11 / 8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Clinchport, Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Weldon McGinness	----	Edith Robinson	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Laura Parodis	Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma, breast — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Malignant Pleural Effusion — one year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 3, 1972, *to* Sept. 4, 1972, *that I last saw the deceased alive on* Sept. 4, 1972, *and that death occurred at* 3:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Council, Idaho	Sept. 5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 7, 1972	Indian Valley, Cem.	Indian Valley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 5, 1972	[signature]	R. Lee Thomson	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4161
Local Reg. No. 17
Reg. Dist. No. 300

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARDELL	EVA	DUREE	9	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	married	12/1/1920	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	own home	Neligh, Nebraska	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ludwig Prawitz	Nebr.	Clara Gaster	Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 74 1781	David R. Duree	Council

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

1560

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma Gallbladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs.

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 23, 19 72 *to* September 8, 19 72, *that I last saw the deceased alive on* September 8, 19 72, *and that death occurred at* 5:43 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Council, Idaho	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, or town, or county) (State)
burial	9/11/72	I.O.O.F. Cemetery	Council Adams Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-11-72	[signature]	[signature]	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1 copy

Certificate of Death
STATE OF IDAHO

State File No. 4162
Local Reg. No. 19
Reg. Dist. No. 300

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp. 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Box 6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Franklin	Perkins	Sept. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Nov. 24, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher 7	cattle	Ola, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Burdette Perkins	Kansas	Effie Griffith	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-24-6342	X [illegible]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive C V A	8 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASCVD c cerebrovascular insufficiency	1½ mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Emphysema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/20, 19 72, *to* 9/21/72, 19____, *that I last saw the deceased alive on* 9/21, 19 72, *and that death occurred at* 3:55A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Council, Idaho	9/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 23, 1972	Ola	Ola, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/26/72	[signature]	[signature]	M-445

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 28 1972
FEB 27 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 27 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4163
Local Reg. No. 20
Reg. Dist. No. 300

BIRTH NO.

RECEIVED OCT 2 - 1972 020 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): N. of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CORA	Ellen	BAGLEY	Sept.	25	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	July 20, 1889	83	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Kansas City, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Johnson	----	Emma	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Golda Cooper	College Place Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro vascular Accident	6 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Previous cerebro vascular accident	2 yrs.
DUE TO (c)	Arteriosclerotic Cerebrovascular Disease	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4369

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 9, 19 72, to Sept. 25, 19 72, *that I last saw the deceased alive on* Sept. 25, 19 72, *and that death occurred at* 3:52a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Council, Idaho	Sept. 25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial-Rem.	Sept. 27, 1972	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972			M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4164
Local Reg. No. 21
Reg. Dist. No. 300

BIRTH NO.

RECEIVED OCT 5 - 1972 020
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	FRANK	WEEMS	9	30	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	never married	8/24/27	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farm	Bray, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Weems	--	Maude Kerr	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW II		John R. Coleman	Council, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sudden unexpected death, cause undecided — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute cholecystitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/29/72 19 72 *to* 9/30/72 19 ____ *that I last saw the deceased alive on* 9/30/ 19 72 *and that death occurred at* 8:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Council, Idaho	10/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem-burial	10/4/72	Salubria Cemetery	Cambridge Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/3/72	[signature]	[signature]	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4165
Local Reg. No. 304
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Henry	Lewis	Feb.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 27, 1873	98		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paris, Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Lewis	England	Elizabeth A. King	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-14-4553-A	Eldon W Lewis	Paris, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart Disease	2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 3, 1970, to Feb 15, 1972, that I last saw the deceased alive on Feb 15, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J C Worsell	113 M.D.	Preston Idaho	10-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal	Feb. 15, 1972	Paris Cemetery	Paris	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 13 1972	Gloria Dopita	John P Thorne	19-292

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4166
Local Reg. No. 275
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3305 Pole Line Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AUSTIN	A.	JONES	Sept. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 13, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Union Pacific Railroad Company
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Menan, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Wilbur Jones
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Gladys Green
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Margaret M. Jones
ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) arteriosclerotic heart disease with chronic

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-renal failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955, 19__, to 9-2-, 1972, that I last saw the deceased alive on 9-1-, 1972 and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller, M.D. 363	Pocatello, Idaho	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sep. 5, 1972	Mountainview Cemetery,	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 13	Gloria Dopita	Theron Spiller	M-554

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4167
Local Reg. No. 284
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
SEP 19 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location) 1002 Samuel

3. NAME OF DECEASED (Type or Print)	a. (First) CALLIE	b. (Middle) MAE	c. (Last) CLUTE	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1916	9. AGE (In years last birthday) 56 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Threecreek, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME C.H. Ross	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Pearl Estes	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE J L Clute	ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1972 *to* Sept 2, 1972, *that I last saw the deceased alive on* Sept 1, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Gene A Catcliff (Degree or title) MD 1024	23b. ADDRESS Co Box 852 Pocatello	23c. DATE SIGNED Sept 11 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep.5,1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem.Gardens	24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG. SEP 18 1972	REGISTRAR'S SIGNATURE Gloria Tosta	25. EMBALMER Theron Miller	LICENSE NO. M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4168
Local Reg. No. 271
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 12 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock (031)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock (031)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 248½ E. Center

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LOREN	TYLER	EDMO	Sept.	2	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Indian	Never Married	June 9, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willie Edmo	Idaho	Elsie Mink	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Ft. Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial infarction & Chronic Myocardial heart disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden / Yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1970, 19__, *to* 9-2, 1972, *that I last saw the deceased alive on* 9-7, 1972, *and that death occurred at* 11:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller, MD	Pocatello Idaho	9-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	9-5-72	Episcopal Mission	Fort Hall	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 11 1972	Gloria Dopita	John P. Gorman	292

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4169
Local Reg. No. 272
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Calif. 05
b. COUNTY: Kern 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mojave
d. STREET ADDRESS (If rural, give location): 15548 M. St.

3. NAME OF DECEASED (Type or Print): a. (First) KAREN; b. (Middle) ANN; c. (Last) GREER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1972

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7, 1943

9. AGE (In years last birthday): 29
IF UNDER 1 YR. Months: 1 Days: 26
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): American Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Chapman
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Marie Campbell
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-56-2765

17. INFORMANT'S OWN SIGNATURE: David M. Greer
ADDRESS: Mojave, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 2509 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis
DUE TO (c): Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-2- , 1972 , *to* 9-3- , 19 72 , *that I last saw the deceased alive on* 9-3 , 1972 , *and that death occurred at* 2:10a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1024 (Degree or title) MD
23b. ADDRESS: Box 852 Bradley
23c. DATE SIGNED: 9/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial
24b. DATE: 9-6-72
24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery
24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL REG.: SEP 11 1972
REGISTRAR'S SIGNATURE: Gloria Depeta
25. EMBALMER: H. L. Davis
LICENSE NO.: M-253
FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4170
Local Reg. No. 279
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	EARL	BURRUP	Sept. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 8, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Downey, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Burrup		Maria Byington	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Vera Burrup	Inkom, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic H. Dis. — INTERVAL BETWEEN ONSET AND DEATH: Oct 1970

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1970 , 19___, *to* Sept 3 , 19 72 , *that I last saw the deceased alive on* Sept 3 , 19 72 , *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
RP Burrup MD	Pocatello	9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sep.6,1972	Inkom Cemetery	Inkom, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 15 1972	Elona Dopita	Theron Spiller	M-54

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

OCT 16 1972

SEP 18 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4171
Local Reg. No. 280
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. [illegible] (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 406 North 8th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	ALVA	EGAN	Sept. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 16, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Richmond, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Ransom Egan	Mass.	Amanda Andrus	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX	519 07 1470	[signature]	Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral embolism

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7-27-72 (1971)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1971, 19___, *to* Sept 4, 19 72, *that I last saw the deceased alive on* Sept 4, 19 72, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Pocatello	9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sep. 7, 1972	Central Cemetery	Central, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	[signature]	Theron Spiller	M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

SEP 19 1972
APR 29 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4172
Local Reg. No. 268
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019	d. STREET ADDRESS (If rural, give location): 257 No. 8th Ave.

3. NAME OF DECEASED (Type or Print) a. (First): SOPHIE	b. (Middle): HELDMANN W	c. (Last): MOON	4. DATE OF DEATH (Month) (Day) (Year): Sept. 5 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Mar. 29, 1888	9. AGE (In years last birthday): 84 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Johannes A. Heldmann	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Dorothea Schleht	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-54-0568	17. INFORMANT'S OWN SIGNATURE: Mrs Dorothea Laible	ADDRESS: Pocatello Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1530

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of Rt. Colon	6 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes, Anemia, arteriosclerosis	2 yrs

19a. DATE OF OPERATION: June 1972	19b. MAJOR FINDINGS OF OPERATION: Ca of Colon Resected	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* 9-5-72, 19__, *that I last saw the deceased alive on* 9-4-72, 19__, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Daniel C. Miller, Mrs. 363 (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 9-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9 Sept 72	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: SEP 6 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Gary W. Knoff	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 14 1972 Bureau of Vital Statistics

State File No. 4173
Local Reg. No. 276
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 310 East Center Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 310 East Center Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	FONTAINE	PERSE	September 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	August 26, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Salesman 3	Retail	Robin Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Perse		Nancy J. Armstrong	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	461-09-5033	James E. Perse	Bend, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify [redacted] that I last saw the deceased alive on Sept. 7, 1972, and that death occurred [redacted] hr., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Burton W. John 583 (Degree or title) 4	Bannock County Coroner Pocatello, Idaho	Sept. 9, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 11, 1972	Mountainview Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 12 1972	Blanche Dopita	James Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the otfice of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4174
Local Reg. No. 281
Reg. Dist. No. 511

RECEIVED SEP 19 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 4 mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Comm. Hospital 019	d. STREET ADDRESS (If rural, give location): Hawthorne Rd. (Tyhee)

3. NAME OF DECEASED (Type or Print)	a. (First) ISABELLA	b. (Middle) (MOLLIE)	c. (Last) AINSWORTH	4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 22, 1904	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Fraser	BIRTHPLACE: Scotland	14. MOTHER'S MAIDEN NAME: Elizabeth Williams	BIRTHPLACE: England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-05-7396B	17. INFORMANT'S OWN SIGNATURE: C.T. Ainsworth SK	ADDRESS: Pocatello, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of H. Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 72	19b. MAJOR FINDINGS OF OPERATION: Biopsy Positive for Ca of Lung	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1966, 19__, *to* 9-7-, 19 72, *that I last saw the deceased alive on* 9-7-72, 19__, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: David E. Miller 362 (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 9-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11 Sept 72	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: SEP 14 1972	REGISTRAR'S SIGNATURE: Flora Dopita	25. EMBALMER: George Knopp	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972
MAR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 3 1981
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4175
Local Reg. No. 277
Reg. Dist. No. 510

RECEIVED SEP 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place) 29 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence 226 W. Day 000	d. STREET ADDRESS (If rural, give location) 226 West Day

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET	b. (Middle) HARRINGTON	c. (Last) HAMMACK	4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1972	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 10, 1912	9. AGE (In years last birthday) 59 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY ----------	11. BIRTHPLACE (State or foreign country) Bingham Canyon, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Michael Harrington	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Bridget Sheehan	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Ralph Hammack	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~last~~ saw the deceased ~~alive~~ dead on* 9-9-72 *, 19____, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton John	583 (Degree or title) Coroner 4	23b. ADDRESS Bannock Co. Ida.	23c. DATE SIGNED 9-12-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 13, 72	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.	24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG. SEP	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Manning Funeral Chapel
Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4176
Local Reg. No. 282
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 032
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chubbuck
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 250 Stuart Avenue 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 498 Washington Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wayne	Ross	Leffler	Sept 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 9, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Auto Mechanic	Turner, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Paul Leffler		Eliza Black	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	518-07-7833		Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Skull
DUE TO (c) Internal injuries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / 3 - 03 (COUNTY)	(STATE)
Accident	Home 01	Chubbuck / Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [XX] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
Sept. 12, 1972 m.		Car fell from blocks

22. *I hereby certify that I attended the deceased from* [illegible] *, 19* [illegible] *, to* [illegible] *, 19* [illegible] *, that I last saw the deceased alive* dead *on* Sept. 12, 1972 *19* ____ *, and that death occurred* [illegible] *, from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton H Gorman	533 Bannock County Coroner	Pocatello, Idaho	Sept. 14, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 16, 1972	Grace Cemetery	Grace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 15 1972	Elona Dopita	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4177
Local Reg. No. 283
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock (03)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) 4mos 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Eastgate Nursing Home -E.Terry St. 370

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham (06)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 789 West Sexton Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jane		DeKay	Sept.	12	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed	Jan. 27, 1898	74	7	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Weatherford, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wolfenberger	Texas	Alice Plumlee	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-01-1520 B	Jane K. Lusby	Box 15 Steamboat Springs, Colo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	190X Carcinoma, left ey	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-10, 1972, to 9-12, 1972, that I last saw the deceased alive on 9-12, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	804 E Center Rexburg Ida	9-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	9-15-72	Grove City Cemetery	Blackfoot, Bingham	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 18 1972	Gloria Dozita	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4178
Local Reg. No. 288
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 625 West Greeley

3. NAME OF DECEASED (Type or Print): a. (First) Al; b. (Middle) L; c. (Last) Kessel

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 6, 1904

9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker & Jeweler 4

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry

11. BIRTHPLACE (State or foreign country): Carls Junction, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Edward Louis Kessel

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Anna Brittian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 506-10-5036

17. INFORMANT'S OWN SIGNATURE / ADDRESS: John L Kessel Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Emphysema and Pulmonary — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Insufficency — several mont
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Adrenal Insufficiency

492X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 19 72 *to* September 12, 19 72, *that I last saw the deceased alive on* September 12, 19 72, *and that death occurred at* 4:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Worona M.D. 774 (Degree or title) 1
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 23, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Sept. 16, 1972
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Memorial Corp.
24d. LOCATION (City, town, or county) (State): Ogden Utah

DATE REC'D BY LOCAL REG.: SEP 1972
REGISTRAR'S SIGNATURE: Gloria Doppler
25. EMBALMER: Jack Henderson
LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 2 1972
OCT 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 19 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4179
Local Reg. No. 311
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello (Chubbuck)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 745 Victor Avenue

3. NAME OF DECEASED (Type or Print)	a. (First): NICHOLETTE	b. (Middle): LEE	c. (Last): WILSON	4. DATE OF DEATH (Month) (Day) (Year): September 18 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: April 28, 1971	9. AGE (In years last birthday): 1 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***** 9	10b. KIND OF BUSINESS OR INDUSTRY: *****	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Roger C. Wilson	BIRTHPLACE:	14. MOTHER'S MAIDEN NAME: Jolene Henderson	BIRTHPLACE: Burley, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: *****	17. INFORMANT'S OWN SIGNATURE: Jolene H. Wilson	ADDRESS: Pocatello, Idaho	

8237

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	PULMONARY HEMORRHAGE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CRUSH INJURY TO CHEST	
DUE TO (c)	AUTOMOBILE ACCIDENT	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	CEREBRAL EDEMA	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home 01	21c. (CITY, TOWN, OR TOWNSHIP) 13-032 (COUNTY): Chubbuck Bannock	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 18, 1972 2 p m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? struck by a car	

22. *I hereby certify that I attended the deceased from* Sept. 18, 1972, *to* Sept. 18, 1972, *that I last saw the deceased alive on* Sept 18, 1972, *and that death occurred at* 4:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roger W. Boe MD (Degree or title) 671	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED:	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: OCT 16 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Jack Henderson	LICENSE NO.: M - 349

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4180
Local Reg. No. 296
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — LENGTH OF STAY (In this place): 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): Walter	b. (Middle): John	c. (Last): Reimann	4. DATE OF DEATH (Month) (Day) (Year): Sept 18, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept 16, 1902	9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer/Dairy	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Greentimber, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Gotfried Reimann	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Katherine Kramer	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 518-07-8434	17. INFORMANT'S OWN SIGNATURE: x Robert L. Reimann	ADDRESS: Ashton Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral arteriosclerosis	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1972 *to* 9-18, 1972, *that I last saw the deceased alive on* 9-15, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Kranzdall	113 (Degree or title): MD	23b. ADDRESS: 804 E Center Pocatello Ida	23c. DATE SIGNED: 9-26-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery	24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Robert Bean	LICENSE NO.: M-456

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4181
Local Reg. No. 285
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location) 556 Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) M.	c. (Last) COCHRAN	4. DATE OF DEATH (Month) Sept. (Day) 18, (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22,1910	9. AGE (In years last birthday) 62 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Wyoming	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles A. Cochran	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Annie Christofferson	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 712-07-2165	17. INFORMANT'S OWN SIGNATURE Gula Cochran	ADDRESS Pocatello, Idaho

946X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fracture of Cervical spine	3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetic mellitus with gangrene of feet	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1970, *to* 9-18, 1972, *that I last saw the deceased alive on* 9-18, 1972, *and that death occurred at* 12:05p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 113 (Degree or title) MD	23b. ADDRESS 804 E. Center Pocatello	23c. DATE SIGNED 9-19-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep.21,1972	24c. NAME OF CEMETERY ~~OR CREMATORY~~ Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State) Pocatello, Idaho		
DATE REC'D BY LOCAL REG. SEP 22 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER [signature]
LICENSE NO. M-354		

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 30 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 25 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4182
Local Reg. No. 286
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 610 Elaine

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JACOB	ARTHUR	NEAL	Sept. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 5, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Auto garage	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Silas L. Neal	Unknown	Sarah E. Harbour	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-30-2075A	Richard A. Neal	Roseville, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
15 Sept 1972	Carcinoma pancreas metastatic to liver	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11 Sept 1972, 19__, *to* 18 Sept, 1972, *that I last saw the deceased alive on* 18 Sept, 1972, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. (Degree or title)	Pocatello Idaho	19 Sept 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Restlawn Mem. Gardens	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 22 1972	[signature]	[signature]	M-292

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 16 1972

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 5 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 27 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4183
Local Reg. No. 287
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Hall Indian Rservation
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 299 Hillcrest Haven Nursing Home	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) DANIEL	b. (Middle)	c. (Last) PANDOAH	4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1972		
5. SEX Male	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1882	9. AGE (In years last birthday) 90	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hunting & Fishing 7	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Pandoah	BIRTHPLACE Idaho		14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-60-2332J1	17. INFORMANT'S OWN SIGNATURE Agency Records	ADDRESS Fort Hall, Ida.		

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 a/m *, 19*72 *to* Sept 19 *, 19*72 *, that I last saw the deceased alive on* Sept 15 *, 19*72 *, and that death occurred at* 5 a.m. *, from the causes and on the date stated above.*

23a. SIGNATURE [signature] 113 (Degree or title) MD	23b. ADDRESS 804 E Center Pocatello Idaho	23c. DATE SIGNED 9-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-23-72	24c. NAME OF CEMETERY OR CREMATORY Gibson Cemetery	24d. LOCATION (City, town, or county) (State) Fort Hall Indian Res. Idaho
DATE REC'D BY LOCAL REG. SEP 25 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gorman	LICENSE NO. M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4184

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 297
Reg. Dist. No. 510

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Rest Home 294	d. STREET ADDRESS (If rural, give location) 1071 Renee

3. NAME OF DECEASED (Type or Print)	a. (First) JACK	b. (Middle) CLAUDE	c. (Last) WELLS	4. DATE OF DEATH (Month) Sept. (Day) 22, (Year) 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Jan. 29,1912	9. AGE (In years last birthday) 60 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender and cook 6	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Vancover, Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Claude Wells	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Vella Kempton Wells	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Terry Renfro	ADDRESS	

5771

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic pancreatitis, urinary tract infection, diabetes, hypostatic pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9, 19 58, *to* Sept. 22, 19 72, *that I last saw the deceased alive on* July 31, 19 72, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE L.S. Call, M.D. 477 (Degree or title)	23b. ADDRESS Box 852, Pocatello, Id.	23c. DATE SIGNED 10/2/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25,1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial Gardens
24d. LOCATION (City, town, or county) (State) Pocatello, Idaho		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Gloria Doorta	25. EMBALMER Theron Smiller
LICENSE NO. M-534		

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972
JAN 1 3 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4185
Local Reg. No. 289
Reg. Dist. No. 510

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 410 S. Main	d. STREET ADDRESS (If rural, give location) 7 Willowwood

3. NAME OF DECEASED (Type or Print)	a. (First) RUTH	b. (Middle) D.	c. (Last) BOGERT	4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 19,1897	9. AGE (In years last birthday) 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Laurence Davie	BIRTHPLACE Scotland	14. MOTHER'S MAIDEN NAME Alice Le Roy	BIRTHPLACE Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE E. A. Bogert	ADDRESS Pocatello, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebo-Vascular Accident Cstroke

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__*, to* — *, 19*__*, that I ~~last~~ saw the deceased ~~alive~~ dead on* 9-22-, 1972*, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H. John	(Degree or title) Coroner	23b. ADDRESS Bannock Co. Ida.	23c. DATE SIGNED 9-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-26-72	24c. NAME OF CEMETERY OR CREMATORY Ketchum Cem.	24d. LOCATION (City, town, or county) (State) Ketchum, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Dora Dopila	25. EMBALMER John P. Gomez	LICENSE NO. M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 28 1972

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 27 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 2 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4186
Local Reg. No. 298
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY BAnnock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1004 East Center 000	d. STREET ADDRESS (If rural, give location) 1004 East Center

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) NICHOLAS	c. (Last) ARBON	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1972	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 25, 1875	9. AGE (In years last birthday) 96 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Snowville, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Arbon	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Sarah Nicholas Arbon	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Mrs. Joseph N. Arbon	ADDRESS	

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1956, *to* Sept. 23, 1972, *that I last saw the deceased alive on* Aug., 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 677 (Degree or title) L.S. Call, M.D.	23b. ADDRESS Box 852, Pocatello, Id.	23c. DATE SIGNED 10/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 26, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-534

OCT 4 1972

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4187
Local Reg. No. 690
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 131 Foothil Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 131 Foothil Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) MILDRED b. (Middle) M. (DOT) c. (Last) HUNTER

4. DATE OF DEATH: (Month) Sept. (Day) 23, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 6,1899

9. AGE (In years last birthday): 72 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nevada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George I. Slingerland BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Maude E. Guild BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ray S. Hunter Clerk ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Direct invasion meningitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Differentiated kerotinizing squamous cell carcinoma, antrum of the right maxillary sinus — 10 mon.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Massive cobalt radiation therapy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/29, 1972, *to* Sept. 23, 1972, *that I last saw the deceased alive on* 9/23, 1972, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McMahon M.D. (347) (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-26-72

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 4 1972

REGISTRAR'S SIGNATURE: Gloria Dopita

25. EMBALMER: John P. Gorman LICENSE NO.: M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-83021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4188
Local Reg. No. 292
Reg. Dist. No. 5-C

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1155 East Fremont

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVELYN	HORTENSE	RAYMOND	Sept. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	May 27, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Henderson Creek, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alma Heber Green		Hortensia Moon Green	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Harold C. Raymond	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Arteriosclerosis Hypertension with heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-18, 1972 to 9-25, 1972, that I last saw the deceased alive on 9-25, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold C. Raymond	MD	Pocatello Idaho	9-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 29, 1972	McCammon Cemetery	McCammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 5 1972	Gloria Dopita	Theron Miller	M-527

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 5 1972
SEP 2 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

NOV 21 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

State File No. 4189
Local Reg. No. 271
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock 032
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Colonial Motel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 032
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
d. STREET ADDRESS (If rural, give location): Colonial Motel

3. NAME OF DECEASED (Type or Print): a. (First) PAUL b. (Middle) c. (Last) TILLOTSON

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: January 23, 1925

9. AGE (In years last birthday): 47 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alvin B. Tillotson
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Elizabeth Moss
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 519-20-9041

17. INFORMANT'S OWN SIGNATURE: Thomas L. Tillotson ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

956X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Incision on Internal side of — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Right Elbow, severing Brachial
DUE TO (c): Artery and Vein

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 2 Suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) / (STATE): Chubbuck / 033 / Bannock / Idaho

21d. TIME OF INJURY: (Month) Sept. (Day) 25 (Year) 1972 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify* [illegible] *that I last saw the deceased* [illegible] dead *on* Sept. 27, 1972, *and that death occurred* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton Hawks 533 (Degree or title) 4
23b. ADDRESS: Bannock County Coroner Pocatello, Idaho
23c. DATE SIGNED: Sept. 29, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery
24d. LOCATION (City, town, or county) (State): Marsh Valley Bannock Idaho

DATE REC'D BY LOCAL REG.: OCT 4 1972
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: Jack Henderson
LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4190
Local Reg. No. 301
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — LENGTH OF STAY (In this place): 6 wks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019	d. STREET ADDRESS (If rural, give location): 939 W. Lander St.

3. NAME OF DECEASED (Type or Print)	a. (First): HELEN	b. (Middle): A	c. (Last): THOMAS	4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 18, 1891	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Colorado	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James O'Brien	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Mary Hansen	BIRTHPLACE: Denmark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs Gertrude McLaughlin	ADDRESS: Pocatello	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

398X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Renal failure due to class IV Rheumatic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cardiac Cirrhosis and severe intractable bronchitis

DUE TO (c): Anemia Sinus 1965

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 1969

19b. MAJOR FINDINGS OF OPERATION: ① Gastric Polyp ② Polyp of Sigmoid

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Sept 26, 1972, *that I last saw the deceased alive on* Sept 25, 1972, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R P Howard M.D.	248 (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 10-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 29 Sep 72	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: OCT 11 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knopp	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4191

Certificate of Death
STATE OF IDAHO

State File No. 4191
Local Reg. No. 293
Reg. Dist. No. 511

BIRTH NO. 72-9088

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: BAnnock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 03/
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 015

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 06/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): P. O. Box 97

3. NAME OF DECEASED (Type or Print): a. (First) ALLEN; b. (Middle); c. (Last) BRONCHO

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1972

5. SEX: male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Sept. 27,,1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours: 2 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Claude Broncho
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Janice Broncho
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C Claude Broncho
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 7762 Severe I.R.D.S — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/28 *, 19*72 *to* 9/28 *, 19*72*, that I last saw the deceased alive on* 9/27/72 *, 19*72*, and that death occurred at* 2:29 p.m., *from the causes and on the date stated above.* Pocatello

23a. SIGNATURE: C.M. Rasmussen MD (Degree or title) 1045
23b. ADDRESS: 527 S. 12th Ave
23c. DATE SIGNED: 9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 29, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mission Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: OCT 3 1972
REGISTRAR'S SIGNATURE: Gloria Depita
25. EMBALMER: Theron Miller
LICENSE NO.: M-524
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4192
Local Reg. No. 299
Reg. Dist. No. 518

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1237 Lavine Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL	L.	GRANGE	Sept. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	July 24, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
college instructor		Huntington, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ulysses Wallace Grange		Margaret Elizabeth Jones Grange	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Cecile O. Grange	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Anterior mycoardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 9/22/72 to 9/27/72

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 22, 1972, *to* Sept. 27, 1972, *that I last saw the deceased alive on* Sept. 27, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L.S. Call, M.D.	MD	Box 852, Pocatello, Id.	10/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 30, 1972	Price City Cemetery	Price, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 4 1972	Gloria Dopita	Theron Spiller	M-534

FIRM NAME: Manning Funeral Chapel

Federal Entity Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4193
Local Reg. No. 294
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hillcrest Haven Rest Home 294

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1070 Renee

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALFARATA	MAE	BOWEN	Sept. 28 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 12, 1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Shaefer	Ohio	Sarah Anthony	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	540-16-8432B	Clarence Brown	Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic Heart Disease — Date — INTERVAL BETWEEN ONSET AND DEATH: 4 Yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1954, to Sept 28, 1972, *that I last saw the deceased alive on* Sept 18, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Pocatello Idaho	10-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	3 Oct 72	Mountainview Cem.	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 4 1972	[signature]	[signature]	409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4194
Local Reg. No. 295
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 East Lander Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 720 East Lander Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	PATRICK	ALIEN	Sept.	28	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 17, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Union Pacific R. R.	Soda Springs, Idaho	U.S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Lewis Allen		Rosa Jane Call	Thatcher, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	712-03-9034	Mirva F. Allen	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible], *that I last saw the deceased* [illegible] dead *on* Sept. 28, 1972, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton M. Smith	583 4 Bannock County Coroner	Pocatello, Idaho	Sept. 29, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct. 2, 1972	Mountainview Cemetery	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 4 1972	Glenna Dopita	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4195
Local Reg. No. 302
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3208 Pole Line Road

3. NAME OF DECEASED (Type or Print): a. (First) WARREN b. (Middle) E. c. (Last) FRANCIS
4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 3, 1888
9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Pacific Fruit Express Co.
11. BIRTHPLACE (State or foreign country): Marsh Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Marion Francis
BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sarah Hickman
BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: 519 22 8259
17. INFORMANT'S OWN SIGNATURE: Dorothy Francis
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4379
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bilateral pneumonia? — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration of gastric regurgitation — 4 days
DUE TO (c) Cerebral arterial insufficiency severe — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10'71 *, 19 , to* Sep. 30'72 *, 19 , that I last saw the deceased alive on* Sep. 30'72 *19 , and that death occurred at* 5:45 am. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 089 (Degree or title)
23b. ADDRESS: 1448 E Center, Pocatello, Id.
23c. DATE SIGNED: 10-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 3, 1972
24c. NAME OF CEMETERY OR CREMATORY: Inkom Cemetery
24d. LOCATION (City, town, or county) (State): Inkom, Bannock, Idaho

DATE REC'D BY LOCAL REG. OCT 13 1972
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4196
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 12 '72

1. PLACE OF DEATH a. COUNTY: Bear Lake b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown c. LENGTH OF STAY (In this place): 3 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	Edgar	Munk	Aug	26	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	married	Dec. 19, 1881	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranching and Farming		Mantua, Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Peter Munk	Denmark	Mary Hansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	722-18-3859A	Geneva Munk	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-21-67, 19___, to 8-24-72, 19___, that I last saw the deceased alive on 8-24-72, 19___ and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul O. Davis M.D.	455 Washington Montpelier, Idaho	9-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1972	Bennington Cemetery	Bennington, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-8-72	Ruby Gotcinsky	Leonard Matthews	M542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4197
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 25 3 08 PM '72

1. PLACE OF DEATH a. COUNTY: Bear Lake 040	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home 000	d. STREET ADDRESS (If rural, give location): 28 W. 2nd No.

3. NAME OF DECEASED (Type or Print)	a. (First) L.	b. (Middle) Hugh	c. (Last) Shepherd	4. DATE OF DEATH (Month) Sept. (Day) 4 (Year) 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: July 25, 1906	9. AGE (In years last birthday): 66	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Shepherd Clothing Store	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Paris, Idaho	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME: Edwin T. Shepherd	BIRTHPLACE: Paris, Idaho		14. MOTHER'S MAIDEN NAME: Eliza Roberts	BIRTHPLACE: Lanark, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-12-9726	17. INFORMANT'S OWN SIGNATURE: Wendell H Shepherd	ADDRESS: Logan, Utah	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

402X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular fibrillation	1½ hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocarditis	20 yrs
DUE TO (c)	Hemiplegia 1957 due to	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arterial hypertension	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* From 1957 *19* to Sept 4 *, 19* 72 *that I last saw the deceased alive on* Sept 4 *, 19* 72 *and that death occurred at* 930 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Spencer H Rich	440 (Degree or title) MD	23b. ADDRESS: P.O. Box 126 Paris Idaho	23c. DATE SIGNED: Sept 11, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 7, 1972	24c. NAME OF CEMETERY OR CREMATORY: Paris Cemetery	24d. LOCATION (City, town, or county): Paris (State): Idaho
DATE REC'D BY LOCAL REG.: Sept. 11. 1972	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4198
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 20 3 08 PM 024

1. PLACE OF DEATH
a. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 81 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location): 522 Clay St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Naomi	Phelps	Jensen	Sept.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 27 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Alton, Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ezra J. Phelps	Clover Creek, Ida	Jane Roberts	Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-48-0493	J. E. Jensen	Ida. Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Cancer Brain	5 months.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Colon-Recurrent	8 years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1538

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9 - 2, 1970, *to* 9 - 15, 1972, *that I last saw the deceased alive on* 9 - 15, 1972, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jonathan H. Hanna MD	455 Wash. St. Montpelier Id	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 19, 1972	Montpelier Cemetery	Montpelier, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Ruby Gostcinsky	Nile Matthews	E 359

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4199
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 25 1972

1. PLACE OF DEATH
a. COUNTY: Bear Lake 04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Arizona 03
b. COUNTY: Pima 5555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tucson
d. STREET ADDRESS (If rural, give location): 5575 East Fairmount

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Carrie	Aurelia	Railing	Sept	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept 23, 1903	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Cleveland, Ohio	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Bellet	Cleveland, Ohio	Catherine Kirchner	Cleveland, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	295-05-8962	Laurence E. Railing	5575 E. Fairmount Tucson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-14-72, 19__, *to* 9-16-72, 19__, *that I last saw the deceased alive on* 9-16-72, 19__, *and that death occurred at* 10:30pm *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul [illegible]	M.D.	455 Washington Montpelier, Idaho	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	9-18-72	CREMATION	Tucson	Arizona

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Ruby Gotcinsky	Nile Matthews	E 359

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972
NOV 21 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4200
Local Reg. No. 42
Reg. Dist. No. 130

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah — SEP 14 1972 — 05 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
LENGTH OF STAY (In this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 335 5th - Arnold Mueller Res.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 057
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1938 Idaho Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mabel	Jorgine	Esse	September 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 7, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Brandt, South Dakota	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Colbjornson	South Dakota	Margit Brudeseth	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	J. E. Esse	St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

880X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fractured neck.	10 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fall down basement steps	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Concussion	10 min

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	home 335-5th St	St Maries	Benewah	Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 1, 1972 8P.m.		Fell down basement steps

22. I hereby certify that I attended the deceased from D O A, 19___, to ___, 19___, that I last saw the deceased alive on 1 Sept, 19 72, and that death occurred at 8P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. J. Thurston	535 MD	St Maries, Idaho	6 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sept. 5, 1972	Woodlawn	St. Maries	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11, 1972	Donna Brown	Gerald E. Browning	M-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 18 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4201
Local Reg. No. 43
Reg. Dist. No. 130

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Benewah 051	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Benewah 051
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries; c. LENGTH OF STAY (In this place): 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025	d. STREET ADDRESS (If rural, give location): 1220 College Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Mabel	b. (Middle) Kathryn	c. (Last) Webster	4. DATE OF DEATH (Month) (Day) (Year) 9-9-1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 6-15-1906	9. AGE (In years last birthday): 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Harrison, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas M. Boyce	BIRTHPLACE: Maine	14. MOTHER'S MAIDEN NAME: Evvy Spencer	BIRTHPLACE: Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): -----	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x Wallace B Webster	ADDRESS: Bakersfield California

18. CAUSE OF DEATH 5604
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Toxemia	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bowel obstruction & Gangrene	5 days
DUE TO (c)	Adhesive band	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(Previous surgery 5 yrs ago) c adhesions	

19a. DATE OF OPERATION: 7 Sept 72	19b. MAJOR FINDINGS OF OPERATION: Loop obstruction c̄ gangrene of bowel (4 feet)	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Sept, 1972, *to* 9 Sept, 1972, *that I last saw the deceased alive on* 9 Sept, 1972, *and that death occurred at* 8 25 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. O. Thurston 533 (Degree or title) MD	23b. ADDRESS: St Maries, Idaho	23c. DATE SIGNED: 11 Sept 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-12-1972	24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho		
DATE REC'D BY LOCAL REG.: Sept. 15, 1972	REGISTRAR'S SIGNATURE: Donna Brown	25. EMBALMER: [signature] O'Connor
LICENSE NO.: M-543		

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972 APR 15 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4202
Local Reg. No. 44
Reg. Dist. No. 130

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH

a. COUNTY: Benewah 05

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

c. LENGTH OF STAY (In this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Idaho

b. COUNTY: Benewah 05

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. STREET ADDRESS (If rural, give location): 508 8th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Blair		Williams	Sept. 10-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	3-31-1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 5	St. Maries Plywood	Hermiston, Ore.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glenn B. Williams	Michigan	Mariam Ballard	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--------	518-03-3203	x Mrs Blair Williams	St. Maries, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale & Oedema.

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1972, *to* 10 Sept, 1972, *that I last saw the deceased alive on* 10 Sept, 1972, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston MD	St. Maries, Ida	11 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-13-1972	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Donna Brown	M. D. Browning	M-543

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Browning Funeral Home

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4203
Local Reg. No. 45
Reg. Dist. No. 130

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Vista Convalescent Center 352

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1711 Center Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mildred	Frances	Schmidt	Sept.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 10, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Linz, Austria	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Schlader	Austria	Katherine Blanck	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Jessie M Schmidt	St. Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	428X Myocarditis	20 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonitis	2 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* aug, 1954, *to* 15 Sept, 1972, *that I last saw the deceased alive on* 17 Sept, 1972, *and that death occurred at* 8:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E M Sullivan MD	St Maries	18 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Sept. 19, 1972	Hazen & Jaeger	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 18, 1972	Donna Brown	Gerald E Browning	M 411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4204
Local Reg. No. 46
Reg. Dist. No. 130

BIRTH NO.

RECEIVED SEP 27 1972

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 7 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Vista Conv. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fernwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hazel	B.	Sutton	Sept. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	9-29-1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--------	369-30-3365	X Roderick B. Sutton	Fernwood Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	2 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ____, 1969, to 21 Sept, 1972, that I last saw the deceased alive on 20 Sept, 1972, and that death occurred at 12:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston M.D. 533	St Maries Idaho	21 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-22-1972	WSU Medical School	Pullman, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972	Donna Brown	Leland E. Browning	M-543

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 5 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 5 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4205
Local Reg. No. 47
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 05-0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (In this place): few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Plummer Pole Company Yard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah CSC
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): P. O. Box 2

3. NAME OF DECEASED (Type or Print): a. (First) Clark; b. (Middle) (none); c. (Last) Fisk

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 7, 1902

9. AGE (In years last birthday): 70
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber Trade (6)

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dell Fisk
BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Hulda Jane Snyder
BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 533-16-4931

17. INFORMANT'S OWN SIGNATURE: Mrs Hattie Fisk
ADDRESS: Plummer Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 4:32 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: B. A. Rapp 428 (Degree or title) M.D.

23b. ADDRESS: St. Maries Ida.

23c. DATE SIGNED: 9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1972

REGISTRAR'S SIGNATURE: Donna Brown

25. EMBALMER: M. L. O'Connor

LICENSE NO.: M-543

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 19 1972
NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4206
Local Reg. No. 48
Reg. Dist. No. 130

BIRTH NO.

RECEIVED OCT 24 1972

1. PLACE OF DEATH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 2243 Idaho Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruby	G.	Botham	Sept, 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	1-27-1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Fairfield, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Tempest	England	Josephine Lewis	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	518-36-5238	Ursel Botham	Box 65 Cove, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocarditis	4 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Edema	24 hours
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	7 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 23, 1964, to 27 Sept, 1972, that I last saw the deceased alive on 27 Sept, 1972, and that death occurred at 1054 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	St Maries	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-29-1972	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 19, 1972	Donna Brown	[signature] Browning Funeral Home	M-411

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 6 1972
OCT 31 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

4207

State File No. 4207
Local Reg. No. 107
Reg. Dist. No. 601

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bingham 060 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: Box 21 Firth, Idaho	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth, Idaho d. STREET ADDRESS (If rural, give location): Box 21

3. NAME OF DECEASED (Type or Print)	a. (First) ETHEL	b. (Middle) ELEANORE	c. (Last) STEELE	4. DATE OF DEATH (Month) (Day) (Year)	August 30, 1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 12, 1914	9. AGE (In years last birthday): 58	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Oscar Hjelm — BIRTHPLACE: Sweden		14. MOTHER'S MAIDEN NAME: Ebba Dahlgren — BIRTHPLACE: Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: yes	17. INFORMANT'S OWN SIGNATURE: Roger Steele	ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4288

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Trophacious gout — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* July, 19 49, *to* 30 Aug., 19 72, *that I last saw the deceased alive on* 15 Aug., 19 72, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr Walter Hodge 334 (Degree or title) MD / Walter G Hoge MD	23b. ADDRESS Blackfoot, Idaho	23c. DATE SIGNED 12 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 2, 72	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) Firth, Idaho (State)
DATE REC'D BY LOCAL REG. SEP 22 1972	REGISTRAR'S SIGNATURE Dorothy J. Jones	25. EMBALMER Buck Sullivan	LICENSE NO. E387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

DEC 1 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4208
Local Reg. No. 104
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bingham 060	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall (Rural) c. LENGTH OF STAY (In this place): life	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall (Rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Agency Road 000	d. STREET ADDRESS (If rural, give location): West Agency road

3. NAME OF DECEASED (Type or Print)	a. (First): MICHAEL	b. (Middle): RAY	c. (Last): SHEEPSKIN	4. DATE OF DEATH (Month) (Day) (Year): September 1, 1972
5. SEX: male	6. COLOR OR RACE: Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: August 8, 1971	9. AGE (In years last birthday): 1 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 9	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wilson Vern Sheepskin — BIRTHPLACE: Blackfoot, Idaho		14. MOTHER'S MAIDEN NAME: Charlott Ann Phelps — BIRTHPLACE: Fort Hall, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: none	17. INFORMANT'S OWN SIGNATURE: Mrs Nessie F Sheepskin	ADDRESS: Fort Hall, Idaho

9109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Drowning

DUE TO (c): Fell into large ditch

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 09	21c. (CITY, TOWN, OR TOWNSHIP) 13-060 (COUNTY) (STATE): 5 Mile S.E. Blackfoot Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~on~~ September 1, 19 72 ~~[illegible]~~ *and that death occurred at* 6:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Hodges 583	(Degree or title): Coroner 4	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED: Sept 6, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: September 6, 72	24c. NAME OF CEMETERY OR CREMATORY: Sand Hill Cemetery	24d. LOCATION (City, town, or county) (State): Bingham county Idaho
DATE REC'D BY LOCAL REG.: 11 Sept 72	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4209
Local Reg. No. 102
Reg. Dist. No. 601

RECEIVED SEP 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location): R#2

3. NAME OF DECEASED (Type or Print) a. (First): Dale b. (Middle): Cecil c. (Last): McInelly

4. DATE OF DEATH (Month) (Day) (Year): Sept 3 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4 Feb. 1927
9. AGE (In years last birthday): 45 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Escolante, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ezra Orlow McInelly BIRTHPLACE: Escolante, Utah
14. MOTHER'S MAIDEN NAME: Elsie Vilate Collings BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bernice McInelly ADDRESS: #2 Shelley

18. CAUSE OF DEATH 8199
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed skull
DUE TO (c): Car accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-060 (COUNTY) (STATE): 12 Miles No. E. Blackfoot Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* I did not see victim alive *, 19__, to* _____ *, 19__, that I last saw the deceased alive on* _____ *, 19__, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583 (Degree or title) Coroner 4
23b. ADDRESS: Blackfoot
23c. DATE SIGNED: 9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7 Sept. 1972
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley Bingham Idaho

DATE REC'D BY LOCAL REG.: 12 Sept 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Gary L. Nalder
LICENSE NO.: M 444

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972
SEP 25 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4210
Local Reg. No. 101
Reg. Dist. No. 600

RECEIVED SEP 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot c. LENGTH OF STAY (In this place) 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029	d. STREET ADDRESS (If rural, give location) Rural Route #1

3. NAME OF DECEASED (Type or Print)	a. (First) Emil	b. (Middle) Heinrich	c. (Last) Neff	4. DATE OF DEATH (Month) Septe	(Day) 5	(Year) 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 18, 1882	9. AGE (In years last birthday) 90	IF UNDER 1 YR. Months 0 Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 7	10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Wimpfen, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jacob Neff	BIRTHPLACE Wimpfen, Germany		14. MOTHER'S MAIDEN NAME Christina Gottschalk	BIRTHPLACE Wimpfen, Germany		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-42-9756 A	17. INFORMANT'S OWN SIGNATURE William E. Neff	ADDRESS Rt#1 Box58 Blkft. Ida.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia lys Bone	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Sept 1, 1972, *to* Sept 5, 1972, *that I last saw the deceased alive on* Sept 4, 1972, *and that death occurred at* 12:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 404 (Degree or title) M.D.	23b. ADDRESS 625 W. Pacific Blackfoot, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-7-72	24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	24d. LOCATION (City, town, or county) Blackfoot, Bingham (State) Idaho
DATE REC'D BY LOCAL REG. 8 Sept. 1972	REGISTRAR'S SIGNATURE Dorothy J. Jones	25. EMBALMER Howard Packham	LICENSE NO. M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4211

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 108
Reg. Dist. No. 601

RECEIVED SEP 25 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bingham 060	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth Rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000	d. STREET ADDRESS (If rural, give location) R#1

3. NAME OF DECEASED (Type or Print) a. (First) Leon	b. (Middle) Lloyd	c. (Last) Bolander	4. DATE OF DEATH (Month) Sept	(Day) 8	(Year) 1972
5. SEX Male	6. COLOR OR RACE Cauce	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Nevermarried	8. DATE OF BIRTH Aug 27 1944	9. AGE (In years last birthday) 28	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Lloyd G. Bolander	BIRTHPLACE Shelley, Idaho	14. MOTHER'S MAIDEN NAME Gilberta Sorensen	BIRTHPLACE Basalt, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Lloyd Bolander	ADDRESS R#1 Firth		

3459

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Choking from epileptic seizure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) R#1 Firth (COUNTY) Bingham (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sched not see person *19* alive *, 19* _____ *, that I last saw the deceased alive on* _____ *, 19* _____ *, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Stoley 583 (Degree or title) Coroner 4	23b. ADDRESS Blackfoot	23c. DATE SIGNED 9-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 12-72	24c. NAME OF CEMETERY OR CREMATORY Firth, Idaho	24d. LOCATION (City, town, or county) Firth, Bingham (State) Idaho
DATE REC'D BY LOCAL REG. SEP 21 1972	REGISTRAR'S SIGNATURE Dorothy J. Jones	25. EMBALMER Lloyd M. Nalder Lloyd M Nalder	LICENSE NO. M. 275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4212
Local Reg. No. 109
Reg. Dist. No. 608

RECEIVED SEP 25 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) a. (First) Gordon b. (Middle) L c. (Last) Butler

4. DATE OF DEATH (Month) (Day) (Year) Sept 8 1972

5. SEX Male
6. COLOR OR RACE Cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH May 18, 1907
9. AGE (In years last birthday) 65 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer 8
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Erving, Neb.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Butler BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Jessie Martha Candee BIRTHPLACE N.K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 11
16. SOCIAL SECURITY NO. 520-12-1539
17. INFORMANT'S OWN SIGNATURE Leila L. Hartley ADDRESS R#2 Shelley

4319

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep 7, 1972, *to* Sep 8, 1972, *that I last saw the deceased alive on* Sep 8, 1972, *and that death occurred at* 12 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph G Goates MD 183 (Degree or title)
23b. ADDRESS Blackfoot Idaho
23c. DATE SIGNED Sep 16 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 12 1972
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. SEP 21 1972
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER Lloyd M Walker
LICENSE NO. M275

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4213
Local Reg. No. 103
Reg. Dist. No. 600

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot c. LENGTH OF STAY (In this place) 12 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 317 South Shilling Avenue	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot d. STREET ADDRESS (If rural, give location) 317 South Shilling Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ronald	Wayne	Bitton	Sept. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	Feb. 16, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner and salesman	Men's clothing store	Ogden, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bitton	Ogden, Utah	Althea Bingham	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-07-6069	Davis Bitton	96 Laurel St. SLC, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 10, 1972 *to* Sept 10, 1972 *that I last saw the deceased alive on* Sept 10, 1972 *and that death occurred at* 6:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	625 W. Pacific Blackfoot, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-14-72	Grove City Cemetery	Blackfoot, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 13 1972	Dorothy J. Jones	Howard Packham	M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Howard Packham Mortuary

SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4214
Local Reg. No. 110
Reg. Dist. No. 600

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1700

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 062
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location): 290 W. Locust

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ellen	Laurinda Clawson	Fowers	Sept	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc	Widowed	April 16 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Farmington, Utah	

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
George W. Clawson	Jeanette O'Dell Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	519-26-2122	Merrill B. Fowers Box, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2 Mar. *, 19* 71 *to* 11 Sept *, 19* 72 *, that I last saw the deceased alive on* 10 Sept. *, 19* 72 *, and that death occurred at* 2:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Walter G Hoge MD 734 (Degree or title)		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 15 1972	Hill Crest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 21 1972	Dorothy J. Jones	Lloyd M. Nalder Lloyd M Nalder	M275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4215

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
LENGTH OF STAY (In this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rockford Rt. #5, Box 136

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. $5 (Rockford)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Magnus	D.	Jensen	Sept. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Oct. 17, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Randers, Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jens Peter Jensen	Denmark	Ane Kirstine Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW I '24-'25	519-42-7691	Anna M. Jensen	Rt 5, box 136 Blackfoot, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4519

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Pulmonary Emboli — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pelvic Thrombophlebitis — days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. S/P right upper lobectomy (recent) — days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Thorn	583 Coroner	Blackfoot, Idaho	9-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-72	Riverside-Thomas Cem.	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 15 1972	Dorothy J. Jones	Howard Packham	M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 10 1972 Bureau of Vital Statistics

State File No. 4216
Local Reg. No. 112
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Co. Memorial Hosp. 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rose Road

3. NAME OF DECEASED (Type or Print)
a. (First) Jacob
b. (Middle) Frederick
c. (Last) Bodenhofer

4. DATE OF DEATH (Month) Sept. (Day) 15, (Year) 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Oct. 1, 1908
9. AGE (In years last birthday): 64
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner 5
10b. KIND OF BUSINESS OR INDUSTRY: mining
11. BIRTHPLACE (State or foreign country): Hill City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred E. Bodenhofer
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Alma Odeen
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 529-019358
17. INFORMANT'S OWN SIGNATURE: X Colleen Hayslip
ADDRESS: Battlegrown

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1971, *to* Sep 15, 1972, *that I last saw the deceased alive on* Sep 14, 1972, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph G. Goates 183 (Degree or title) MD
23b. ADDRESS: Blackfoot Idaho
23c. DATE SIGNED: Sept 30 1972

24a. BURIAL, CREMATION REMOVAL (Specify): removal
24b. DATE: Sept. 15, 1972
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.: OCT 3 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham
LICENSE NO.: M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4217
Local Reg. No. 111
Reg. Dist. No. 600

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
LENGTH OF STAY (In this place) 6yr-2mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVA		SIEBEL	September 19 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	10 June 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Russia	?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
? Dockter	Russia	?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-4774A	Mary Payne	Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 30 June, 1966, *to* 19 September, 19 72, *that I last saw the deceased alive on* 19 September, 19 72, *and that death occurred at* 2:32A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sylvia Payne MD	State Hospital South-Blackfoot, Idaho	9-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & burial	9-22-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 22 1972	Dorothy J. Jones	H. L. Davis	M-253

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4218
Local Reg. No. 113
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
LENGTH OF STAY (In this place) 11yr-2da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Washington 440
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) BERNICE b. (Middle) LULA c. (Last) WILKERSON
4. DATE OF DEATH (Month) (Day) (Year) September 21, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3 Dec 1886
9. AGE (In years last birthday) 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Kennedy BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Edith Day BIRTHPLACE Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-4056-76
17. INFORMANT'S OWN SIGNATURE Mary Coyne ADDRESS Med. Records-Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia, Acute — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

486 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 March, 19 72, *to* 21 September, 19 72, *that I last saw the deceased alive on* 21 September, 19 72, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Sidney L. Seyer MD
23b. ADDRESS State Hospital South-Blackfoot, Idaho
23c. DATE SIGNED 9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 24,72
24c. NAME OF CEMETERY OR CREMATORY Salubria Cemetery
24d. LOCATION (City, town, or county) Cambridge (State) Idaho

DATE REC'D BY LOCAL REG. OCT 3 1972
REGISTRAR'S SIGNATURE Dorothy Jo Jones
25. EMBALMER E. Dean Hill
LICENSE NO. M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4219
Local Reg. No. 114
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 10 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 009

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 211 South Shilling

3. NAME OF DECEASED (Type or Print): a. (First) WILBERT b. (Middle) c. (Last) ATWOOD
4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1886
9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: D.T. Atwood BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Mary Palfreyman BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-6141
17. INFORMANT'S OWN SIGNATURE: Muriel Atwood ADDRESS: Blackfoot, Idaho

Haddock

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 13 DAYS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 5 YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — 10 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1972, *to* 9-21, 1972, *that I last saw the deceased alive on* 9-20, 1972, *and that death occurred at* 1:55a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gary K. Haddock (Degree or title) Doctor M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Sept. 22, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 25, 1972
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho
DATE REC'D BY LOCAL REG.: SEP 29 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: E. Dean Hill
LICENSE NO.: M-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 22 1973

OCT 25 1972

AUG 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4220
Local Reg. No. 115
Reg. Dist. No. 600

BIRTH NO. 72-9140

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot c. LENGTH OF STAY (In this place): 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029	d. STREET ADDRESS (If rural, give location): 1281 South University

3. NAME OF DECEASED (Type or Print)	a. (First): JOSEPH	b. (Middle): ALLAN	c. (Last): METCALF	4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Sept. 21, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days: 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Bart Metcalf	BIRTHPLACE: Idaho Falls	14. MOTHER'S MAIDEN NAME: Loa Mae Westover	BIRTHPLACE: Blackfoot	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Bart Metcalf C.D.H.	ADDRESS: Blackfoot, Idaho	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

742X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21-72, 19__, *to* 9-22, 19 72, *that I last saw the deceased alive on* 9-22, 19 72 *and that death occurred at* x ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Thueson, M.D.	888 (Degree or title) M.D. Doctor	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED: Sept. 23, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 25, 72	24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery	24d. LOCATION (City, town, or county) (State): Iona Idaho
DATE REC'D BY LOCAL REG.: SEP 29 1972	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4221
Local Reg. No. 116
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bingham			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot	c. LENGTH OF STAY (In this place)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital			d. STREET ADDRESS (If rural, give location): Across from KBLI Radio Station

3. NAME OF DECEASED (Type or Print)	a. (First) JANE	b. (Middle) GEORGE	c. (Last) GRANT	4. DATE OF DEATH (Month) Sept.	(Day) 26,	(Year) 1972
5. SEX: Female	6. COLOR OR RACE: Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 1, 1900	9. AGE (In years last birthday): 72	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Billy George	BIRTHPLACE		14. MOTHER'S MAIDEN NAME: Weetowatsi	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT'S OWN SIGNATURE: Hudson Grant		ADDRESS: Blackfoot, Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7992 Uremia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 24 Sept, 1972 to 26 Sept, 1972, that I last saw the deceased alive on 26 Sept, 1972, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: W. Dean Sackett 403 (Degree or title) M.D.	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED: Sept. 27, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery	24d. LOCATION (City, town, or county) (State): Fort Hall
DATE REC'D BY LOCAL REG.: OCT 3 1972	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4222
Local Reg. No. 37
Reg. Dist. No. 410

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH of stay in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location): Box 241

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lloyd	Emery	Moon	Sept.	6	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married	9-15-07	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assistant Manager	Grain Mill	St. Anthony, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
N/R	N/R	Estella	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-3023	June Moon	Fairfield, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) #1 Chronic Obstructive Pulmonary emphysema.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale due to (#1) Pneumonia Rt. Lower Lobe

INTERVAL BETWEEN ONSET AND DEATH: 7 years. 1 month 1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-1-71, 19__, to Sept 6, 1972, that I last saw the deceased alive on Sept 6, 1972 and that death occurred at 10 40 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
B.L. Kriebs (Degree or title) MD	Sun Valley Idaho.	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 9, 1972	Elmwood Cemetery	Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 13-1972	Cynthia B. Wright		M-460

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES: SEP 19 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4223
Local Reg. No. 39
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place): 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Camas 130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Horace	Bowman	Howland	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if under 1 day / 1 month / 1 year / last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Dec. 11, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Probate Judge		Marseille. Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thorne Howland	Marseilles, Ill.	Mary Busey	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-1989		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) PULMONARY EMPHYSEMA — INTERVAL BETWEEN ONSET AND DEATH: MANY YRS.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BRONCHITIS, CHRONIC — " "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASHD, CHF, DIABETES. — " "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-17-72, 19__, *to* 9-22, 19 72, *that I last saw the deceased alive on* 9-22-72, 19__, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alden M. Parker MD	Hailey Idaho	9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Sept. 22, 1972	Hailey Cemetery	Hailey, Blaine Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept-26-1972	Lourthia B. Wright		M-1160

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM PH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4224
Local Reg. No. 40
Reg. Dist. No. 410

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 2nd Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 314 2nd Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Ray c. (Last) Horne

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 72

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 8, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. State Liquor Store (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hailey, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Horne
BIRTHPLACE: Rockford Ill.

14. MOTHER'S MAIDEN NAME: Emma Francis Friggins
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-03-6901

17. INFORMANT'S OWN SIGNATURE: Roberta A. McKercher
ADDRESS: Hailey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive pulmonary Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1970 to Present 19____, that I last saw the deceased alive on 9/2 1972 and that death occurred at 8 p m., from the causes and on the date stated above.

23a. SIGNATURE: Leon J. Gualapson 973 (Degree or title) MD

23b. ADDRESS: Sun Valley, Ida.

23c. DATE SIGNED: 9/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 28, 1972

24c. NAME OF CEMETERY OR CREMATORY: Hailey, Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Sept. 29-1972

REGISTRAR'S SIGNATURE: Cynthia B. Wright

25. EMBALMER: Keith Bird Keith Bird

LICENSE NO.: M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 24 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 17 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4225
Local Reg. No. 41
Reg. Dist. No. 410

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Blaine	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley, Idaho Rural (Trail Creek Summit) c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trail Creek Summit 000	d. STREET ADDRESS (If rural, give location): 673 Packard

3. NAME OF DECEASED (Type or Print)	a. (First) Robert D. Wright	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 72	
5. SEX: m	6. COLOR OR RACE: w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 5, 1941	9. AGE (In years last birthday): 30	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman 3	10b. KIND OF BUSINESS OR INDUSTRY: Westland Life	11. BIRTHPLACE (State or foreign country): Long Beach Calif.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Robert Wright	BIRTHPLACE: Michigan	14. MOTHER'S MAIDEN NAME: Barbara Burney	BIRTHPLACE: Reno Nevada		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 534-40-140#	17. INFORMANT'S OWN SIGNATURE: Arva Jean Wright	ADDRESS: Pocatello, Idaho 673 Packard	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple skull fractures	none
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Trail Creek Rd	21c. (CITY, TOWN, OR TOWNSHIP) 13-070 (COUNTY): Blaine	(STATE): Idaho
21d. TIME OF INJURY (Month) Sept (Day) 25 (Year) 1972 (Hour) ? m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Auto accident	

22. *I hereby certify that I attended the deceased from* ——, 19___, *to* ——, 19___, *that I last saw the deceased alive on* ——, 19___, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Gwinner MD	922 (Degree or title)	23b. ADDRESS: Box 637 Hailey	23c. DATE SIGNED: 9/29/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Oct. 3-1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Gardens, Pocatello	24d. LOCATION (City, town, or county) (State): Idaho
DATE REC'D BY LOCAL REG.: Sept 29-72	REGISTRAR'S SIGNATURE: Cynthia B. Wright	25. EMBALMER: Keith Bird	LICENSE NO.: M-373

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Bird Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4226
Local Reg. No. 42
Reg. Dist. No. 410

BIRTH NO.

RECEIVED OCT 6 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 314 1st. Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 314 1st Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) ELVA b. (Middle) BERNICE c. (Last) MALLORY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 8, 1895

9. AGE (In years last birthday): 76 IF UNDER 1 YR. Months: 10 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cook & Howf

10b. KIND OF BUSINESS OR INDUSTRY: Boarding House

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Obenchain BIRTHPLACE: Greeley, Colo.

14. MOTHER'S MAIDEN NAME: Lydia C. Zemmer BIRTHPLACE: Coffeevile, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-24-4872

17. INFORMANT'S OWN SIGNATURE: X W B Malloy ADDRESS: Hailey Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD & CHF + AV block
DUE TO (c) Aortic insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 9/16, 1972, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph H. Swinnerton MD (Degree or title)

23b. ADDRESS: Box 637 Hailey

23c. DATE SIGNED: 10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10/4/72

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Oct 4-1972

REGISTRAR'S SIGNATURE: Cynthia B. Wright

25. EMBALMER: Keith Bird

LICENSE NO.: m373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DEC 5 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 13 1972 Bureau of Vital Statistics

State File No. 4227
Local Reg. No. 94
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Sandpoint
c. LENGTH OF STAY (In this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): B.N. RR Crossing - Baldy Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Texas 44 b. COUNTY: Bell 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hood
d. STREET ADDRESS (If rural, give location): C. Co. - 27th Infantry

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DWIGHT	DAVID	HOWELL	Sept. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Jan. 25, 1953	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helicopter repairman &	U.S. Army	Superior, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Coyne Howell	Oklahoma	Arleta Rieschick	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes 1971 thru death	518 68 1433	Coyne S. Howell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blood Alcohol .01

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) /3 — (COUNTY) (STATE)
Accident	County road 66	Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 8, 1972-12:55 am m.		car the victim was in was involved in car-train wreck

22. I hereby certify that I attended the deceased made inquiry on Sept. 8, 19 72, and that death occurred at 12:55a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry O. Nelson 535	Coroner	Sandpoint Idaho	Sept 9, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 13, 1972	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 11 1972	Ramona Spickelmire	Dale G. Coffelt	E - 501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 15 1972
SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 4 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4228
Local Reg. No. 96
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonner b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork LENGTH OF STAY (In this place): 32 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): in city, Clark Fork, Idaho	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork d. STREET ADDRESS (If rural, give location): in city

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRY	NMN	SCHLICHT	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	single	November 16, 1904	67	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
general labor 5	Forest Service	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Schlicht	Germany	Christine Thomsen	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - -	518-03-6215A	Leon W Stucker	Spokane

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9557

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive Head Injury	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gunshot Wound Right Temple	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal Cancer	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13 090 (COUNTY)	(STATE)
Suicide	own home 01	Clark Fork	Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept. 12, 1972 m.		

22. I hereby certify that I attended the deceased from ~~[illegible]~~ made ~~[illegible]~~ inquiry ~~[illegible]~~ that I last saw the deceased alive on Sept. 12, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry O. Nelson	Coroner	Sandpoint Idaho	Sept. 16, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Sept. 15, 1972	Moon Crematory	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 20, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4229
Local Reg. No. 95
Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 18 11 29 AM '72

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California b. COUNTY: Los Angeles 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 2 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Long Beach
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039	d. STREET ADDRESS (If rural, give location): 1180 Los Altos

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPHINE	ETHEL	RENTFRO	Sept. 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Oct. 24, 1887	84	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	own home	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Schee	unknown	Angeline Starr	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	555 68 8653 J1	Hugh N. Worsley	M.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2509

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 Days.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro Vascular Disease. — 10 Yrs.
DUE TO (c) Diabetes Mellitus. — 10-15 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.	-	-

22. *I hereby certify that I attended the deceased from* Aug 4, 1972, to Sept 13, 1972, *that I last saw the deceased alive on* Sept 12, 1972, *and that death occurred at* 7:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James X. Schee MD	Sandpoint 502 N 2ND Ave.	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Sept. 14, 1972	Fairhaven Memorial Park	Santa Ana California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 15, 1972	Ramona Spichelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4230
Local Reg. No. 97
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 071
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): Box 186

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) ROLAND c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): September 14, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: December 12, 1904

9. AGE (In years last birthday): 67

IF UNDER 1 YR. Months: - Days: -

IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dimock L. Brown
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Ione Graves
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: 518 03 9978

17. INFORMANT'S OWN SIGNATURE: Hiss C. Brown
ADDRESS: Kootenai Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

582X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1970, to Sept 14, 1972, that I last saw the deceased alive on Sept 14, 1972, and that death occurred at 2:56 P m., from the causes and on the date stated above.

23a. SIGNATURE: Fred E Maverai MD (Degree or title) 377

23b. ADDRESS: Sandpoint, Ida

23c. DATE SIGNED: 9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 16, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park

24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Sept 22, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4231
Local Reg. No. 98
Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 20 1972

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 21 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 302 S. 2nd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDNA	ELIZABETH	BENNETT	September 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	May 10, 1893	79	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Greenwood County, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Godsey	Illinois	Mary E. Barton	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	518-05-2651D	Charles Edgar Godsey	Oakridge Oreg.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Shock	several Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Probable myocardial infarction	"
DUE TO (c)	Arteriosclerotic Heart Disease	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	m.		- - - -

22. I hereby certify that I attended the deceased from 30 May, 19 69 to 17 Sept, 19 72, that I last saw the deceased alive on 29 Sept, 19 72 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	[illegible] 2nd	9/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Sept. 20, 1972	Pinecrest Memorial Park	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 22, 1972	Ramona Spichelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4232

Certificate of Death
STATE OF IDAHO

State File No. 4232
Local Reg. No. 99
Reg. Dist. No.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 090 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope c. LENGTH OF STAY (In this place): 6 weeks d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ridegwood Drive 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope d. STREET ADDRESS (If rural, give location): Ridgewood Drive

3. NAME OF DECEASED (Type or Print)	a. (First): EDWARD	b. (Middle): THEODORE	c. (Last): HAECKER	4. DATE OF DEATH (Month) (Day) (Year): September 22, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: September 2,1908	9. AGE (In years last birthday): 64 — IF UNDER 1 YR. Months: - Days: - — IF UNDER 24 HRS. Hours: - Min.: -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 3	10b. KIND OF BUSINESS OR INDUSTRY: common carrier	11. BIRTHPLACE (State or foreign country): Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Edward Haecker — BIRTHPLACE: Ohio		14. MOTHER'S MAIDEN NAME: Julia Albers — BIRTHPLACE: unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.II		16. SOCIAL SECURITY NO.: 532 07 9458	17. INFORMANT'S OWN SIGNATURE: Lorraine G. Haecker — ADDRESS: Hope Idaho	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I ~~attended the deceased from~~* made inquiry *~~19~~ to ~~19~~, that I last saw the deceased alive on* September 22, 19 72, *and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson 583 (Degree or title): Coroner 4	23b. ADDRESS: Sandpoint Idaho	23c. DATE SIGNED: Sept 30, 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept.25,1972	24c. NAME OF CEMETERY OR CREMATORY: Hope Cemetery	24d. LOCATION (City, town, or county): Hope (State): Idaho
DATE REC'D BY LOCAL REG.: Oct 5, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

MAY 28 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician..... He was in the Good Samaritan Hospital in Portland, Oregon for Coronary Care in 1968

Certificate of Death
STATE OF IDAHO

State File No. 4233
Local Reg. No. 100
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): Box 104

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) SHELDON c. (Last) ALDERMAN

4. DATE OF DEATH (Month) (Day) (Year): September 26, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: December 10, 1894

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months - Days -
IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 7

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sheldon Alderman
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Elvaree Hockett
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.I.

16. SOCIAL SECURITY NO.: 518-18-9966

17. INFORMANT'S OWN SIGNATURE: Melissa R. Alderman
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Carcinoma of Colon & Metastases. — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcer (R) HIP. — 10 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1971, to Sept 26, 1972, that I last saw the deceased alive on Sept 26, 1972, and that death occurred at 1105 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Thomas R. Watkins MD.

23b. ADDRESS: 502 N 2nd Ave Sandpoint

23c. DATE SIGNED: 9/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 29, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pack River Cemetery

24d. LOCATION (City, town, or county): Bonner (State): Idaho

DATE REC'D BY LOCAL REG.: Oct 5, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

OCT 18 1972

FEB 4 1975

MAR - 5 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4234
Local Reg. No. 101
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 6 - 1972

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bonner County Courthouse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location): Box 214

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK; b. (Middle) WILLIAM; c. (Last) SCHILLING

4. DATE OF DEATH: September 26, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 26, 1896

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months: - Days: -
IF UNDER 24 HRS. Hours: - Min: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): custodian

10b. KIND OF BUSINESS OR INDUSTRY: schools

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Schilling
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Hulda Manke
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.I.

16. SOCIAL SECURITY NO.: 518-12-4506

17. INFORMANT'S OWN SIGNATURE: Harold A Schilling
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Hemorrhagic Infarction — Sudden
DUE TO (c) Arteriosclerotic Heart Disease — Several Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — 1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 NOV, 19 71, *to* Sept 26, 19 72, *that I last saw the deceased alive on* Sept 21, 19 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD (Degree or title)

23b. ADDRESS: [illegible] Sandpoint Idaho

23c. DATE SIGNED: 10/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 30, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park

24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Oct 5, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4235
Local Reg. No. 336
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clark 170
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELVIN	WILLIAM	HENNINGER	July 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Widowed	Sept. 25, 1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	Self	Wheatland, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Henninger	Indiana	Ann Goss	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-36-3293	Elvin B. Henninger	D. F. Ida-

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 26, 1972 *to* July 18, 1972 *that I last saw the deceased alive on* July 19, 1972 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
L. J. Bingham 044 (Degree or title) MD	Idaho Falls, Ida.	Oct 2, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	July 22, 1972	Dubois, Cemetery	Dubois, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6-'72	Anna Bridges	Buck Sullivan	M387

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 1973 NOV 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 2
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAR 0 9 2006
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-8010
BIRTH NO.

RECEIVED OCT 3 - 1972 Vital Statistics Bureau

State File No. 4236
Local Reg. No. 314
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 136 Dewey St.

3. NAME OF DECEASED (Type or Print): a. (First) BRIAN b. (Middle) ERIC c. (Last) WILLYERD
4. DATE OF DEATH: August 18, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: August 17, 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Keith Willyerd BIRTHPLACE: St. Anthony, Idaho
14. MOTHER'S MAIDEN NAME: Bessie Lou Kearsley BIRTHPLACE: Driggs, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Keith D. Willyerd ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atelectasis, Lungs — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Respiratory Distress Syndrome — 12 hr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 17, 1972, to August 18, 1972, that I last saw the deceased alive on August 18, 1972, and that death occurred at 8:30a m., from the causes and on the date stated above.

23a. SIGNATURE: D. D. Thulson, M.D. (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Aug 22,72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 21,72
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memmorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idah

DATE REC'D BY LOCAL REG.: Sept. 30. 72
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: C. Dean Hill
LICENSE NO.: M-466
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4237
Local Reg. No. 306
Reg. Dist. No. 611

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Swan Valley Store

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 750 11th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND	LAURENCE	GILL	Aug 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	Feb 13, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Freight lines	Wentworth, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melvin Gill	Unk.	Jessie Spears	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 01 1612	Lexie Gill	750 11th St. Ida Falls, Ida.

4100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction, suspect. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Nov. 1971 to June 30, 1972
DUE TO (c) 1. Prostatis, chronic. 2. Discogenic, disease of the lumbar spine

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-4- , 19 56 , *to* 6-30- , 19 72 , *that I last saw the deceased alive on* 6-30- , 19 72 , *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree, MD or title)	23b. ADDRESS	23c. DATE SIGNED
Leland Krantz MD	798 So. Blvd. Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 28, 72	Fielding Mem. Park	Idaho Falls, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21 '72	Emma Bridges	Buck Sullivan	E387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4238
Local Reg. No. 301
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 63 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 154 East 23 Street	d. STREET ADDRESS (If rural, give location) 154 East 23 Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Joseph	Edgar	Bennett	8	25	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 12 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dentist	Private Practice	White Water Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Francis Bennett	Wisconsin	Jennie Amelia Elliot	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	wwI wwII	518-44-9596	Heather B. Holst	

1538

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adeno Carcinoma Colon

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) With Generalized Metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1970, *to* Aug 25, 1972, *that I last saw the deceased alive on* Aug 23, 1972, *and that death occurred at* P. *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 104 (Degree or title)		9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 28, 72	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22. '72	[signature]	Bill Sullivan	E387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4239
Local Reg. No. 34
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 130 East 21st. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	NEPOMUK	MEICHLE	Aug. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Widowed	Nov 15, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Cold Storage	Hagnau, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton Meichle	Germany	Theresia Hohn	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 07 3211	Fred Meichle	Id Falls, Id

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis due to — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease, auricular fibrillation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-13- *, 19* 50 *to* 8-30 *, 19* 72 *, that I last saw the deceased alive on* 8-30-72 *, 19* ____ *, and that death occurred at* 2:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Leland Krantz 394 (Degree or title) M.D.	798 So. Blvd., Idaho Falls, Ida	9-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 2, 72	Fielding Mem. Park	Idaho Falls, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	[illegible]	LICENSE NO.
Oct. 2-1972	Anna Bridge	Buck Sullivan	E 387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972
NOV 22 1972
SEP 18 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 26 1972 Bureau of Vital Statistics

State File No. 4240
Local Reg. No. 302
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls	c. LIMITS OF STAY (In this place): 29 days
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital	d. STREET ADDRESS (If rural, give location): Route #1 Box 285

3. NAME OF DECEASED (Type or Print) a. (First): ROLAND	b. (Middle):	c. (Last): LUNDGREN	4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 20, 1912	9. AGE (In years last birthday): 60 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mare Island, Vallejo, California	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Rupert, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Lundgren	BIRTHPLACE: Unavailable	14. MOTHER'S MAIDEN NAME: Hanna Mickelson	BIRTHPLACE: Unvailable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): XXX	16. SOCIAL SECURITY NO.: Unvailable	17. INFORMANT'S OWN SIGNATURE: Fay J. Livingston	ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hemorrhagic Shock	
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute ulcerations of Stomach.	
DUE TO (c)	General Peritonitis.	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fatty Degeneration of Liver.	

19a. DATE OF OPERATION: 8-10-72	19b. MAJOR FINDINGS OF OPERATION: Perforated Diverticulitis c Abscess.	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* 8-30-, 19 72, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Dandy Lingel, M.D. 359 (Degree or title)	23b. ADDRESS: 544 4TH. ST. IDAHO FALLS,	23c. DATE SIGNED: 9-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 4, 1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.: Sept. 21-72	REGISTRAR'S SIGNATURE: Anna Bridger	25. EMBALMER: Ralph M. Wood Ralph M. Wood	LICENSE NO.: 413

FIRM NAME: Manning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4241
Local Reg. No. 321
Reg. Dist. No. 676

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Riverdale

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMILIA	*	SNELL	Aug 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	March 11, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Vasa, Finland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Karl Holm	Finland	Sophia Forsman	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 42 9258	Bess Snell	IF, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebra Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c) Coronary Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-1- 19 51 *to* 8-31- 19 72 *that I last saw the deceased alive on* 8-31 19 72 *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. Leland Krantz MD 294	Idaho Falls, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 2 72	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2 1972	Anna Bridges	Ray Sullivan	E387

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4242
Local Reg. No. 296
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont 22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRIET	LEE	STODDARD	September 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	March 10, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Toole, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Lee	Toole, Utah	Elizabeth Dorman	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-60-6712	Vernis Stoddard	Draper, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4409 Generalized Arteriosclerosis — Interval between onset and death: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-14-71, 19___, *to* Sept 1, 19 72, *that I last saw the deceased alive on* 8/28, 19 72 *and that death occurred at* 6:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 244	798 So. Blvd., Idaho Falls, Idaho	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 1972	Riverside	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-15-1972	Emma Bridges	[signature]	M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 14 1972 Bureau of Vital Statistics

State File No. 4243
Local Reg. No. 294
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Gilbert	Sayer	September 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 1, 1912	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Rigby, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Alma Sayer	Utah	Luzella Scott Margan	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 48 6644	Glenna R Sayer	Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental Retardation — (Diabetes Mellitus)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from years, 19__, to Sept. 4, 19 72, that I last saw the deceased alive on Sept. 4, 19 72 and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch 388 M.D.	Idaho Falls, Idaho	Sept. 8, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/7/72	Rigby Pioneer Cemetery	Rigby Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11 72	Lenna Rudges	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4244
Local Reg. No. 292
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 14 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 150 So. 3rd West St.

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINA b. (Middle) BODEL c. (Last) BALL

4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 30, 1890
9. AGE (In years last birthday) 82
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Rigby, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred A. Petersen — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Inger Kristine Nielsen — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-05-7654A
17. INFORMANT'S OWN SIGNATURE Ardith Ball — ADDRESS Portland, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c) Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none performed
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1946, to 9/4, 1972, that I last saw the deceased alive on 9/4, 1972, and that death occurred at 7:45P m., from the causes and on the date stated above.

23a. SIGNATURE Ardith Ball, 532 (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 7 Sept. 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 8, 1972
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. Sept. 11-'72
REGISTRAR'S SIGNATURE Anna Budge
25. EMBALMER Bruce A. Eckersell
LICENSE NO. M-404
FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4245
Local Reg. No. 293
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter - day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2 Box 49

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rachel		Butikofer	September 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 9, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Atlanta, Georgia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dennis W. Carver	Georgia	Mary Delree Tyner	Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Not Avail.	Maurice A. Butikofer	Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5719

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cirrhosis Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. D. Davis MD 134	Idaho Falls Idaho	9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/8/72	Grant Central Cemetery	Grant Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11 '72	Lena Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 15 1972

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 11 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4246
Local Reg. No. 322
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital	d. STREET ADDRESS (If rural, give location) 572 12th Street

3. NAME OF DECEASED (Type or Print)	a. (First) Edaly	b. (Middle) Junius (Dud)	c. (Last) Hampton	4. DATE OF DEATH (Month) (Day) (Year) September 5 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 31, 1898	9. AGE (In years last birthday) 73 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Masonry	11. BIRTHPLACE (State or foreign country) Ogden, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Junius Wells Hampton	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Mildred Emma Berry	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 28 2647	17. INFORMANT'S OWN SIGNATURE Edaly D. Hampton	ADDRESS Shelley, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DOA - Emergency Room of LDS Hospital — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:10 pm *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 502 Cleveland Ave Idaho Falls Idaho	23c. DATE SIGNED 9/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/9/72	24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park	24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 2 - '72	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Ralph M. Wood [signature]	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4247
Local Reg. No. 307
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 101
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 242

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Short Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ADRIAN	LIONEL	EAMES	Sept. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 4, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance salesman	Insurance	Menan, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Eames	England	Ann Elizabeth Stephens	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-18-1076	A. B. Eckersell	Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Embolism	20 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10 years
DUE TO (c)	Old Rheumatic Heart Disease	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis.	8 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 18 Jan. 19 52 to 6 Sept. 19 72, that I last saw the deceased alive on 6 Sept. 19 72 and that death occurred at 10:16A m. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall,	M.D.	Rigby, Idaho.	21 Sept. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sep. 9, 1972	Little Butte	Annis Jefferson	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 23. 72	Emma Bridges	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

OCT 19 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4248
Local Reg. No. 315
Reg. Dist. No. 61

BIRTH NO.

RECEIVED OCT 3 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palisades or Swan Valley
c. LENGTH OF STAY (In this place) Ida.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 062
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, Idaho
d. STREET ADDRESS (If rural, give location) 554 So. Milton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	S.	Metcalf	Sept. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	cauc.	married	Aug. 29, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired farmer	farm	Iona, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William D. Metcalf	Brigham City, Utah	Mary Eliza Hancy	Hyde Park, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-26-3390	Verd S Metcalf	235 Tamarack Blackfoot Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7963

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exact Etiology unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Swan Valley	Bonne.	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Verna Bydalek 583 (Degree or title) Coroner	3824 E. 17th	9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 11, 1972	Ucon Cemetery	Ucon Bonneville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 29-'72	Irma Bridges	Lloyd M Nalder	M 275

FIRM NAME: Nalder Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4249
Local Reg. No. 298
Reg. Dist. No. 670

RECEIVED SEP 19 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 9 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Leslie
d. STREET ADDRESS (If rural, give location): 5 miles N. E.

3. NAME OF DECEASED (Type or Print): a. (First) PHILLIP; b. (Middle) SCOTT; c. (Last) DAVIES

4. DATE OF DEATH: September 10, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 9, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours: 9 Min: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Davies — BIRTHPLACE: Idaho Falls, Idaho

14. MOTHER'S MAIDEN NAME: Bonnie Shaffer — BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Phillip J. Davies — ADDRESS: Leslie, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7761 Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity & immature lungs — Birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Caesarean section

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Sept., 1972 *to* 10 Sept., 1972, *that I last saw the deceased alive on* 10 Sept., 1972 *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. K. Seibold M.D. 304 (Degree or title)

23b. ADDRESS: 9th & Orchard, Idaho Falls, Idaho

23c. DATE SIGNED: 13 Sept '72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-12-72

24c. NAME OF CEMETERY OR CREMATORY: Lost River

24d. LOCATION (City, town, or county) (State): Moore, Idaho

DATE REC'D BY LOCAL REG.: 9-15-'72

REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: C. H. Marvel

LICENSE NO.: M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4250
Local Reg. No. 319
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location) 560 9th St.

3. NAME OF DECEASED (Type or Print)	a. (First) PETER	b. (Middle) MEHLHOFF	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	Sept 11, 1972
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1891	9. AGE (In years last birthday) 80	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 3	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (State or foreign country) Odessa, Russia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Daniel Mehlhoff	BIRTHPLACE Russia	14. MOTHER'S MAIDEN NAME Barbara Hochholder	BIRTHPLACE Russia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 519 09 2485	17. INFORMANT'S OWN SIGNATURE Lena Mehlhoff	ADDRESS	

4/23

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15-57, 19___, *to* 8-31-72, 19___, *that I last saw the deceased alive on* 30 August, 19 72, *and that death occurred at* 5:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE Leland Krantz 294 MD (Degree or title)	23b. ADDRESS 798 So. Blvd., Idaho Falls, Ida.	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 13, 72	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Oct. 2-72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Buck Sullivan	LICENSE NO. E387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972
OCT 16 1972
OCT 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4251
Local Reg. No. 299
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 162 East 16th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Genevieve		Cook	September 12 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	March 9, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dehydration Processor	Processing Plant	Taylorsville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Cook Jr.	Utah	Minnie Burke	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 09 2058	Norma G. Cook	

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Thrombosis (Brain Stem) — INTERVAL BETWEEN ONSET AND DEATH: 6 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1962, *to* Sept 12, 1972, *that I last saw the deceased alive on* Sept 11, 1972, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron T. Weeks 556 MD	Idaho Falls Idaho	9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	9/14/72	Rose Hill Cemetery	Idaho Falls Idaho	413

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	FIRM NAME
Sept. 15-72	Anna Bridges	Ralph M. Wood Ralph M. Wood	Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 25 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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HANSEN

Certificate of Death

STATE OF IDAHO

State File No. 4252
Local Reg. No. 300
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming 51
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Afton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Joann c. (Last) Welchman Hokanson

4. DATE OF DEATH (Month) (Day) (Year): Sept 12, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 21, 1878
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 5, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newton, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Arthur Pendry — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Sarah Lucretia Kershaw — BIRTHPLACE: So. Africa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Brigham C Hokanson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 409 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10-, 1972, *to* 9-12, 1972, *that I last saw the deceased alive on* 9-9, 1972, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P C Hansen MD (Degree or title)
23b. ADDRESS: 502 Cleveland Ave Idaho Falls
23c. DATE SIGNED: 9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur
24b. DATE: 9/12/72
24c. NAME OF CEMETERY OR CREMATORY: Osmond Cemetery
24d. LOCATION (City, town, or county) (State): Afton, Wyoming

DATE REC'D BY LOCAL REG.: Sept. 16 - 72
REGISTRAR'S SIGNATURE: Anna Rudge
25. FUNERAL DIRECTOR: Jos A Williams — ADDRESS: E-319 Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 29 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 3 1972 Bureau of Vital Statistics

State File No. 4253
Local Reg. No. 308
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ammon
c. LENGTH OF STAY (In this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3760 1/2 Sunnyside

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ammon
d. STREET ADDRESS (If rural, give location): 3760 1/2 Sunnyside

3. NAME OF DECEASED (Type or Print): a. (First) MICHAEL; b. (Middle) EUGENE; c. (Last) NORTH

4. DATE OF DEATH: (Month) September (Day) 12 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 21, 1946

9. AGE (In years last birthday): 26
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Technician
10b. KIND OF BUSINESS OR INDUSTRY: Laboratory

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth North
BIRTHPLACE: Rigby, Idaho

14. MOTHER'S MAIDEN NAME: Jewell Paswater
BIRTHPLACE: Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Viet Nam

16. SOCIAL SECURITY NO.: 518-52-0659

17. INFORMANT'S OWN SIGNATURE: Jewell C. Brown
ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 9521 Asphyxiation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CO Poisoning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Ammon (COUNTY) Bonne. (STATE) Idaho

21d. TIME OF INJURY (Month) Sept (Day) 12 (Year) 1972 (Hour) 8:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* About 11:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Verna Bydalek (Degree or title) Coroner

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 15, 1972

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 22-72

REGISTRAR'S SIGNATURE: Irma Budge

25. EMBALMER: Orland C. Buck

LICENSE NO.: M 250

FIRM NAME: Buck - Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 26 1972 Bureau of Vital Statistics

State File No. 4254
Local Reg. No. 303
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 10 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hibbard
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location): Rexburg RFD 1, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Miles	Robert	Jones	Sept. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 18, 1905	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Hibbard, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Jesperson Jones	Goshen, Utah	Carey Charlotte Keppner	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-36-3834	Helen Jones	Rexburg Rt.1, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5330

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) perforated peptic ulcer 2 Bleeding — days
DUE TO (c) pneumonitis — days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C.A.F. - P.V. Stroke — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-12-72	Prostatectomy -	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9 - 8, 1972 *to* 9-13, 1972, *that I last saw the deceased alive on* 9-13, 1972 *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 230 (Degree or title) MD	P.O. Box 220	18 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 16, 1972	Little Butte Cemetery	Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21-72	Irma Budge	Russell Flamm	M-254

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flamm Funeral Home

FEB 23 1973
FEB 26 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4255
Local Reg. No. 304
Reg. Dist. No. 670

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 346 East Owen Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location): 346 East Owen Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle):
c. (Last): Louk

4. DATE OF DEATH: September 13 1972 (Month) (Day) (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 27, 1896

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman & Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY: Cattle & Sheep

11. BIRTHPLACE (State or foreign country): Norton, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Louk
BIRTHPLACE: Not Available

14. MOTHER'S MAIDEN NAME: Gnetty Hoover
BIRTHPLACE: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 20 3329A

17. INFORMANT'S OWN SIGNATURE: James A. Louk
ADDRESS: Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 2041 Chronic Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: (?) 2 Months (Probably Months)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Rheumatoid Arthritis — Several - Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1972 *to* Sept. 13, 1972, *that I last saw the deceased alive on* Sept. 9, 1972 *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Sept. 18, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/15/72

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county): Iona (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 21-72

REGISTRAR'S SIGNATURE: Linna Burgon

25. EMBALMER: Ralph M. Wood Ralph M Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 6 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4256
Local Reg. No. 323
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 840 E. Elva Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 840 E. Elva Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELMER	NEWTON	WALL	September 14 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 28, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter, retired	Construction	Stanford, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. A. Wall	Kentucky	Ella Clapp	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	322-18-2437 A	George E. Wall	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:00P p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S. McMullin M.D. 348 M. D.	Idaho Falls, Idaho	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1972 September 18	Fielding Memorial Park	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2 - '72	Anna Bridges	Orland C. Buck	E250

FIRM NAME: Buck - Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-9263

State File No. 4257
Local Reg. No. 305
Reg. Dist. No. 610

RECEIVED OCT 3 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonneville (1) (01) b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 0013 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital (02)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville (01) b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls d. STREET ADDRESS (If rural, give location): 240 Basalt Street

3. NAME OF DECEASED (Type or Print)	a. (First): Jamie	b. (Middle):	c. (Last): Reifsnider	4. DATE OF DEATH (Month) (Day) (Year): Setp 14, 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant	8. DATE OF BIRTH: Sept 14, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: James F. Reifsnider	BIRTHPLACE: Milan, Indiana		14. MOTHER'S MAIDEN NAME: Joan Fresh	BIRTHPLACE: Oklahoma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT'S OWN SIGNATURE: James Reifsnider	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

777X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Prematurity	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	28 weeks gestation	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19_____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. Baker (Degree or title) M.D.	23b. ADDRESS: Idaho Falls	23c. DATE SIGNED: 9-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept 18, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery	24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho
DATE REC'D BY LOCAL REG.: Sept 20-72	REGISTRAR'S SIGNATURE: Emma Rudge	25. EMBALMER: Leo A. Williams	LICENSE NO.: M-319

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Williams Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4258
Local Reg. No. 316
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 062
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hosp. 042	d. STREET ADDRESS (If rural, give location) 307 W. Center

3. NAME OF DECEASED (Type or Print)	a. (First) Ruby	b. (Middle) Leona	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) Sept 15, 1972
5. SEX Female	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5 1888	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) American Fork, Utah	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joshua Adams	BIRTHPLACE American Fork, Utah	14. MOTHER'S MAIDEN NAME Druscilla Leona Adams,	BIRTHPLACE Am. Fork Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-26-4571	17. INFORMANT'S OWN SIGNATURE Earl Hampton	ADDRESS Box 45 Shelley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7824

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 9/15, 1972, *that I last saw the deceased alive on* 9/15, 1972, *and that death occurred at* 5 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE David H. Smith 479 (Degree or title) M.D.	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 9/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 18 Sept 72	24c. NAME OF CEMETERY OR CREMATORY Hill Crest	24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 30-'72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Lloyd McNalder	LICENSE NO. M 275

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4259
Local Reg. No. 309
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 3 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1609 Beverly Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LILLIAN	MAY	RIORDAN	September 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 21, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own home	Chicago, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Williams	Chicago, Illinois	Maud Jones	Chicago, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	339-24-5967	Virginia M. Krogh	Idaho Falls,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1560 Carcinoma Gall bladder — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-5-72	Advanced Common duct due to metastatic Gall Bladder Cancer	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-1 19 72 *to* 9-16 19 72 *, that I last saw the deceased alive on* 9-16 19 72 *and that death occurred at* 10:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Carr 081 M.D.	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 20, 1972	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 26, '72	Anna Bridges	Orland C. Buck	M 250

FIRM NAME: Buck - Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 1 8 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Born
6-27-57

Certificate of Death

STATE OF IDAHO

State File No. 4260
Local Reg. No. 310
Reg. Dist. No. 611

RECEIVED
OCT 3 - 1972
Bureau of Vi[illegible]

[illegible] RURAL and give township	c. LENGTH OF STAY (in this place)
[illegible]ce	
[illegible] institution, give street address or location)	
[illegible]spital	200

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

DECEASED (Type or Print)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sonny	Ben	Wynn	Sept 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	June 26, 1957	15	2	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student 9		Pocatello, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harley W. Wynn	Pocatello, Idaho	~~Mildred Truchot~~	Pocatello, Idahb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Harley Wynn	

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Chest Injuries

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-000 (COUNTY) (STATE)
Accident	06	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11:45 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile Accident

22. *I hereby certify that I attended the deceased from ——, 19—, to* Sept 16, 1972, *that I last saw the deceased alive on ——, 19—, and that death occurred at ——— m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lacer P. Grace M.D. 950	Ashton, Id	9/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR ~~CREMATORY~~	24d. LOCATION (City, town, or county) (State)
Rem & Bur	Sept. 19-72	Mountain View	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 21-72	Anna Bridges	Geo A. Williams	Idaho Falls

Williams Funeral Home

M-319

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VI

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4261
Local Reg. No. 317
Reg. Dist. No. 6/6

BIRTH NO.

RECEIVED OCT 3 - 1972

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location): 115 Iona

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle): Ione
c. (Last): Longhurst

4. DATE OF DEATH (Month) (Day) (Year): September 19 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 22, 1891

9. AGE (In years last birthday): 80
IF UNDER 1 YR.: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dennison, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willaim Albert Hain
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Alice Jane Euler
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 20 3008

17. INFORMANT'S OWN SIGNATURE: Mrs. William Longhurst
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebro- vascular accident (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1972 *to* Sept. 19, 1972, *that I last saw the deceased alive on* Sept. 19, 1972, *and that death occurred at* 11:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Sept. 26, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/23/72

24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery

24d. LOCATION (City, town, or county): Iona (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 29-72

REGISTRAR'S SIGNATURE: Irma Burger

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4262
Local Reg. No. 311
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 3 - 1972 101

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 521 College

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 101
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 521 College

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) Clark; c. (Last) Sherwood

4. DATE OF DEATH (Month) (Day) (Year): September 19 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 22, 1893

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Heber City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clark Sherwood
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Jessie Faith Tomlinson
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 09 2494A

17. INFORMANT'S OWN SIGNATURE: Ernest F Sherwood
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

600X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) MASSIVE PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PELVIC THROMBOPHLEBITIS — 6 d
DUE TO (c) POST-PROSTATECTOMY INFECTION — 8 D

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS

19a. DATE OF OPERATION: 9-7-72

19b. MAJOR FINDINGS OF OPERATION: BENIGN PROSTATIC HYPERTROPHY

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12-, 1972, to 9-14, 1972, that I last saw the deceased alive on 9-19, 1972, and that death occurred at 12 55 PM., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 1176 E 17th Idaho Falls

23c. DATE SIGNED: 9-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/22/72

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 25-72

REGISTRAR'S SIGNATURE: Emma Burgess

25. EMBALMER: Ralph M. Wood [signature]

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

OCT 27 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4263
Local Reg. No. 337
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 10 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location) Rt#1 Box 314

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Pearl	c. (Last) Berlin	4. DATE OF DEATH (Month) Sept.	(Day) 19	(Year) 1972
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 30, 1884	9. AGE (In years last birthday) 87	IF UNDER 1 YR. Months 9 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Marriott, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Timothy Peter Terry	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Mary Ann Joyce	BIRTHPLACE Utah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-82-1640	17. INFORMANT'S OWN SIGNATURE Margaret Berlin	ADDRESS Albany, CA 94706 1027½ Key Route Blvd			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Q.S.N.D.

INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/8, 1972 *to* 9/19, 1972, *that I last saw the deceased alive on* 9/18, 1972 *and that death occurred at* 2:55a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L.T. Terry 294 (Degree or title) M.D.	23b. ADDRESS 798 S Blvd Idaho Falls Idaho	23c. DATE SIGNED 4 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-22-72	24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	24d. LOCATION (City, town, or county) Blackfoot, Bingham (State) Idaho
DATE REC'D BY LOCAL REG. Oct 6 72	REGISTRAR'S SIGNATURE Lena Bridger	25. EMBALMER Howard Packham	LICENSE NO. M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-8062

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4264
Local Reg. No. 373
Reg. Dist. No. 61

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hosptial 500	d. STREET ADDRESS (If rural, give location) 1463 West Broadway

3. NAME OF DECEASED (Type or Print)	a. (First) Jodi	b. (Middle) Rae	c. (Last) Atwood	4. DATE OF DEATH (Month) (Day) (Year) September 21 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 30, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months 1 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 9	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Truman D. Atwood	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Linda Loraine Sorensen Conn	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Linda L. Atwood	ADDRESS Idaho Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7880

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Crib death (natural)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metabolic acidosis.	?
DUE TO (c)	cause unknown.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth *19____, to* death *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE a. Mm B. Atwood 633 (Degree or title)	23b. ADDRESS Idaho Falls	23c. DATE SIGNED 9-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/25/72	24c. NAME OF CEMETERY OR CREMATORY Burton Cemetery	24d. LOCATION (City, town, or county) Burton (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 27-'72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4265
Local Reg. No. 3/1
Reg. Dist. No. 6/0

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 3258 East Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First) Mina
b. (Middle) Geneve
c. (Last) Wright

4. DATE OF DEATH (Month) (Day) (Year) September 21 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 6, 1891
9. AGE (In years last birthday) 81
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carl George Brandley
BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Jane Jeremy
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 09 1704D
17. INFORMANT'S OWN SIGNATURE Rose Marie Anderson
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4121

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident, right — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic arteriosclerotic hypertensive heart disease, 20 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* 9-21, 19 72, *that I last saw the deceased alive on* 9-21, 19 72 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE B. Blair E. Smith M.D. 156 (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/25/72
24c. NAME OF CEMETERY OR CREMATORY Ammon Cemetery
24d. LOCATION (City, town, or county) Ammon (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 27-'72
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER Ralph M. Wood Ralph M. Wood
LICENSE NO. 413

Federal Security Agency
United States Public Health Service FORM DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972
MAY 19 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

State File No. 4266
Local Reg. No. 320
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls; c. LENGTH OF STAY (In this place) 14 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital	d. STREET ADDRESS (If rural, give location) 321 Lomax

3. NAME OF DECEASED (Type or Print)	a. (First) Florence	b. (Middle) Ellan	c. (Last) King	4. DATE OF DEATH (Month) (Day) (Year) September 22 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1898	9. AGE (In years last birthday) 73; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Store	11. BIRTHPLACE (State or foreign country) Butte, Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Weir	BIRTHPLACE New York	14. MOTHER'S MAIDEN NAME Ella Smith	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 516 12 2181B	17. INFORMANT'S OWN SIGNATURE Stanley King	ADDRESS Idaho Falls	

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thromboophlebitis, left leg (recent)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1972, *to* Sept 22, 1972, *that I last saw the deceased alive on* Sept 22, 1972, *and that death occurred at* 10:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Byron T Weeks MD (Degree or title)	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 9-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/26/72	24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	24d. LOCATION (City, town, or county) Butte (State) Montana
DATE REC'D BY LOCAL REG. Oct. 2-72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4267
Local Reg. No. 335
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L..D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print): a. (First) LOMETA b. (Middle) CAZIER c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 27, 1897
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Cazier — BIRTHPLACE: N. Ogden, Utah
14. MOTHER'S MAIDEN NAME: Andrew H. B. Johnson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-0341a
17. INFORMANT'S OWN SIGNATURE: Emily Matilda Hathaway — ADDRESS: Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 9 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

2079

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14, 19 59, *to* 23 Sept, 19 72, *that I last saw the deceased alive on* 23 Sept, 19 72, *and that death occurred at* 6:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 294 (Degree or title)
23b. ADDRESS: 798 So. Blvd. Idaho Falls, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur
24b. DATE: 9/27/72
24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery
24d. LOCATION (City, town, or county) (State): Fremont, County, Idaho

DATE REC'D BY LOCAL REG.: 10/11/72
REGISTRAR'S SIGNATURE: Emma Budge
25. FUNERAL DIRECTOR: Leo A Williams — ADDRESS: M-319 Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 27 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4268
Local Reg. No. 325
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 163 South 1st East Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ESSIE	ELIZA	SUMMERS CLIFFORD	September 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	August 13, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L. P. Nurse		Burton, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Charles Summers	Salt Lake City, Utah	Mary Elizabeth Jones	Goose Creek, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-24-0970A	Bernice C. Kaver	Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 14 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 17, 1972, *to* September 23, 1972, *that I last saw the deceased alive on* September 23, 1972, *and that death occurred at* 9:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eldon Tall, M.D.	Rigby, Idaho	9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/27/72	Little Butte	Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4 '72	Anna Budge	Kenneth A. Flamm	M 347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4269
Local Reg. No. 339
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 126 So. 1st West St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	WILFORD	WARDLE	Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 2, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Carpenter	Farm & Bldg.	So. Jordan, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Haston Wardle	Utah	Annie Serena Sorenson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-22-0626	Melissa A. Wardle	Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis - General	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None performed	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/24, 1962 to 23 Sept., 1972, that I last saw the deceased alive on 22 Sept., 1972, and that death occurred at 5:35A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall,	M.D.	Rigby, Idaho.	25 Sept. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 26, 1972	Mountain View	Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Anna Bridgew	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 2 0 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 11 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4270
Local Reg. No. 3560
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1265 Canal

3. NAME OF DECEASED (Type or Print): a. (First) Mabel b. (Middle) (Doll) c. (Last) Cottrell Osborne

4. DATE OF DEATH (Month) (Day) (Year): ?Sept 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Jan 3, 1911	61	8	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Morgan, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph E. Cottrell	Utah	Harriet Eliza Clawson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-32-2179	Ruel D Osborne	Clarkston Wa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1929 Stroke, Left cerebrum — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-27, 1968, *to* 9-24, 1972, *that I last saw the deceased alive on* 9-24, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 546 (Degree or title)	Idaho Falls, Ida	10/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 28, 1972	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 6 72	Anna Bridges	Leo A. Williams	M-319

Federal Security Agency
United States Public Health Service

Form DPH-48021

Williams Funeral Home

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

72 - 9288
BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

State File No. 4271
Local Reg. No. 324
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (In this place): 101
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana 27
b. COUNTY: Gallatin 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone
d. STREET ADDRESS (If rural, give location): West Yellowstone

3. NAME OF DECEASED (Type or Print): a. (First) #1 b. (Middle) c. (Last) INFANT(twin) KARINEN

4. DATE OF DEATH: (Month) (Day) (Year) Sept 25, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 24, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours 8 / Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Larry Albert Karinen
BIRTHPLACE: So. Dakota

14. MOTHER'S MAIDEN NAME: Janice Lundblade
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Larry Karinen
ADDRESS: West Yellowstone Mt.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7262

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity with marked Immaturity
DUE TO (c) 29 weeks gestation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Sept, 19 72, *to* 25 Sept, 19 72, *that I last saw the deceased alive on* 25 Sept, 19 72, *and that death occurred at* 6:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hal Davis, M.D. (Degree or title) — Hal N Davis MD — 133

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 27-72

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 2 - '72

REGISTRAR'S SIGNATURE: Irma Rudge

25. [illegible] — Bee Jensen

LICENSE NO.: 387

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH–63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-9289

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4272
Local Reg. No. 325
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, 101
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana 27
b. COUNTY: Gallatin 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone
d. STREET ADDRESS (If rural, give location): West Yellowstone

3. NAME OF DECEASED (Type or Print): a. (First) #2 INFANT(twin) b. (Middle) KARINEN c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Sept 25, 1972

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 24, 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours 8 M 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 9
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Larry Albert Karinen BIRTHPLACE: So. Dakota
14. MOTHER'S MAIDEN NAME: Janice Lundblade BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Larry Karinen ADDRESS: West Yellowstone Mt

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7762

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity with marked Immaturity
DUE TO (c) 29 weeks gestation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Sept, 1972, *to* 25 Sept, 1972, *that I last saw the deceased alive on* 25 Sept, 1972, *and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hal Davis, M.D. (Degree or title) Hal W. Davis MD 133
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27-72
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 2-'72
REGISTRAR'S SIGNATURE: Anna Bridgen
25. EMBALMER: Bill Sullivan
LICENSE NO.: E381

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....21-.....

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Certificate of Death
STATE OF IDAHO

State File No. 4273
Local Reg. No. 336
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 4 mo. 18 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 697 12th Street

3. NAME OF DECEASED (Type or Print): a. (First) Sadie; b. (Middle); c. (Last) Drinkuth

4. DATE OF DEATH (Month) (Day) (Year): September 26 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 5, 1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chester B. Thornton
BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: Delita Campbell
BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 42 8552

17. INFORMANT'S OWN SIGNATURE: John Drinkuth
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1-3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: A S N Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. *,* 1953 *to* Sept 26 *,* 1972 *, that I last saw the deceased alive on* 20 Sept *,* 1972 *and that death occurred at* 7:00 P.M. *, from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS: 7985 Blvd Idaho Falls

23c. DATE SIGNED: 10/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/30/72

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Oct 10-72

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: Ralph M. Wood [signature]

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973
FEB 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

APR 1 6 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4274
Local Reg. No. 341
Reg. Dist. No. 610

BIRTH NO.

RIGBY

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls; c. LENGTH OF STAY (In this place): 1 mo. 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Nursing Home 398	d. STREET ADDRESS (If rural, give location): 376 Idaho Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) SHARP	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 6, 1876	9. AGE (In years last birthday): 96 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Smithfield, Utah.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Francis Sharp	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Dorothy Gill	BIRTHPLACE: England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 528-09-5528A	17. INFORMANT'S OWN SIGNATURE: V. Layoung	ADDRESS: Rexburg, Idaho.	

4299

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Heart Disease	1 Month
DUE TO (c)	Senility age 96	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1945, *to* Sept 26, 1972, *that I last saw the deceased alive on* Sept 24, 1972, *and that death occurred at* 11:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clifford B Rigby 441 (Degree or title) M.D.	23b. ADDRESS: Rigby, Idaho.	23c. DATE SIGNED: Oct-2-1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY: Sutton	24d. LOCATION (City, town, or county) (State): Archer Madison Idaho
DATE REC'D BY LOCAL REG.: Oct. 4-1972	REGISTRAR'S SIGNATURE: Anna Bridger	25. EMBALMER: Sidney B Purser	LICENSE NO.: M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 4 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4275
Local Reg. No. 352
Reg. Dist. No. 610

RECEIVED OCT 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2370 Tasman

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Huldah	Christine	Bingham	September 26 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 19, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter J. Nordquist	Sweden	Maria Olsson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528 01 8681D	Mrs L.J. Bingham	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

403X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Renal Disease & Uremia	About 3 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriolonephrosclerosis	5 years
DUE TO (c)	Generalized arteriosclerosis	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal pneumonia, r. lower lobe	36 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1972, to Sept., 1972, *that I last saw the deceased alive on* Sept. 26, 1972, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L.J. Bingham, MD 044	Idaho Falls, Idaho	Oct. 2, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/28/72	Wasatch Lawn Memorial Park Cemetery	Salt Lake City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6 - '72	Emma Rudgin	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended April 18, 1974

Certificate of Death
STATE OF IDAHO

State File No. 4276
Local Reg. No. 3 4
Reg. Dist. No. 61d

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville/100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Irwin
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) EARL	c. (Last) IRELAND	4. DATE OF DEATH (Month) (Day) (Year)	Sept. 27, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 1, 1892	9. AGE (In years last birthday): 80	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier 6	10b. KIND OF BUSINESS OR INDUSTRY: Postal Service	11. BIRTHPLACE (State or foreign country): LaCamas, Washington	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William E. Ireland	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Emma Frantz	BIRTHPLACE: Pennsylvania		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 519-52-7674	17. INFORMANT'S OWN SIGNATURE: Harold R. Ireland	ADDRESS:		

4419

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ruptured aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 30-40 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11-72, 19__, *to* 27 Sept, 19 72, *that I last saw the deceased alive on* 27 Sept, 19 72, *and that death occurred at* 7:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): 294	23b. ADDRESS: 7985 Blue Idaho Falls	23c. DATE SIGNED: 10/3/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 30, 72	24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: Oct. 6-'72	REGISTRAR'S SIGNATURE: Emma Bridger	25. EMBALMER: Bill Sullivan	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 16 9 42 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 72-4276

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for William Earl Ireland (Name on Original Certificate) who died (Was Born or Died) on Sept 27, 1972 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#11 Birthplace	Camas, Washington	LaCamas, Washington
#14 Mothers birthplace	Kansas	Pennsylvania

Subscribed and sworn to before me this 15th day of April, 1974.

Notary Public, residing at Idaho Falls, Idaho
My commission expires 11-1-76
(Seal)

Signed Anna M. Ireland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 2901 - Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1974.

Notary Public, residing at Idaho Falls, Idaho
My commission expires December 1, 1976
(Seal)

Signed Mae M. White
(Signature of Any Credible Person)

751 Cleveland, Idaho Falls, Ida.
(Street Address, City, State)

FORM DH 60-155

APR 1 9 1974
JUL 6 1979

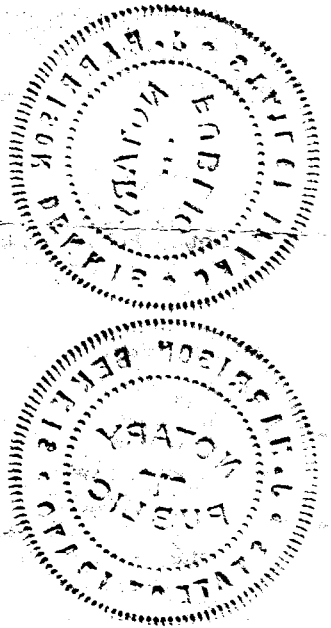

Certificate of Death
STATE OF IDAHO

State File No. 4277
Local Reg. No. 339
Reg. Dist. No. 610

RECEIVED OCT 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 1 year	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Nursing Home 042	d. STREET ADDRESS (If rural, give location): 256 Clay St.

3. NAME OF DECEASED (Type or Print)	a. (First) Luella	b. (Middle) Jensen	c. (Last) Jergenson	4. DATE OF DEATH (Month) Sept. (Day) 27, (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 24, 1891	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Ovid, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Christian Jensen	BIRTHPLACE: Mendon, Utah	14. MOTHER'S MAIDEN NAME: Stena Rasmussen	BIRTHPLACE: Bloomington, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 528-09-1798B	17. INFORMANT'S OWN SIGNATURE: Andrew Jergenson	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): prob. Pulm. embolis — INTERVAL BETWEEN ONSET AND DEATH: 10 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
~~DUE TO~~ (c): Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Heart block, diabetes Meltitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1970, *to* death, 19____, *that I last saw the deceased alive on* 9-27, 1972 *and that death occurred at* 11 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Ann Bridges MD (Degree or title) 633	23b. ADDRESS: Idaho Falls	23c. DATE SIGNED: 10-4-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Sept. 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery	24d. LOCATION (City, town, or county): Montpelier (State): Idaho
DATE REC'D BY LOCAL REG.: Oct. 19-72	REGISTRAR'S SIGNATURE: Anna Bridges	25. EMBALMER: Ralph M. Wood	LICENSE NO.: 413

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4278
Local Reg. No. 32-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1, Box 66

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARLYN	DARRELL	ALLEN	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 14, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Agriculture	Aredale, Iowa	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred D. Allen	Iowa	Charlotte Ray	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	———	350-05-5562	Mrs Gladys H. Allen	Bonners Ferry, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA — INTERVAL BETWEEN ONSET AND DEATH: Wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/12, 19 65, *to* 9/12, 19 72, *that I last saw the deceased alive on* 9/12, 19 72, *and that death occurred at* 9 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Bonners Ferry	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/16/72	Paradise Valley Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1972	Twyla Stone	[signature]	M-453

FIRM NAME: MALONE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4279
Local Reg. No. 34-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this institution): 2 Mths.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D. O. A. Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Box 207

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	Peter	Zimmerman	9- 14-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	5-3-1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant?	Meat & Groc.	Plymouth, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank J. Zimmerman	Tissin, Ind.	Elizebeth Stegman	Plymouth, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. 1	518-03-3403	Richard L. Zimmerman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1965, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	153 M. D.	Bonners Ferry, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	9-16-1972	Grandview Cemetery	Boundary	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1972	Twyla Stone	Emile Dion	M-536

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 29 1972
OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4280
Local Reg. No. 33-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Boundary			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry	c. LENGTH OF STAY (In this place): 18 days		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital - 047			d. STREET ADDRESS (If rural, give location): Box 83

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Alma	c. (Last) Kelson	4. DATE OF DEATH (Month) 9	(Day) 15	(Year) 1972
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 12-10-1880	9. AGE (In years last birthday): 91	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Grain	11. BIRTHPLACE (State or foreign country): Weiser, Idaho	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Soren Kelson	BIRTHPLACE: Denmark	14. MOTHER'S MAIDEN NAME: Dorthea Jorgensen	BIRTHPLACE: Denmark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-05-2299	17. INFORMANT'S OWN SIGNATURE: Algenia H. Kelson	ADDRESS			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 6340 — unknown

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE: NO	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY: NO (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8/25, 1972, to 9/15, 19__, that I last saw the deceased alive on 9/15, 19__ and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 103	(Degree or title): M.D.	23b. ADDRESS: Bonners Ferry, Idaho	23c. DATE SIGNED: 9/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-19-1972	24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery	24d. LOCATION (City, town, or county): Boundary	(State): Idaho
DATE REC'D BY LOCAL REG.: Sept. 19, 1972	REGISTRAR'S SIGNATURE: Twyla Stone	25. EMBALMER: Emile Dion		LICENSE NO.: M-536

FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 27 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4281
Local Reg. No. 35-72
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #573

3. NAME OF DECEASED (Type or Print): a. (First) ELLING b. (Middle) A. c. (Last) SVENDSBYE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 6, 1884

9. AGE (In years last birthday): 87

IF UNDER 1 YR. Months / Days

IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill Worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Snarum, Norway

12. CITIZEN OF WHAT COUNTRY? US (Nat)

13. FATHER'S NAME: Anders (Stryken) Svendsbye
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 518-05-4394-A

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Bonners Ferry, Idaho

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): CVA — INTERVAL BETWEEN ONSET AND DEATH: 2wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19 60, to 9/20, 19 72, that I last saw the deceased alive on 9/20, 19 72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 153 (Degree or title) MD

23b. ADDRESS: Bonners Ferry Ida

23c. DATE SIGNED: 9/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/25/72

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 24, 1972

REGISTRAR'S SIGNATURE: Gwyla Stone

25. EMBALMER: [signature]

LICENSE NO.: M-453

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED SEP 27 1972 Bureau of Vital Statistics

State File No. 4282
Local Reg. No. 36-72
Reg. Dist. No. 100

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Boundary	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry c. LENGTH OF STAY (In this place): 5 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boundary County Nursing Wing 341	d. STREET ADDRESS (If rural, give location): Boundary County Nursing Wing

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHERINE	MARIE	FAUROTE	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 14, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Tipton, Indiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John White	Indiana	Amanda Baker	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-68-8773	Mildred A. Nelson	Bonners Ferry, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5621 Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diverticulitis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
No m.		

22. I hereby certify that I attended the deceased from 9/19, 19 72, to 9/20, 19 72, that I last saw the deceased alive on 9/20, 19 72, and that death occurred at 9:45 A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry	9/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	9/25/72	Highland Cemetery	Great Falls, Montana	M-453

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER
Sept. 26, 1972	Viola Stone	[signature]

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4283
Local Reg. No. 5
Reg. Dist. No. 670

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (In this place): 73 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 520 N. Front

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): 520 N. Front

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	EDWIN	WOODBRIDGE	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	March 25, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Livestock	Arco, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thornton Woodbridge	Niles, Michigan	Dora Beasack	Peoria, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-0281A	+ Jeannie Woodbridge	US Air Force

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Edema	Several Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive Heart failure	1 yr.
DUE TO (c)	Advanced Arteriosclerosis	many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of prostate	3 months

4409

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 28, '72	Carcinoma of prostate - metastatic	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 15, 1972, to Sept. 20, 1972, that I last saw the deceased alive on Sept. 19, 1972, and that death occurred at 10:55 pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul A. Fair M.D.	Arco Idaho	10/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-23-72	Hillcrest	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11-1972	Betty J. Marvel	C. W. Marvel	M-457

FIRM NAME Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63921

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 1992

MAR 0 4 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 26 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4284
Local Reg. No. 473
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1615 8th Street South

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPHINE
b. (Middle)
c. (Last) PAYER

4. DATE OF DEATH (Month) (Day) (Year) August 5, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH October 20, 1885
9. AGE (In years last birthday) 86
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (retired)
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (State or foreign country) Kresin, Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Payer
BIRTHPLACE Czechoslovakia
14. MOTHER'S MAIDEN NAME Victoria Zelenka
BIRTHPLACE Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. 518-56-6862-A
17. INFORMANT'S OWN SIGNATURE [signature]
ADDRESS Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction - acute	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary occlusion - Recurrent acute -	2 wks.
DUE TO (c)	Atherosclerosis - Coronary	30+yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart Failure - Hypertensive Heart Dis & Cardiomegaly	Terminal 20 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953, *to* 5 Aug, 1972, *that I last saw the deceased alive on* 5 Aug, 1972, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 443 (Degree or title) MD
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 15 Aug 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 10, 1972
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Sept. 26, 1972
REGISTRAR'S SIGNATURE Berniece M. Skinner
25. EMBALMER Charles H Persons
LICENSE NO. M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4285
Local Reg. No. 469
Reg. Dist. No. 360

71-10811
BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 25 3 01 PM '72

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pricilla		Rodriguez	Aug. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Mexican		Oct. 12, 1971		10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
9		Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adrian Rodriguez	Mexico		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		Adrian Rodriguez	Wilder, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Measles pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

055 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 19, 1972, to Aug 19, 1972, that I last saw the deceased alive on Aug 17, 1972, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
1086 M.D.	223 16th Ave. N., Nampa, Ida.	9/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 22, 1972	Wilder Cemetery	Wilder Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1972	Bernice M. Skinner	Leonard C. Flaliff	M-481

FIRM NAME: Flaliff Funeral Chapel Caldwell

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4286
Local Reg. No. 488
Reg. Dist. No. 360

BIRTH NO.

OCT 4 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place) 17½ hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location) 411 15th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) PHILLIP	c. (Last) MACHOS	4. DATE OF DEATH (Month) (Day) (Year) August 30, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 14, 1892	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (retired) 4	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Bryant, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert Machos	BIRTHPLACE Poland	14. MOTHER'S MAIDEN NAME Agnes Shook	BIRTHPLACE Poland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -	16. SOCIAL SECURITY NO. 519-07-3046	17. INFORMANT'S OWN SIGNATURE Eugene B. [illegible]	ADDRESS Richland, Wn.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

450X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary embolism.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Renal insufficiency.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Aug 30, 1972 *that I last saw the deceased alive on* Aug 30, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J B Mavasany 326 (Degree or title) 1	23b. ADDRESS 824 17th Ave. So., Nampa, Id.	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Oct. 3, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Charles H. Persons	LICENSE NO. M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 3 - 1972

State File No. 4287
Local Reg. No. 482
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): 17 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital 051	d. STREET ADDRESS (If rural, give location): 913½ Dearborn St.

3. NAME OF DECEASED (Type or Print) a. (First): Jacob	b. (Middle): Godfried	c. (Last): Werre	4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1972	
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 10, 1898	9. AGE (In years last birthday): 74 — IF UNDER 1 YR. Months: 7 Days: 21 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): Wishek, No. Dakota	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13. FATHER'S NAME: Godfried Werre	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Carolyn Stouse	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 501-18-7844	17. INFORMANT'S OWN SIGNATURE: x Lydia Werre	ADDRESS:	

4724

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia - bilateral	72 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASCVD ≡ CVD +	
DUE TO (c)	Left hemiplegia	yes.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Pyelinephritis	yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/15, 1972, *to* 8/31, 1972, *that I last saw the deceased alive on* 8/31, 1972, *and that death occurred at* 11:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jan E McCarty	989 (Degree or title) M.D.	23b. ADDRESS: Caldwell, Idaho	23c. DATE SIGNED: 9/29/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-5-1972	24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale	24d. LOCATION (City, town, or county) (State): Marsing-Homedale
DATE REC'D BY LOCAL REG.: Oct. 2, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Lucy M. Flahiff	LICENSE NO.: M-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 3 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4288
Local Reg. No. 446
Reg. Dist. No. 360

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 719 15th Ave. So.,

3. NAME OF DECEASED (Type or Print) a. (First): GLEN	b. (Middle): LaMar	c. (Last): NEILSEN	4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Nov. 30, 1907	9. AGE (In years last birthday): 64 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Monroe, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Neils L. Neilsen	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Lillian Bates Neilsen	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-32-8769	17. INFORMANT'S OWN SIGNATURE: x Thelma Myers	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1971, *to* Sept 1, 1972, *that I last saw the deceased alive on* Aug 31, 1972, *and that death occurred at* a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Blough 730 (Degree or title) MD	23b. ADDRESS: Nampa Ida	23c. DATE SIGNED: 9-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/6/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Sept. 8, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Jerry S. Krouch	LICENSE NO.: M-447

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4289
Local Reg. No. 443
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star - Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Thunderidge Race Track

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	MILTON	CHITWOOD	September 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 7, 1939	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hollan Chitwood	Tennesse	Hazel DeCoursey	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Oct. 1961 to Aug. 1962	519-44-4341	X Helen Joy Chitwood	Caldwell Idaho

8230

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Basal Skull Fracture and a Crushed Chest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture left ankle
Fracture left tibia
Fracture left hip

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-140 (COUNTY)	(STATE)
Accident	at Thunder Ridge Raceway	Near Star Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept 1 1972 6:30 p.m.		Car out of control and rolled over

22. I hereby certify that I attended the deceased from Inspection & history, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 6:30p. m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 560 (Degree or title) M. D. Coroner	Nampa, Idaho	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 5, 1972	Kohlerlawn Cemetery	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 7, 1972	Fernice M. Skinner	Marvin R. Kiikila	M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 8 1972
SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 4 1974
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4290
Local Reg. No. 451
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Terrace Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 104 Denver

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Linda	M.	Wilson	Sept. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 24, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Frontier Co., Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry A. Meads	Unknown	Annia A. McDougald	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Pauline Wilson	104 Denver Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6d.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. , 1972 *to* Sept 2 , 1972 *that I last saw the deceased alive on* Aug 6 , 1972 *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
258 Malcolm Jackson MD	222 Exit Cooks	9-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-8-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11, 1972	Bernice M. Skinner	Glenn Leon Johnson	M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 19 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4291
Local Reg. No. 457
Reg. Dist. No. 360
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 11das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Box 863

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WARREN	MYRON	ZICKRICK	9	2	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Feb. 7, 1888	84	6	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Howard So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W Zickrick	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	517-36-7859	Mora E. Zickrick	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aortic stenosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-20-72 *, 19____, to* 9-2-72 *, 19____, that I last saw the deceased alive on* 9-2-72 *, 19____, and that death occurred at* 7:12 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
XX Charles E. Reed, M.D. 379	222 East Elm, Caldwell, Ida	9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/6/72	Homedale-Marsing	Near Marsing Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Berniece M. Skinner	Lucy M. Flahiff	M-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 20 1972
OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4292
Local Reg. No. 447
Reg. Dist. No. 360

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Space # 12, Karcher Village Court

3. NAME OF DECEASED (Type or Print) a. (First): NANCY	b. (Middle): L.	c. (Last): STONE	4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 19, 1902	9. AGE (In years last birthday): 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Sunnyside, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Bailey	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Emily Hudson Bailey	BIRTHPLACE: England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-24-5275	17. INFORMANT'S OWN SIGNATURE: x George B. Stone	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1970, *to* Sept 3, 1972, *that I last saw the deceased alive on* Sept 3, 1972, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Blough 730 (Degree or title) MD	23b. ADDRESS: Nampa Ida	23c. DATE SIGNED: 9-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment	24b. DATE: 9/7/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Sept. 8, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Larry S. Krouk	LICENSE NO.: M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4293
Local Reg. No. 448
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, 2007 Locust

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2007 Locust

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cora	May	Downs	Sept. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 21, 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Carwile, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Stattner	Kentucky	Anna E. Morris	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		519-38-9800	X Jesse L. Downs	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardio-vascular -renal disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Arthritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inspection & History, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 560 (Degree or title) M.D. Coroner	Nampa, Idaho	9-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-6-72	Knowlton Heights Cemetery	Canyon County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 11, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4294
Local Reg. No. 465
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): 15 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School and Hospital 052	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) A.	c. (Last) BARKER	4. DATE OF DEATH (Month) (Day) (Year) September 4, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: December 13, 1933	9. AGE (In years last birthday): 38 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked 0	10b. KIND OF BUSINESS OR INDUSTRY: - - - -	11. BIRTHPLACE (State or foreign country): Victor, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Thomas S. Barker	BIRTHPLACE: Esclenta, Utah	14. MOTHER'S MAIDEN NAME: Ruth Johnson	BIRTHPLACE: Richmond, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 519-74-7490-A	17. INFORMANT'S OWN SIGNATURE: Wilma Keyser	ADDRESS: Idaho State School and Hospital	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3451

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Asphyxia - Livida	30-60 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Epilepsy - Grand mal	21-22 yrs
DUE TO (c)	Cerebropathy	40 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: Non-Op.	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972, *to* 4 Sep, 1972, *that I last saw the deceased alive on* 24 July, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 443 (Degree or title) MD	23b. ADDRESS: 320 17th Ave. South, Nampa, Ida.	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial	24b. DATE: Sept. 5, 1972	24c. NAME OF CEMETERY OR CREMATORY: Victor Cemetery	24d. LOCATION (City, town, or county) (State): Victor, Teton County, Idaho
DATE REC'D BY LOCAL REG.: Sept. 20, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Charles H. Persons	LICENSE NO.: M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4295
Local Reg. No. 487
Reg. Dist. No. 360

BIRTH NO.

PRELIMINARY OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1503 Oregon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leonard L.	L.	Hurst, Sr.	Sept. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 4, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Produce C		Carlock, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Hurst	Ireland	Winnefrid King	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
Yes	War L	519-16-1336A	L. L. Hurst Jr.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

492 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/1/72, 19__, *to* 9/4/72, 19__, *that I last saw the deceased alive on* 9/4, 19 72 *and that death occurred at* 10:25 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C.C. Sandlund 969 (Degree or title)	Caldwell	9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-7-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 27 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. FEB 1 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4296
Local Reg. No. 458
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): yrears
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa State School & Hospital 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Idaho State School & Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RODNEY	JAMES	PARRY	Sept. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Oct. 27, 1955	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Medical Incapacity 0	----------	Newberg, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lester Parry	Oregon	Iva May Trowbridge	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-82-2223	Medical Records, By: R.W. Messenbrook	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Palsy	16 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 1, 1972, to Sept 5, 1972, that I last saw the deceased alive on Sept 5, 1972, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R.W. Messenbrook 158 (Degree or title) MD	619 So Canyon, Nampa	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/13/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Bernice M. Skinner	Jay J. Grow	M-447

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4297
Local Reg. No. 453
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa (rural)
d. STREET ADDRESS (If rural, give location): Route 6, Box 6869

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) JOHN c. (Last) CROWTHER

4. DATE OF DEATH (Month) (Day) (Year): September 5, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: July 3, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Operator

10b. KIND OF BUSINESS OR INDUSTRY: Comercial Spraying Firm

11. BIRTHPLACE (State or foreign country): Elmwood, Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Lincoln Crowther
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Elizabeth Louise Jergens
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-18-4350-A

17. INFORMANT'S OWN SIGNATURE: Claudia B Crowther
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 403X Chronic Renal Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Pulmonary embolus —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/11/ 72 *to* 9/5/ 72 *that I last saw the deceased alive on* 9/5/ 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John McCabe 1004 (Degree or title) MD

23b. ADDRESS: 619 South Canyon, Nampa, Idaho

23c. DATE SIGNED: 9/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 8, 1972

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept. 13, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Charles K. Parsons

LICENSE NO.: M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 1 1973

JAN 6 1983

MAR 2 7 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4298
Local Reg. No. 452
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. View Terrace Nursing Home 360	d. STREET ADDRESS (If rural, give location) 104 Denver

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) A.	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 14, 1884	9. AGE (In years last birthday) 88 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frontier Co., Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph B. Wilson	BIRTHPLACE Unknown		14. MOTHER'S MAIDEN NAME Effie Wilson	BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-40-2341A		17. INFORMANT'S OWN SIGNATURE + Pauline Wilson	ADDRESS 104 Denver Caldwell, Ida

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma Colon

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Aug. *, 19*72*, to* Sept 5 *, 19*72*, that I last saw the deceased alive on* Sept 2 *, 19*72*, and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 258 (Degree or title)	23b. ADDRESS 222 East Logan	23c. DATE SIGNED 9-9-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-72	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Sept. 11, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER [signature]	LICENSE NO. M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 26 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4299
Local Reg. No. 472
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 108 Banner Street

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) ERNEST
c. (Last) FLITTON

4. DATE OF DEATH (Month) (Day) (Year) September 5, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 9, 1894
9. AGE (In years last birthday) 78
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter (retired) 5
10b. KIND OF BUSINESS OR INDUSTRY Amalgamated Sugar Co.
11. BIRTHPLACE (State or foreign country) Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Flitton
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mary Webster
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
(If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 528-10-2320-A
17. INFORMANT'S OWN SIGNATURE James W. Flitton
ADDRESS Nampa Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5932

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Renal insufficiency
INTERVAL BETWEEN ONSET AND DEATH 1½ yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obstructive pulmonary disease
Coronary bh disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/17/ *, 19*65 *, to* 9/5/ *, 19*72 *, that I last saw the deceased alive on* 9/5/ *, 19*72 *, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 217 (Degree or title) 1
23b. ADDRESS 619 South Canyon, Nampa, Idaho
23c. DATE SIGNED 9/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 8, 1972
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Sept. 26, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER Charles S Persons
LICENSE NO. M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flakiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DEC 10 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 21 1972 Bureau of Vital Statistics

State File No. 4309
Local Reg. No. 466
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Oregon 38 b. COUNTY Malheur 355
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt 2 Vale,
d. STREET ADDRESS (If rural, give location) Rt 2 Box 293

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Philo	Higley	Sept. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 11, 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laber	City of Vale, Ore.	Soda Springs, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elie Higley	Unk.	Emma Hendrix	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		x Sophia O Higley	Vale Ore

492 X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia & lung abcess — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary emphysema - severe
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-1-72, 19____, to 9-5-72, 19____, that I last saw the deceased alive on 9-5-72, 19____, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
XX Charles E. Reed, M.D. (Degree or title) 277	222 East Elm, Caldwell, Ida	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 9, 1972	Valleyview Cemetery	Vale, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 20, 1972	Bernice M. Skinner	Robert L. Bertelsen	Ore. 78

FIRM NAME: Bertelson-Lienkaemper Ontario, Ore.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1972

SEP 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 2 1975

OCT 29 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Nursing home 9 1972

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 21 1972 Bureau of ...

State File No. 4301
Local Reg. No. 468
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenleaf
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Convalscent Center 396	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Josephine	b. (Middle) R.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Prairie City, Oregon	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Hiel Hyde	BIRTHPLACE New York	14. MOTHER'S MAIDEN NAME Sarah Jane Barkley	BIRTHPLACE Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-60-0366	17. INFORMANT'S OWN SIGNATURE X Cloyd C Smith.	ADDRESS	

MEDICAL CERTIFICATION

887X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerosis - Cerebral	several weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ischemia	
DUE TO (c)	fractured right hip	1 1/2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE 1 (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) 13-140 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* Sept 5, 1972, *that I last saw the deceased alive on* Sept, 1972 *and that death occurred at* 6:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles E Kennick	280 (Degree or title) 1 MD	23b. ADDRESS 1819 Ellis St Caldwell Idaho	23c. DATE SIGNED 9-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-72	24c. NAME OF CEMETERY OR CREMATORY Greenleaf Cemetery	24d. LOCATION (City, town, or county) (State) Greenleaf, Idaho
DATE REC'D BY LOCAL REG. Sept. 20, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER [signature]	LICENSE NO. M-508

FIRM NAME Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4302
Local Reg. No. 456
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Nampa State School 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1617 Blaine Street

3. NAME OF DECEASED (Type or Print): a. (First) Steven b. (Middle) Leroy c. (Last) Phelps
4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 11, 1960
9. AGE (In years last birthday): 12 IF UNDER 1 YR. Months: 4 Days: 25 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Phelps BIRTHPLACE: Chrigwater, Wyo.
14. MOTHER'S MAIDEN NAME: Elsa Higgins BIRTHPLACE: Nampa, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Robert E Phelps

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5082

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Laryngeal Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mental Retardation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Seizure Disorder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1972 to 9-6-, 1972, that I last saw the deceased alive on 9-6-, 1972, and that death occurred at 10 p m., from the causes and on the date stated above.

23a. SIGNATURE: G M Brown 898 (Degree or title) MD
23b. ADDRESS: 619 So. Conyon - Nampa
23c. DATE SIGNED: 9/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 9, 1972
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept. 15, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: FM-481
FIRM NAME: Flahiff Funeral Chapels

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate
Rec'd September 22, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4303
Local Reg. No. 460
Reg. Dist. No. 360

BIRTH NO. [redacted]

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 3,

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BARTON	BERT	RICHARDSON	September 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 6, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpet & Furniture Cleaning	Carpet Cleaning	Hartville, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Barton Frank Richardson	Kentucky	Effie Jones	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.2	487-28-7723	Barbara L Richardson	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

9250

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Electrocution, Accidental — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	in a home where he was working	Nampa 13-140	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept 7 1972 11:30 A.m. M		Electric shock. Cause undetermined

22. I hereby certify that I attended the deceased from Inspection & History, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 12:05 P.m. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry E. Wesche 566	M. D. Coroner 4	Nampa, Idaho	9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	9/11/72	Hillcrest Mem. Gardens	Nampa, Canyon,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22, 1972	Bernice M. Skinner	Elmo A. Alsip Jr.	M-438

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972
SEP 22 1972

DUTIES

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. SEP 22 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4304
Local Reg. No. 463
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell (rural)
d. STREET ADDRESS (If rural, give location): Route 8 (Indiana Avenue)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	CLARENCE	WIEMERS	September 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	January 22, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman (retired)	Swine Breeding	Humboldt, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Seede Fochen Wiemers	Germany	Gretchen Rademacher	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	519-40-1117-A	[signature]	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetis mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-30-68, 19____, to 9-7-72, 19____, that I last saw the deceased alive on 9-7-72, 19____, and that death occurred at 5:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X Charles E. Reed, M.D. 379	222 East Elm, Caldwell, Ida.	9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 11, 1972	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 19, 1972	Bernice M. Skinner	Charles L. Person	M-494

FIRM NAME: Flahiff Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Map

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 19 1972 Bureau of Vital Statistics

State File No. 4305
Local Reg. No. 454
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 305 Aven Street

3. NAME OF DECEASED (Type or Print)	a. (First): Albert	b. (Middle): B.	c. (Last): Exley	4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 13, 1906	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Right - Retired	10b. KIND OF BUSINESS OR INDUSTRY: Crookham Co.	11. BIRTHPLACE (State or foreign country): Des Moines, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Orville Exley	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Etta Zion	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): 7/13/1928 to 7/12/1929 1532	16. SOCIAL SECURITY NO.: 519-07-0675	17. INFORMANT'S OWN SIGNATURE: Martha L. Exley	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary embolism	few hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma metastatic spread from lower Colon	1½ years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1956, *to* Sept 8, 1972, *that I last saw the deceased alive on* Sept 8, 1972, *and that death occurred at* 7:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Kerns MD (Degree or title) 280	23b. ADDRESS: 1819 Ellis St Caldwell Idaho	23c. DATE SIGNED: 9-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Sept. 15, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Leonard C. Flahiff	LICENSE NO.: M-481

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 25 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4306
Local Reg. No. 480
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Homedale
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edward	G.	Parr	Sept. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 27, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Windthorst, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Parr	Kansas	Antonia Parr	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WWI	518-42-3132A	Mrs Agnes Parr	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Myeloma — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 19 72 *to* 9-8- 19 72 *that I last saw the deceased alive on* 9-8 19 72 *and that death occurred at* 10:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Caldwell	9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1972	Massing-Homedale	Homedale, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2, 1972	Bernice M. Kinner	Leonard C. Flaniff	M-481

FIRM NAME: Homedale's Flaniff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 1 0 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4307
Local Reg. No. 461
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 141
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) Mildred b. (Middle) L. c. (Last) Greenwood

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 24, 1903
9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months: 11 Days: 14
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wakefield, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wilkerson BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary L. Hubbard BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-2532B
17. INFORMANT'S OWN SIGNATURE AND ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7123 Rheumatoid arthritis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1971, to Sept, 1972, that I last saw the deceased alive on Sept 8, 1972, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE: Leland C. Bauman (Degree or Title) 034 M.D.
23b. ADDRESS: Caldwell, Ida
23c. DATE SIGNED: 9/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12, 1972
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale
24d. LOCATION (City, town, or county) (State): Marsing, Idaho

DATE REC'D BY LOCAL REG.: Sept. 19, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: M-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 19 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4308
Local Reg. No. 459
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kephart Nursing Home 348	d. STREET ADDRESS (If rural, give location): 215 Davis

3. NAME OF DECEASED (Type or Print)	a. (First) Oliver	b. (Middle) Cromwell	c. (Last) Dorsett	4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov. 12, 1879	9. AGE (In years last birthday): 92; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer-rancher 7	10b. KIND OF BUSINESS OR INDUSTRY: cattle	11. BIRTHPLACE (State or foreign country): Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Nathan Dorsett	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Anna Binkley Dorsett	BIRTHPLACE: Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 522-09-6204	17. INFORMANT'S OWN SIGNATURE: Dorothy Ann James	ADDRESS: Nampa	

18. CAUSE OF DEATH 4109
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1960 to Aug 17 1972, 19__, that I last saw the deceased alive on Aug 17 1972, 19__, and that death occurred at Found dead at 8 A. M. m., from the causes and on the date stated above.
Attended by Dr. G.O. Cross HE

23a. SIGNATURE: Henry C. Wesche 560 (Degree or title) M. D.	23b. ADDRESS: Nampa, Idaho	23c. DATE SIGNED: 9-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens
24d. LOCATION (City, town, or county): Canyon County	(State): Idaho	
DATE REC'D BY LOCAL REG.: Sept. 18, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Richard W. Mesenbrink
LICENSE NO.: M-487		

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4309
Local Reg. No. 498
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 413 S 18th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Florence	Edna	Evans	Sept. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 6, 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Alward	Maine	Flora Leckie	Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-1408
17. INFORMANT'S OWN SIGNATURE Bill A. Evans, Son, McCall, Idaho ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction c congestive failure — INTERVAL BETWEEN ONSET AND DEATH: several hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic stenosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-8-72, 19___, *to* 9-9-72, 19___, *that I last saw the deceased alive on* 9-9-72, 19___, *and that death occurred at* 1:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Charles E. Reed, M.D (Degree or title)	222 East Elm, Caldwell, Idaho	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-12-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Bernice M. Skinner	Rodney W. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4310
Local Reg. No. 464
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place) 2 mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Convalescent Center 396	d. STREET ADDRESS (If rural, give location) Route 8

3. NAME OF DECEASED (Type or Print) a. (First) Eula	b. (Middle) Mae	c. (Last) Winkler	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1972	
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 1899	9. AGE (In years last birthday) 73 IF UNDER 1 YR. Months 4 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crookham Seed Co.	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Grapevine, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert E. Wilson	BIRTHPLACE Mississippi	14. MOTHER'S MAIDEN NAME Manda M. Molder	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 528-24-5297A	17. INFORMANT'S OWN SIGNATURE X Francis M. Winkler	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Charles I Reed MD	(Degree or title) 379	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-15-1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Mem Gardens	24d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. Sept. 19, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Lucy M. Flaboff	LICENSE NO. M-393

FIRM NAME: Flaboff Funeral Chapel Caldwell

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Mr. Wolff

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 21 1972 Bureau of Vital Statistics

State File No. 4311
Local Reg. No. 467
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): 124 W. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Iola c. (Last) Mace

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13, 1911

9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Homedale, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph A. McDowell BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Martha A. Fletcher BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-12-0710

17. INFORMANT'S OWN SIGNATURE: X Edna L Olney ADDRESS: Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5770

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Hemorrhagic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus

19a. DATE OF OPERATION: Aug 7 1972
19b. MAJOR FINDINGS OF OPERATION: Duodeno colic fistula

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 19 72, to Sept 13, 19 72, that I last saw the deceased alive on Sept 13, 19 72, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD 570
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/16/72
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale
24d. LOCATION (City, town, or county) (State): Marsing Idaho

DATE REC'D BY LOCAL REG.: Sept. 20, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Francis P. Flahiff
LICENSE NO.: M-481
FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4312
Local Reg. No. 462
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 20 1972 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 15 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell (rural)
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	STEVE	WILFORD	HARRIS	September 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 1, 1938	34		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Boise State College	Idaho Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Voyal Harris	Utah	Mary Leona Moss	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes Dec., '56-Aug., 60	518-38-6486	Linda L Harris	Caldwell, Idaho

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Head Injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident On highway at Homedale & Midway Rds	56	3-14	Near Caldwell Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept 14 1972 about 8 A.M.		Collision at an intersection.

22. I hereby certify that I attended the deceased from Inspection & history, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 8:05 A.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche	M. D. Coroner	Nampa, Idaho	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	Sept. 14, '72	Ririe Cemetery	Ririe, Jefferson County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 19, 1972	Bernice M. Skinner	Charles A. Parsons	M-494

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4313

Certificate of Death
STATE OF IDAHO

State File No. 4313
Local Reg. No. 486
Reg. Dist. No. 360

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) N. of Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boise River N. of Caldwell 000	d. STREET ADDRESS (If rural, give location) 818 Elgin St.

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) Wayne	c. (Last) Huckabee	4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 26, 1970	9. AGE (In years last birthday) 1 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lansuhl, Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Rodger Lee Huckabee, Sr.	BIRTHPLACE California	14. MOTHER'S MAIDEN NAME Julie Ann Boyd	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT'S OWN SIGNATURE X Rodger S. Huckabee	ADDRESS 818 Elgin, Caldwell, Ida	

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) on Highway 06	21c. (CITY, TOWN, OR TOWNSHIP) near Caldwell 13 14 (COUNTY) Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 15 - 1972 9 P. m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car ran over a cliff into river

22. *I hereby certify that I attended the deceased from* Inspection & History, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche M.D. Coroner 560 (Degree or title) 4	23b. ADDRESS Nampa - Idaho	23c. DATE SIGNED 9-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-19-72	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Oct. 3, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Rodney W. Dakan	LICENSE NO. M-608

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the ~~deceased alive and the hour~~ of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4314
Local Reg. No. 485
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): N. of Caldwell LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise River N. of Caldwell 000	d. STREET ADDRESS (If rural, give location): 818 Elgin St.

3. NAME OF DECEASED (Type or Print)	a. (First): Rodger	b. (Middle): Lee	c. (Last): Huckabee, Jr.	4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: Aug. 9, 1969	9. AGE (In years last birthday): 3 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Caldwell, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Rodger Lee Huckabee Sr.	BIRTHPLACE: California	14. MOTHER'S MAIDEN NAME: Julie Ann Boyd	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: No	17. INFORMANT'S OWN SIGNATURE: Rodger L. Huckabee Jr.	ADDRESS: 818 ELGIN, CALDWELL, IDA	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Drowning,	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on highway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13 140 (COUNTY) (STATE): near Caldwell Canyon Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 15-1972 9 P. m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car ran over a cliff into river	

22. *I hereby certify that I attended the deceased from* Inspection & History *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche M.D. 560 (Degree or title) Coroner 4	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 9-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-19-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Rodney W. Dakan	LICENSE NO.: M-608

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4315
Local Reg. No. 476
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): 121 PARKHURST DRIVE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIS	EUGENE	HEPPEL	SEPTEMBER 15,1972.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	MAY 2,1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED BUILDING CONTRACTOR	-BUILDING	SKEDEE, OKLAHOMA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LOUIS WILLIAM HEPPEL	MISSOURI	IDA MORRIS HEPPEL	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	----	520-16-8877	Esta P Heppel	CALDWELL, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Renal failure secondary to gram negative sepsis.	5 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acalculous acute choleycstitis with gangrene.	
DUE TO (c)	Bronchopneumonia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Stress gastritis with upper GI hemorrhage, diabetes mellitus & tertiary lues with Charcot joints.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-27-72	Stress gastritis with upper GI hemorrhage.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-18-72, 19__, to 9-15-72, 19__, that I last saw the deceased alive on 9-15-72, 19__, and that death occurred at 1:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Haensli, M.D.	404 E. Elm, Caldwell, Idaho	9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	9/18/72	CANYON HILL CEMETERY	CALDWELL, CANYON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 29, 1972	Bernice M. Skinner	Marvin R. Hadlock	M-515

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 29 1972 Bureau of Vital Statistics

State File No. 4316
Local Reg. No. 475
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1320 West Flamingo Avenue

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) NICHOLI c. (Last) WIRTA, Jr.

4. DATE OF DEATH (Month) (Day) (Year): September 15, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 29, 1899

9. AGE (In years last birthday): 72

IF UNDER 1 YR. Months | Days

IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Salesman (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Men's Clothing

11. BIRTHPLACE (State or foreign country): Rauma, Finland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank N. Wirta, Sr. BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Elda Paltamaa BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 330-10-1980-A

17. INFORMANT'S OWN SIGNATURE: Bernice Andersen Wirta ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1857 Adeno Carcinoma widespread intra abdominal with probable metastasis to nervous system — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous Carcinoma of the prostate resected — about 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1960, to Sept 15, 1972, that I last saw the deceased alive on Sept 14, 1972, and that death occurred at 1240 AM from the causes and on the date stated above.

23a. SIGNATURE: Charles E. Kunik 250 (Degree or title) MD

23b. ADDRESS: 1819 Ellis Ave., Caldwell, Id.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 18, 1972

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Charles A. Parsons

LICENSE NO.: M-494

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 2 1972

MAY 20 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 9 1989

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4317
Local Reg. No. 474
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho		b. COUNTY: Canyon	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell	c. LENGTH OF STAY (In this place): D.O.A.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital			d. STREET ADDRESS (If rural, give location): 420-Freeport St.			
3. NAME OF DECEASED (Type or Print) a. (First): Clemente	b. (Middle): R.	c. (Last): Perez	4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1972			
5. SEX: Male	6. COLOR OR RACE: Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 3, 1905	9. AGE (In years last birthday): 66	IF UNDER 1 YR. Months: 9 Days: 13	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): D'Hnris, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ludislado Perez	BIRTHPLACE: Mexico		14. MOTHER'S MAIDEN NAME: Josefa Ramos	BIRTHPLACE: Mexico		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 459-34-1702	17. INFORMANT'S OWN SIGNATURE: x Paul Perez		ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypernephroma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1890

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1966, to Sept 16, 1972, that I last saw the deceased alive on Sept 1, 1972, and that death occurred at 4 p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature]	570 (Degree or title) MD	23b. ADDRESS: Caldwell	23c. DATE SIGNED: 9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-28-1972	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho	
DATE REC'D BY LOCAL REG.: Sept. 27, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Guy M. Flake		LICENSE NO.: M-393

FIRM NAME: Flamiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 1 1 1996
JUN 0 4 2014 x-2

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-2788

State File No. 4318
Local Reg. No. 470
Reg. Dist. No. 360

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 25 1 01 PM '72

1. PLACE OF DEATH a. COUNTY: Canyon b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 216 Amity	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa d. STREET ADDRESS (If rural, give location): 216 Amity

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CECIL	FAYETTE	SMITH	September 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 28, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Minister	Minister	Leavenworth, Winn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Malcolm Smith	Minnesota	Ella Sherman	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	701-14-8729A	Mrs. Cecil Smith	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/13/72 *to* 9/16/72 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James J. McCabe M.D.	619 So. Canyon Nampa	19 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 19, 1972	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22, 1972	Bernice M. Skinner	Marvin R. Hibbits	M-515

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4319
Local Reg. No. 471
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 5 Weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1719 Second St. So.

3. NAME OF DECEASED (Type or Print) a. (First) Mike b. (Middle) c. (Last) Collis
4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1972
5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14, 1892
9. AGE (In years last birthday) 80 IF UNDER 1 YR. Months 3 Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Corinth, Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Collis BIRTHPLACE Greece
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-44-8269A
17. INFORMANT'S OWN SIGNATURE Pearl E. Collis ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1964, to 16 Sept, 1972, that I last saw the deceased alive on 16 Sept, 1972 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE R. Mangum MD (Degree or title)
23b. ADDRESS 1305 3rd St. South, Nampa, Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-19-1972
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Sept. 26, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER Charles K. Parsons
LICENSE NO. M-494

NAME OF FUNERAL FACILITY Flahiff Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1972

MAR 30 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4320
Local Reg. No. 499
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 11 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Orval	Ray	Knight	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 22, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Littlefield, Arizona	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward L. Knight	Unknown	Alice Emma Strasser	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		530-09-4250	X Ralph O. Knight	Homedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 1972 *to* Sept 16, 1972, *that I last saw the deceased alive on* Sept 16, 1972, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	570 MD	Caldwell	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-18-72	Marsing-Homedale Cemetery	Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4321
Local Reg. No. 491
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place): 14 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First): Charles	b. (Middle): M.	c. (Last): Ross	4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 21, 1899	9. AGE (In years last birthday): 72; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Hoisington, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John D. Ross	BIRTHPLACE: Canada	14. MOTHER'S MAIDEN NAME: Fannie Hall	BIRTHPLACE: Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W.W.1	16. SOCIAL SECURITY NO.: 565-28-4104	17. INFORMANT'S OWN SIGNATURE: Stanley D. Ross	ADDRESS: Meridian

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary lab disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	with old myocardial infarct	
DUE TO (c)		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obstructive pulmonary disease	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1962 *to* Sept 18, 1972, *that I last saw the deceased alive on* Sept 18, 1972, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 217 (Degree or title)	23b. ADDRESS: 619 S. Canyon Nampa	23c. DATE SIGNED: 9-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-21-72	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county) (State): Meridian, Idaho
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Geo. Jerread	LICENSE NO.: M-366

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972
OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4322
Local Reg. No. 506
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mountain View Terrace Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1717 Fillmore St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lloyd	A.	Waterman	Sept. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 3, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		South Branch, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter W. Waterman	Vermont	Jennie Allen Waterman	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I	518-38-2301	Ruth M. Waterman, Spouse	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bilateral Bronchopneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	5 years
DUE TO (c)	Diabetes Mellitus	25 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac infarct, healed	

2509

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 19 48, to 18 Sept, 19 72, that I last saw the deceased alive on 18 Sept, 19 72, and that death occurred at 2:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Waterman M.D.	Caldwell, Idaho	10 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-21-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 13, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 8 1972

AUG 2 6 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4323
Local Reg. No. 481
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Precinct): Caldwell, Idaho	c. LENGTH OF STAY (In this place): 11das.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location): 301 Ithaca	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JUANITA	CUELLAR	RODRIGUEZ	9	21	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	Mexican	Married	Dec. 27, 1913	58	8 24	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	La Paso De Los Carza, Tex.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cleto Cuellar	Texas	Luciana Hernandez	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	548-50-3456	Paul A. Rodriguez	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5708

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute & chronic hepatitis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-14-72	Acute & chronic hepatitis	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-13-72 *, 19__, to* 9-21-72 *, 19__, that I last saw the deceased alive on* 9-21-72 *, 19__, and that death occurred at* 7:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
A.M. Palrang, M.D. 425 (Degree or title)	404 E. Elm, Caldwell, Idaho	9-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Mausoleum	9-26-1972	Hillcrest Mem. Garden	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2, 1972	Bernice M. Skinner	Larry M. Lakey	M-393

Funeral Home Name: Plaintiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4324
Local Reg. No. 496
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenleaf
d. STREET ADDRESS (If rural, give location) P. O. Box 26

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nina	O.	Sherrill	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 14, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Grandview, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jim James	Tenn.	Sally Reed	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-44-0520	Andrew Sherrill	

1977

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma in Liver — Primary unknown — INTERVAL BETWEEN ONSET AND DEATH 5 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-28, 19 72 *to* Sept 22, 19 72, *that I last saw the deceased alive on* Sept 21, 19 72, *and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Warren E Blough 730 (Degree or title) MD	Nampa	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-25-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 5, 1972	Bernice M. Skinner	Rodney A. Dakan	M. 508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4325
Local Reg. No. 495
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Public Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 14 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Convalscent Center 396

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Agnes		Tappe	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 17, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Creighton, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Hoffman	Germany	Louisa Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	506-32-6484A	Lolores Griffiths	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the ovary — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-4-72, 19____, to 9-12-72, 19____, that I last saw the deceased alive on 9-12-72, 19____, and that death occurred at 10:50p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X Charles E. Reed, M.D. 379	222 East Elm, Caldwell, Ida	9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-26-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 5, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4326
Local Reg. No. 492
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 5, Nampa
d. STREET ADDRESS (If rural, give location): Route 5, Nampa

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	A.	Wilson	Sept. 23 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 4, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman (Metal Worker)	P.F.E. Co.	Illinois (Hamilton County)	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry A. Wilson	No Record	Julia Ramsey Wilson	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	700-09-3399	X Mrs. Fred A. Wilson	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarct	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Art Disease	3 1/2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1969, *to* Aug. 9, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wallace H. Clay M.D. 217	619 S. Canyon Nampa	9-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 27, 1972	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Bernice M. Skinner	Richard W. Meserole	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

JUL 24 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG - 4 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4327
Local Reg. No. 478
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 3 - 1972

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 716 N. 9th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Burl	Wagner	Bowman	Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 6, 1924	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Columbus, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Riley B. Bowman	Indiana	Lora T. Eisenhower	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War II	540-22-3107	Pearl E. Bowman	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ACUTE BLOOD LOSS (UPPER GI)	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CHRONIC GASTRITIS	10 days
DUE TO (c)	CARCINOMA of RECTUM & METASTASES	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1972 *to* Sept 23, 1972, *that I last saw the deceased alive on* 9/23, 1972 *and that death occurred at* 4:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald D. Price	MD	Caldwell, Ida	9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-26-72	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 5 1972
OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 1 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4328
Local Reg. No. 479
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 8, Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 8, Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1129 Powell Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alma	Eva	Miller	Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 27, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Imperial, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Miller	Unknown	Mary Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	522-28-8105	X Gary Ivan Miller	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

960X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Lung Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Puncture of right lung
DUE TO (c): Rib Fracture

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Multiple Body Bruises

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
3 Homicide	at her home of	Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Sept 23- 1972 11 P.M.?		Beat up by another Person

22. *I hereby certify that I attended the deceased from* Inspection, 19 / History & Autopsy, *that I last saw the deceased alive on* Found Dead, *and that death occurred at* 2:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 560 (Degree or title) M.D. Coroner	Nampa - Idaho	9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-27-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2, 1972	Bernice M. Skinner	James R. Dakan	EM-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 1 1 1972
OCT 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 2 5 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4329
Local Reg. No. 484
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Idaho State School and Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay (rural)
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH		COATES	September 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	June 4, 1947	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Never Worked	- - -	Chilly, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Byron B. Coates	Chilly, Idaho	Lola L. Gossi	Clayton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	None	Wilma Keyser	Idaho State School and Hospital

514X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Debility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Muscular atrophy, Mental Retardation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
~~Inspection in Hospital~~ m.		

22. ~~I hereby certify that I~~ attended the deceased from 9-1-, 1964, to 9-24-, 1972, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 56 (Degree or title) M.D.	619 So. Canyon St., Nampa, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	Sept. 25, '72	Chilly Cemetery	Chilly, Custer Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Bernice M. Skinner	Charles L. Persons	M-494

FIRM NAME: Flahiff Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 2 8 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

State File No. 4330
Local Reg. No. 483
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Oregon 38 b. COUNTY Malhuer 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser, Idaho rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location) Rt. 3 Weiser, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First) BERLE	b. (Middle) BENNETT	c. (Last) WILSON	4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1972
5. SEX male	6. COLOR OR RACE caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/29/1891	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rancher 7	10b. KIND OF BUSINESS OR INDUSTRY cattle	11. BIRTHPLACE (State or foreign country) Harrison, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Irving Wilson	BIRTHPLACE --	14. MOTHER'S MAIDEN NAME Martha Scrivner	BIRTHPLACE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Ethel Wilson	ADDRESS Weiser, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

583X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic & Subacute

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1972 *to* 9-24, 1972, *that I last saw the deceased alive on* 9-24, 1972 *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 166	23b. ADDRESS Caldwell Ida	23c. DATE SIGNED 9-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) rem-burial	24b. DATE 9/25/72	24c. NAME OF CEMETERY OR CREMATORY Walla Walla Cemetery	24d. LOCATION (City, town, or county) (State) Walla Walla, Washington
DATE REC'D BY LOCAL REG. Oct. 2, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Rodney W. Dakan	LICENSE NO. M-505

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, ID

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4331
Local Reg. No. 477
Reg. Dist. No. 360

BIRTH NO.

REC'D OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: Malheur
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): 661 S. W. 5th Street

3. NAME OF DECEASED (Type or Print): a. (First) Morgan; b. (Middle) Gregory; c. (Last) Beck
4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23, 1919
9. AGE (In years last birthday): 53 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Manager
10b. KIND OF BUSINESS OR INDUSTRY: Livestock Commission
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edgar Morgan — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Cora Ann Sellers — BIRTHPLACE: Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Gracy Ann H. Beck — ADDRESS: Ontario, Ore.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

1530
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pelvic abscess

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rt. Hemi colectomy for
DUE TO (c) adeno Ca of ascending Colon

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C liver metastases

19a. DATE OF OPERATION: 9/7/72
19b. MAJOR FINDINGS OF OPERATION: Ca of ascending colon c liver metastases
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5-72, 19___, to 9/24/72, 19___, that I last saw the deceased alive on 9/24/72, 19___, and that death occurred at 11:50P m., from the causes and on the date stated above.

23a. SIGNATURE: John R. Gilson M.D. 387 (Degree or title)
23b. ADDRESS: 303 E. Logan Caldwell Idaho
23c. DATE SIGNED: 9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial; Removal
24b. DATE: Sept. 27, 1972
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county): Ontario, (State) Oregon

DATE REC'D BY LOCAL REG.: Oct. 2, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: James R. Dakan
LICENSE NO.: M-485
FIRM NAME: Dakan Chapel, Caldwell, ID

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972
OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 2 3 1994
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4332
Local Reg. No. 515
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Wheel Inn Mobile Manor Space 184

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LILLIE	ERNESTINE	RUFF PEREBOOM	September 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 15, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Athens, Alabama	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Ruff	Germany	Louise Eisenman	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X Clarence Pereboom	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174X Carcinoma of Breast c

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-23-62, 19___, *to* 9-25-72, 19___, *that I last saw the deceased alive on* 9-25-72, 19___, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. C. Gabrielsen, M.D. 178	222 East Elm, Caldwell, Ida.	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-29-72	Terrace Lawn Memorial Gardens	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18, 1972	Bernice M. Skinner	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4333
Local Reg. No. 490
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clifford	Arlo	Miller	Sept. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 26, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Beloit, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Miller		Cora	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		* Mrs. C. Arlo Miller	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Infarction	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 1 *19* 71, *to* September 18, *19* 72, *that I last saw the deceased alive on* September 18 *19* 72, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
A. David Johnson MD (Degree or title)	Caldwell, Ida	9-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-27-72	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Berniece M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 4 1972

DEC 2 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4334
Local Reg. No. 502
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1809 3rd Street North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Guy	Claborne	Miller	Sept. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 21, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Retired)	Agriculture	Minneapolis, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jess Miller	Kansas	Ada Barker	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes (If yes, give war or dates of service) 2-2-15 to 11-12-16	512-03-4016A	Clyde D. Miller	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Hrt disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — 2 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold W. Barwick MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 28, 1972	Hillcrest Mem. Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Flahiff Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4335
Local Reg. No. 500
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 11 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 111 11th Ave. So., Ext.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mercy Medical Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL	L.	SARNES	Sept. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 10, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Policeman	Law Enforcement	Western, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard L. Sarnes	Nebraska	Hattie Trobaugh Sarnes	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	505-30-9148	Arlene Sarnes	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/26/ , 19 72 , to 9/26/ , 19 72 , that I last saw the deceased alive on , 19 , and that death occurred at 6:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R C Dwyer, M D 666 (Degree or title)	619 So. Canyon, Nampa, Idaho	Sept 29, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/28/72	Cloverdale Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Berniece M. Skinner	Richard W. Messenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

JUL 2 1 20[illegible]

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 5 - 1972 Vital Statistics

State File No. 4336
Local Reg. No. 493
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 1Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Convalecent Center 376

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1601 Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BENJAMIN	BYRON	SAYRE	9	27	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	March 9, 1890	82	6	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Wonsevw, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Shepherd R. Sayre	Illinois	Sara Bryant	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-20-0990A	X Laura L. Sumner	Rt 1 Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	[illegible]	10d
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	[illegible]	3 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1962 *to* Sept 1972, *that I last saw the deceased alive on* Sept 23, 1972 *and that death occurred at* 8:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wal E Reynolds MD	Caldwell	Oct 1-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/2/72	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1972	Bernieece M. Skinner	Leonard C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4337
Local Reg. No. 489
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics 142

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1004 Holly Street	d. STREET ADDRESS (If rural, give location): 1004 Holly Street

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) DANIEL	c. (Last) MARKUS	4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar. 23, 1892	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Building	11. BIRTHPLACE (State or foreign country): Harrison, South Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob Markus	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Susie Eernisse	BIRTHPLACE: Wisconsin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.1	16. SOCIAL SECURITY NO.: 519-05-3685A	17. INFORMANT'S OWN SIGNATURE: Mel Markus	ADDRESS: Nampa, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1958, *to* 27 Sept, 1972, *that I last saw the deceased alive on* 27 Sept, 1972, *and that death occurred at* 6:10 m, *from the causes and on the date stated above.*

23a. SIGNATURE: J R Mangum Md 322 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 29 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/30/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4338
Local Reg. No. 514
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore 200
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): 225 E. Arthur

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL	FRANCIS	SULLIVAN	SEPT. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 1, 1882	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer - Union Pacific Rail Road		Ireland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sylvester Sullivan	Ireland	Ellen Bowler	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-09-0308	x Mrs Mary Sullivan	Glenns Ferry, Ida.

4369

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke — INTERVAL BETWEEN ONSET AND DEATH: Late

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cerebral Vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic [illegible] — 6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/15/ , 1968, *to* 9/27/ , 1972, *that I last saw the deceased alive on* 9/27/ , 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 217 /	619 So. Canyon, Nampa, Idaho	10/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1972	Glenn Rest Cemetery	Glenns Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 17, 1972	Bernice M. Skinner	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 18 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4339
Local Reg. No. 494
Reg. Dist. No. 360

BIRTH NO. 71-11571

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION: Nampa State Hospital 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 520 Scott St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Michael	Ray	Emery	Sept. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 24, 1971		10 3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None (Infant) 9	--------	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Malcolm Ray Emery	Boise, Idaho	Linda Sue Miller	Portland, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x Malcolm R Emery	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 3482 Spinal muscle Atrophy — INTERVAL BETWEEN ONSET AND DEATH: birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Respiratory failure —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May — , 1972, to Sept 25 , 1972, that I last saw the deceased alive on Sept 25 , 1972, and that death occurred at ____ m., from the cause and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Robert S McLean 346 (Degree or title) M.D.	1232 Idaho	10/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/30/1972	Syringa Gardens Cem.	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 5, 1972	Bernice M. Skinner	Earl Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 10 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4340
Local Reg. No. 497
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Rt. 6,

3. NAME OF DECEASED (Type or Print)	a. (First) GUNDER	b. (Middle) J.	c. (Last) MJASETH	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 24, 1885	9. AGE (In years last birthday): 86 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cabinet Maker 2	10b. KIND OF BUSINESS OR INDUSTRY: Airlines	11. BIRTHPLACE (State or foreign country): Norway	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Johannes Mjaseth	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Johanne Tollefsdatter	BIRTHPLACE: Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 528-01-5206	17. INFORMANT'S OWN SIGNATURE: + Mrs Dale Chappell	ADDRESS: Nampa, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 15 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 71	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972, *to* Sept 29, 1972, *that I last saw the deceased alive on* Sept 28, 1972, *and that death occurred at* 6:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E Blough 730 (Degree or title)	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: Oct 2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Trans	24b. DATE: 10/3/72	24c. NAME OF CEMETERY OR CREMATORY: Olivet Mem. Park	24d. LOCATION (City, town, or county) (State): Colma, California
DATE REC'D BY LOCAL REG.: Oct. 6, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4341
Local Reg. No. 10
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caribou Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) Clifford c. (Last) Sant

4. DATE OF DEATH (Month) (Day) (Year): Sept, 1, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Aug. 27, 1888
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle buyer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Treasureton, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Sant — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah Jane Clifford — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-36-5531
17. INFORMANT'S OWN SIGNATURE: Shirley S Wright — ADDRESS: Thatcher, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	3 days.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	Several years

485X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30, 19 69, *to* 9-1, 1972, *that I last saw the deceased alive on* 9-1, 1972, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ramon Leigh MD
23b. ADDRESS: Soda Springs Ida
23c. DATE SIGNED: 9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/5/72
24c. NAME OF CEMETERY OR CREMATORY: Smithfield Cemetery
24d. LOCATION (City, town, or county) (State): Smithfield, Utah

DATE REC'D BY LOCAL REG.: 9-6-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore A Allen
LICENSE NO.: M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4342
Local Reg. No. 11
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 151
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Memorial Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 240 East Third North

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Curtis M. Godfrey

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: June 10, 1957
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 9
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Murrie Godfrey — BIRTHPLACE: Clarkston, Utah
14. MOTHER'S MAIDEN NAME: Rhea Griffiths — BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: C. Murrie Godfrey — ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8122

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injuries + multiple fractures — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Born 7-10-57

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street. C6 — (COUNTY): Caribou — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 8 1972 3:50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? On motorcycle, collided c̄ pick-up truck

22. *I hereby certify that I attended the deceased from* 9-8, 1972, *to* 9-8, 1972, *that I last saw the deceased alive on* 9-8, 1972, *and that death occurred at* 7:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence Tigert MD 535 (Degree or title)
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/12/72
24c. NAME OF CEMETERY OR CREMATORY: Clarkston Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Utah

DATE REC'D BY LOCAL REG.: 9-14-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore S. Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4343
Local Reg. No. 12
Reg. Dist. No. 570-521

BIRTH NO.

RECEIVED SEP 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caribou Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming
b. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freedom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ida	Luthi	Robinson	Sept. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	widowed	Oct. 17, 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife	none	Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Luthi Sr.	Switzerland	Rosina Switzer	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		520-38-1113	Joy Robinson	Freedom Wyo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4423

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arterio sclerotic heart disease	Several years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Thrombophlebitis left leg	few days,

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-30, 1972, *to* 9-14, 1972, *that I last saw the deceased alive on* 9-13, 1972, *and that death occurred at* 2:46 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
535 (Degree or title) Ronnee Tegert MD	Soda Springs Idaho	9/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 16, 1972	Freedom Cemetery	Freedom, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Norene Bunn	Leonard E. Matthews	M542

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4344
Local Reg. No. 18
Reg. Dist. No. 120-521

BIRTH NO.

RECEIVED OCT 3 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming
b. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kemmerer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	D.	Adams	Sept.	18	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widdowed	Oct. 8, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman & Engineer	Union Pacific R.R.	Salt Lake City, Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Adams		Ruth Davis	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	702-09-0301	Jack D. Adams	Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary thrombosis	few minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Artio. sclerotic heart disease	Several years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. *I hereby certify that I attended the deceased from* Sept 23, 1971, *to* Sept 18, 1972, *that I last saw the deceased alive on* Sept 14, 1972, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell Tegert	535 MD	Soda Springs Idaho	9/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 21, 1972	Montpelier Cemetery	Montpelier, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-2-72	Norene Bunn	Leonard Matthews	M 542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972 NOV 26 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4345
Local Reg. No. 14
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 15C
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs-rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Hoy Weir Kesler

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widower	Dec. 1, 1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer-retired	agriculture	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Kesler		Sophia Howland	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-40-3297	Elmer Kesler	Soda Springs, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/11, 19 72 *to* 9/25, 19 72, *that I last saw the deceased alive on* 9/20, 19 72 *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Tyndall	534 M D	Soda Springs, Idaho	10/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/28/72	Fairview Cemetery	Soda Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-16-72	Norene Bunn	Theodore Allen	M370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 17 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4346
Local Reg. No. 105
Reg. Dist. No. 470

BIRTH NO.

RECEIVED

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 555 a. STATE: California b. COUNTY: Los Angeles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carson
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Cassia Memorial Hospital	d. STREET ADDRESS (If rural, give location): 403 East 228th

3. NAME OF DECEASED (Type or Print)	a. (First): Thomas	b. (Middle): Alford	c. (Last): Alexander	4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec.15,1911	9. AGE (In years last birthday): 60 — IF UNDER 1 YR. Months: 8 Days: 19 — IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Long Shoreman	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Sullivan County,Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Andrew Alexander, BIRTHPLACE: Sullivan Co. Mo.		14. MOTHER'S MAIDEN NAME: Mary Moffitt, BIRTHPLACE: Sullivan Co.,Mo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: 549-10-0852	17. INFORMANT'S OWN SIGNATURE: Bernice A Lowe - Wildomar, Calif Box 67	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac arrest	5-10 mins
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial infarction	10-15 mins
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - - *19*____, *to* - - - - *, 19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* 6:14 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth S Watson MD (Degree or title) 1116	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 5 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Sept.5,1972	24c. NAME OF CEMETERY OR CREMATORY: Angelus Abbey Crematory	24d. LOCATION (City, town, or county) (State): Compton, California
DATE REC'D BY LOCAL REG.: Sept. 25, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4347
Local Reg. No. 100
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 301 East 14th Street 000	d. STREET ADDRESS (If rural, give location): 301 East 14th Street

3. NAME OF DECEASED (Type or Print)	a. (First) Viola L.	b. (Middle) Wood Grow	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)	9-7-1972		
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	
8. DATE OF BIRTH: 7-25-1893	9. AGE (In years last birthday): 79	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Huntsville, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles S. Wood	BIRTHPLACE: Ogden, Utah	14. MOTHER'S MAIDEN NAME: Emma Mortensen	BIRTHPLACE: Huntsville, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-36-8959-A	17. INFORMANT'S OWN SIGNATURE: Cecil W Grow	ADDRESS: Burley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable Cardial infarction Coronary atherosclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes vellitus	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mild uremia	

2509

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 9, 1972, *to* August 23, 1972, *that I last saw the deceased alive on* August 23, 1972, *and that death occurred at* 10 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Richard Cress M.D. 1131 (Degree or title)	23b. ADDRESS: 127 West 13th Street	23c. DATE SIGNED: 9/14/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 11, '72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho		
DATE REC'D BY LOCAL REG.: Sept. 18, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Arvin Lee Hansen
LICENSE NO.: M 514		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

MAY 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 16 1978
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4348
Local Reg. No. 101
Reg. Dist. No. 470

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 22 1972 26 PM '72 161 970

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo- Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First): Arthur	b. (Middle):	c. (Last): Anthon	4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar.29,1898	9. AGE (In years last birthday): 74 — IF UNDER 1 YR. Months 5 Days 12 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Springville,Utah	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Carl Anthon	BIRTHPLACE: Sweden		14. MOTHER'S MAIDEN NAME: Ellen Holm	BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 518-42-6941		17. INFORMANT'S OWN SIGNATURE: Susie M Anthon	ADDRESS: Rant 1 Burley Ida

288X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bacteremia	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Agranulocytosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Cor pulmonale Pulmonary emphysema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8-71 *19*____, *to* 9-10-72 *, 19*____, *that I last saw the deceased alive on* 9-10-72 *, 19*____, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene V Holmes 234 (Degree or title) MD	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 9-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept.13,1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Sept 19 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 2006

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4349
Local Reg. No. 102
Reg. Dist. No. 470

BIRTH NO.

RECEIVED VITAL STATISTICS SEP 22 1972

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 26 Hrs, 72
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1500 Hansen

3. NAME OF DECEASED (Type or Print): a. (First) Edith May b. (Middle) c. (Last) Clevenger
4. DATE OF DEATH: (Month) (Day) (Year) 9-12-1972
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-13-1907
9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME — BIRTHPLACE: John Stacey - UNK
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Molly Pratt - UNK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-3003-A
17. INFORMANT'S OWN SIGNATURE: Floyd Clevenger — ADDRESS: Burley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1533

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Sig mard 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963, 19__, *to* 9-12-, 1972, *that I last saw the deceased alive on* 9-12-72, 19__, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Hutton 514 (Degree or title) MD
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-16-72
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: Sept 20 1972
REGISTRAR'S SIGNATURE: Beth N. Pearson
25. EMBALMER: Quinten Hansen
LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 27 1972 Bureau of Vital Statistics

State File No. 4350
Local Reg. No. 103
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Albion 000	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Sterling Howard Adams				4. DATE OF DEATH (Month) (Day) (Year): 9-13-72	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 5-8-07	9. AGE (In years last birthday): 65	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7		10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): American Fork Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Joseph Adams	BIRTHPLACE: Utah		14. MOTHER'S MAIDEN NAME: Jane Rushton	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ********	16. SOCIAL SECURITY NO.: 519-14-3434	17. INFORMANT'S OWN SIGNATURE: Ferl Adams	ADDRESS: ALBION, IDAHO	

428X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	natural causes.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial arrhythmia	moments
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD 165 (Degree or title) Corner 4	23b. ADDRESS: Box 657 Burley, Idaho	23c. DATE SIGNED: 9-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-16-72	24c. NAME OF CEMETERY OR CREMATORY: American Fork	24d. LOCATION (City, town, or county) (State): American Fork, Utah
DATE REC'D BY LOCAL REG.: Sept 25, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Alvin Lee Hansen	LICENSE NO.: M514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 1 6 1988
SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4351
Local Reg. No. 107
Reg. Dist. No. 470

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Tabatha b. (Middle) Marie c. (Last) Tracy

4. DATE OF DEATH: (Month) (Day) (Year): 9-16-72

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 9-16-72

9. AGE (In years last birthday): IF UNDER 1 YR. Months | Days: IF UNDER 24 HRS. Hours | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 9

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Juan Marlo Tracy Sr. — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Maxine Adellia Bass — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: *******

17. INFORMANT'S OWN SIGNATURE: Juan M. Tracy — ADDRESS: Malta, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7531

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Polycystic Kidneys, bilateral — INTERVAL BETWEEN ONSET AND DEATH: Congenital

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prolapsed umbilical cord, breech delivery — 30 minutes
DUE TO (c): Premature labor 30 wks. gestation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 04 AM 9-16, 1972, to 12 30 AM 9-16, 1972, that I last saw the deceased alive on 9-16, 1972, and that death occurred at 12 30 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MD (Degree or title)
23b. ADDRESS: 1335 ALBION BURLEY, ID 83318
23c. DATE SIGNED: 9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-19-72
24c. NAME OF CEMETERY OR CREMATORY: Malta Cemetery
24d. LOCATION (City, town, or county) (State): Malta, Idaho

DATE REC'D BY LOCAL REG.: Sept 28, 1972
REGISTRAR'S SIGNATURE: Beth N. Pearson
25. EMBALMER: Orwin Lee Hansen
LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician. Polycystic Kidneys, congenital are incompatible with life. Their presence was the cause of all factors related to premature + difficult birth. However, none of these factors of themselves would have caused death. Therefore the "under, abc" of the list of diagnoses.

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 27 1972 Vital Statistics

State File No. 4352
Local Reg. No. 106
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Almo
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Lerona c. (Last) Durfee Ward
4. DATE OF DEATH: (Month) (Day) (Year) 9-16-1972
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-31-1890
9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Willard, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Miller Durfee - BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rosa Florence Nicholas - BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-2024-B
17. INFORMANT'S OWN SIGNATURE: Hazel A. Beecher ADDRESS: Elba, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4409

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24-69, 19____, *to* 9-16-72, 19____, *that I last saw the deceased alive on* 9-8-72, 19____, *and that death occurred at* 8:05 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene W. Johnson (Degree or title) M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 9-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-72
24c. NAME OF CEMETERY OR CREMATORY: Sunny Cedar Rest
24d. LOCATION (City, town, or county) (State): Almo, Idaho

DATE REC'D BY LOCAL REG.: Sept 25, 1972
REGISTRAR'S SIGNATURE: Burk H. Pearson
25. EMBALMER: Owen Lee Hansen
LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
JAN 27 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 27 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

4353

State File No. _____
Local Reg. No. 104
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 160	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Burley c. LENGTH OF STAY (In this place): None	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9½ miles South of Burley 000	d. STREET ADDRESS (If rural, give location): P. O. Box 334

3. NAME OF DECEASED (Type or Print)	a. (First) Elias	b. (Middle)	c. (Last) Longoria	4. DATE OF DEATH (Month) (Day) (Year)	Sept. 18, 1972	
5. SEX: male	6. COLOR OR RACE: Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 1-20-1921	9. AGE (In years last birthday): 51	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker 6	10b. KIND OF BUSINESS OR INDUSTRY: Trucking	11. BIRTHPLACE (State or foreign country): Mexico	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: UNK	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: UNK	BIRTHPLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 531-38-5003	17. INFORMANT'S OWN SIGNATURE: From deceased records	ADDRESS			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4279

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* Pc *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD 165 carmen 4 (Degree or title)	23b. ADDRESS: Box 657 Burley	23c. DATE SIGNED: 9-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9/18/72	24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Sept 25, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: [signature]	LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972
NOV 1 1972
FEB 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 30 1986
OCT 30 1987

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4354
Local Reg. No. 108
Reg. Dist. No. 470

BIRTH NO.

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

161

1. PLACE OF DEATH a. COUNTY Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley 83318 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casdia 000	d. STREET ADDRESS (If rural, give location) 216 4th Street North

3. NAME OF DECEASED (Type or Print)	a. (First) VELORA	b. (Middle) T.	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24th, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug.27,1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Downs,Kansas	12. CITIZEN OF WHAT COUNTRY US	
13. FATHER'S NAME Judson Marion Cherrington	BIRTHPLACE PA	14. MOTHER'S MAIDEN NAME Sarah Jane Umphenour	BIRTHPLACE PA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) --------	16. SOCIAL SECURITY NO. 518-12-9086A	17. INFORMANT'S OWN SIGNATURE Mrs Gerald E. Wyant	ADDRESS Burley,Idaho

1531

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Obstructive carcinoma of transverse colon with extensive liver metastases.

INTERVAL BETWEEN ONSET AND DEATH: July 1972

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-16-72	19b. MAJOR FINDINGS OF OPERATION Obstructing carcinoma of transverse colon with extensive liver metastases.	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13-72, 19___, *to* 9-24-72, 19___, *that I last saw the deceased alive on* 9-24-72, 19___, *and that death occurred at* 2P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE Eugene N. Holinger (Degree or title) 239 M.D.	23b. ADDRESS Burley,Idaho	23c. DATE SIGNED 9.25.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9.27.72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Cem. Twin Falls,Idaho
DATE REC'D BY LOCAL REG. Oct 3 1972	REGISTRAR'S SIGNATURE Beth H. Pearson	25. EMBALMER Larry J. Holman	LICENSE NO. M-516

FIRM NAME White Mortuary Twin Falls,Idah

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972
NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 10 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4355
Local Reg. No. 109
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley; c. LENGTH OF STAY (In this place): 65 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 1242 Almo Avenue

3. NAME OF DECEASED (Type or Print)	a. (First): Adelade	b. (Middle):	c. (Last): Huber	4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1972
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 22, 1893	9. AGE (In years last birthday): 79; IF UNDER 1 YR. Months 6 Days 7; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Mt. Carmel, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Reuben Kenneth Jolley, BIRTHPLACE: Palmyra, Utah		14. MOTHER'S MAIDEN NAME: Emma Ann Pace, BIRTHPLACE: Payson, Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: 518-07-6756B	17. INFORMANT'S OWN SIGNATURE: Eldon E. Huber	ADDRESS: Rt #3 Burley Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart failure	3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic Heart	
DUE TO (c)	disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial asthma - Emphysema	12 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): none	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963, 19__, *to* 9-29, 19 72, *that I last saw the deceased alive on* 9-29-72, 19__, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Sutton	514 (Degree or title): M.D.	23b. ADDRESS: Burley Ida	23c. DATE SIGNED: 10-2/72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Oct. 4, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Oct 6, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Armand F. Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4356
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Creek Area
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: North of Dubois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2104 John Adams Parkway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dale	Levere	Wilding	September 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 30, 1943	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber & Constable	Barbering & County	Rexburg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arnold Levere Wilding	Idaho	Mary Elizabeth Zwiefel	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 50 0121	Betty J. Wilding	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) heart attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Indian Creek	Clark	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd R. McClure	588 Magistrate	Dubois, Idaho	9/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	9/8/72	Ammon Cemetery	Ammon	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-12-72.	Wilma L. Jensen	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 15 1972

SEP 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 20 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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BUREAU OF VITAL STATISTICS

Certificate of Death
STATE OF IDAHO

State File No. 4357
Local Reg. No. 660
Reg. Dist. No. -

BIRTH NO. SEP 22 1 25 PM RECEIVED

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Dubois
c. LENGTH OF STAY (In this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Patelzick Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1921 Virginia Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS	WILLIAM	ASBURY	September 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	October 19, 1928	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 5	Fire protection	Anaconda, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fuhrman Arthur Asbury	Washington	Helen Carey	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes & 6/6/46-5/27/47		Quita C. Asbury	Idaho Falls, Ida.

18. CAUSE OF DEATH* Enter only one cause per line for (a), (b) and (c) — & 9/27/47-7/7/1950

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heart Attack 4299 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Spencer R. McClure 588 Coroner Coroner 5	Dubois, Idaho	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 16, 1972	Fielding Mem. Park	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-72	[illegible]	Orland C. Buck	M 250

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4358
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics 170

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 12 miles east of Kilgore, Ida.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 555
a. STATE: Montana 27
b. COUNTY: Beaverhead
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dillon
d. STREET ADDRESS (If rural, give location): Buckley Cabin #439 N. Railroad Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Davis		Gee	September 18 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 14, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranch Worker	Stock Ranch	Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Gee	Not Available	Mary E. Davis	Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	517 20 6381	Mary Poulsen Gee (By Letter)	Missoula, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mildred R. McClure 588 Magistrate	Dubois, Idaho	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/18/72	Mt. View Cemetery	Dillon Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Jo Ann A. Jamison	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4359
Local Reg. No. 60
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Mem Hosp 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Box 243 (Biggers Trailer Ct)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FLOYD	ALVIN	ROSEBOROUGH	Sept 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan 28, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fork Lift Operator	Lumber	Lenora Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Roseborough	Bloomfield, Iowa	Idabelle Simpson	Sabina, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 03 7195	Blair Roseborough	Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4122

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute pulmonary insufficiency and edema. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonitis. Incipient CVA
DUE TO (c) Hypertensive cardiovascular disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-29-72, 19__, *to* 9-1-72, 19__, *that I last saw the deceased alive on* 8-31-72, 19__, *and that death occurred at* 2:20 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
652 (Degree or title) A.J. Cruz, M.D.	Box 667 Kamiah, Ida.	9-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 4, 1972	Kamiah Cemetery	Kamiah, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 12, 1972	Lora M. Burger	Robert R Hansen	M 433

FIRM NAME: hansen funeral home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4360

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 58
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Clearwater 180	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino-rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino-rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) own home 000	d. STREET ADDRESS (If rural, give location) RRt. 2

3. NAME OF DECEASED (Type or Print)	a. (First) Jack	b. (Middle) A.	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 21, 1931	9. AGE (In years last birthday) 40 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 7	10b. KIND OF BUSINESS OR INDUSTRY cattle	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jack H. Walker	BIRTHPLACE Mo.	14. MOTHER'S MAIDEN NAME Fadelie Ring	BIRTHPLACE Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) Koreon	16. SOCIAL SECURITY NO. 519-32-4629	17. INFORMANT'S OWN SIGNATURE X Calvin A Reber	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

955X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gun shot wound to head	inst.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide 2	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) home 01	21c. (CITY, TOWN, OR TOWNSHIP) Orofino 13-180	(COUNTY) Clearwater (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 4, 1972 11:20 a.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Self inflicted gunshot	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:20 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Hunter 583	(Degree or title) Coroner 4	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 9-5-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 7, 72	24c. NAME OF CEMETERY OR CREMATORY Weseman	24d. LOCATION (City, town, or county) Orofino, Idaho (State)
DATE REC'D BY LOCAL REG. Sept. 6, 1972	REGISTRAR'S SIGNATURE Zern M. Burger	25. EMBALMER Lyle A. Strottmann	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4361
Local Reg. No. 59
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Clearwater 180	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce-rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) J. P. Mill 000	d. STREET ADDRESS (If rural, give location) 619 Riverside Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) W.	c. (Last) Grimm	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 25, 1907	9. AGE (In years last birthday) 65 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver 6	10b. KIND OF BUSINESS OR INDUSTRY logging	11. BIRTHPLACE (State or foreign country) Gilbert, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME August Grimm	BIRTHPLACE Minn.	14. MOTHER'S MAIDEN NAME Emma F. Muller	BIRTHPLACE N. Y.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-03-9384	17. INFORMANT'S OWN SIGNATURE X Mrs Harry Grimm	ADDRESS Orofino	

916X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed chest & internal injuries — INTERVAL BETWEEN ONSET AND DEATH Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 1	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) factory 04	21c. (CITY, TOWN, OR TOWNSHIP) 13-180 (COUNTY) Pierce Clearwater (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 5, 72 1:00 pm.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Struck by log that fell from truck	

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Hunter 583 (Degree or title) Coroner 4	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 9-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 8, 72	24c. NAME OF CEMETERY OR CREMATORY Riverside	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. Sept. 7, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER Lyle A. Strottmann	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

JAN 30 1973

OCT 6 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4362

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 61
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

180

1. PLACE OF DEATH a. COUNTY Clearwater	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce-rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) own home ovv	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) E.	c. (Last) Lang	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 7, 1897	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger 5	10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (State or foreign country) Juniata, Neb.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jess Lang	BIRTHPLACE Ind.	14. MOTHER'S MAIDEN NAME Lilly Todd	BIRTHPLACE Neb.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-01-2467	17. INFORMANT'S OWN SIGNATURE X Lois M. Lineberry	ADDRESS Pierce	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Emphysema	yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Hunter 583 (Degree or title) Coroner 4	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 9-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 13, 72	24c. NAME OF CEMETERY OR CREMATORY Freeze Cemetery	24d. LOCATION (City, town, or county) (State) Potlatch, Latah, Idaho
DATE REC'D BY LOCAL REG. Sept. 12, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER Fyl C. Strothmann	LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 19 1972 Bureau of Vital Statistics

State File No. 4363
Local Reg. No. 62
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Clearwater 180	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino-rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gramgemaont Road 000	d. STREET ADDRESS (If rural, give location) 426 Kalaspo Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Kevin	b. (Middle) Ray	c. (Last) Norton	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 13, 1951	9. AGE (In years last birthday) 20 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cottonwood, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Emery R. Norton	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Lois Gray	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-64-1138	17. INFORMANT'S OWN SIGNATURE X Emery Ray Norton	ADDRESS Orofino	

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broken neck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 1	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-180 (COUNTY) (STATE) Orofino, Clearwater, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 10, 72 1:00am.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto left roadway

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 1:00am., *from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Hunter 583 (Degree or title) Coroner 4	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 9-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 12, 72	24c. NAME OF CEMETERY OR CREMATORY Riverside	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. Sept. 12, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER Lyle A. Strottmann	LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972
OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4364
Local Reg. No. 63
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

180

1. PLACE OF DEATH a. COUNTY Clearwater	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino-rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grangemont Road 000	d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First) Kenneth	b. (Middle) L.	c. (Last) Robison	4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 5, 1955	9. AGE (In years last birthday) 17 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME M. L. Robison	BIRTHPLACE Okla.	14. MOTHER'S MAIDEN NAME Dorothy Shores	BIRTHPLACE Neb.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-68-0475	17. INFORMANT'S OWN SIGNATURE Gay R. James	ADDRESS Orofino	

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broken neck & skull fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE 1 (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Public roadway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-185 (COUNTY) (STATE) Orofino, Clearwater, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 10, 72 1:00am.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto left roadway

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 1:00am., *from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Hunter 583 (Degree or title) Coroner 4	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 9-10-72
24a. BURIAL, CREMATION, REMOVAL (Specify) burial — 24b. DATE Sept. 14, 72	24c. NAME OF CEMETERY OR CREMATORY Riverside	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. Sept. 12, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER Lyle A. Strattmann — LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED SEP 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4365
Local Reg. No. 64
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Clearwater 181	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180 a. STATE Idaho b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino c. LENGTH OF STAY (In this place) 15 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp. 073	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle)	c. (Last) Stewart	4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11, 1904	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sawyer 5	10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (State or foreign country) Deary, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME W. J. Stewart	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Effie Abrahams	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-03-2093	17. INFORMANT'S OWN SIGNATURE X Beulah R. Stewart	ADDRESS Pierce

4409

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gangrene left leg	18 days.
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Occlusion left popliteal artery	18 days.
	DUE TO (c) Severe generallized arteriosclerosis	20 years.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene Right foot	5 days.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1972, *to* 17 Sept, 1972, *that I last saw the deceased alive on* 16 Sept, 1972, *and that death occurred at* 2:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. Masar 1063 (Degree or title) M.D. 1	23b. ADDRESS P.O. Box 1261 Orofino Idaho	23c. DATE SIGNED 18 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 19, 72	24c. NAME OF CEMETERY OR CREMATORY Weseman	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. Sept. 22, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER [signature]	LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4366
Local Reg. No. 65
Reg. Dist. No. 210

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Clearwater 180	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180 a. STATE Idaho b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce-rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jaype Mill 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Earl	c. (Last) Piper	4. DATE OF DEATH (Month) (Day) (Year)	Sept. 20, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 10, 1916	9. AGE (In years last birthday) 56	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder 4	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Kemmerer, Wyo.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Piper	BIRTHPLACE Wyo.	14. MOTHER'S MAIDEN NAME Goldie Standish	BIRTHPLACE Wyo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 531-16-2157	17. INFORMANT'S OWN SIGNATURE Ruth R. Piper	ADDRESS Pierce		

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute coronary thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE Rhoda Kuntz 583 (Degree or title) Coroner 4	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 9-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25, 72	24c. NAME OF CEMETERY OR CREMATORY Greenwood Mem. T.	24d. LOCATION (City, town, or county) (State) Spokane, Wash.
DATE REC'D BY LOCAL REG. Sept. 22, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER [signature]	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 29 1972

OCT 4 1972

OCT 19 1972

OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4367
Local Reg. No. 66
Reg. Dist. No. 210

BIRTH NO.

RECEIVED OCT 2 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180
a. STATE Idaho
b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Janice	Carroll	Dahl	Sept. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	married	Mar. 8, 1937	35		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
secretary 3	legal office	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerrell Mc Arthur	Ore.	Phyllis Perkins	Idaho Orofino,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-34-4646	X John J Dahl	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174X Cerebral metastasis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of left breast — 3yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 28, 1970, to Sept. 24, 1972, that I last saw the deceased alive on Sept. 24, 1972 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert O Hill MD 496	Orofino, Ida.	9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 27, 72	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 29, 1972	Lura M. Burger	Lyle A. Stratman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 4 1972

APR 1 0 1975

FEB 2 2 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4368
Local Reg. No.
Reg. Dist. No. 680

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mackay City Building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 404 4th Rd. N.

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD; b. (Middle) MILTON; c. (Last) SMITH
4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 22, 1931
9. AGE (In years last birthday): 41 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 3
10b. KIND OF BUSINESS OR INDUSTRY: Bookkeeping
11. BIRTHPLACE (State or foreign country): Lodi, Wisconsin
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Harry Smith — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Ruth Robertson — BIRTHPLACE: Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 388-26-6707
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Information from Veterans Hospital

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Case Not Diagnosed--Probable Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Coroner Only---Did Not See Alive *, 19__, to , 19__, that I last saw the deceased alive on , 19__, and that death occurred at* 6:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Carter 583 (Degree or title) Custer Co. Coroner 4
23b. ADDRESS: Challis, Idaho
23c. DATE SIGNED: 9-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-6-72
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant
24d. LOCATION (City, town, or county) (State): Lodi, Wisconsin

DATE REC'D BY LOCAL REG.: September 5-1972
REGISTRAR'S SIGNATURE: Agnes G. Edmiston
25. EMBALMER: C. H. Marvel
LICENSE NO.: M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM PHS-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972
JAN 2 6 1973
MAY 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended October 20, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4369
Local Reg. No.
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Custer 190	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE California 05 b. COUNTY L.A. 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sunbeam, Idaho c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Van Nuys, California
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 93 000	d. STREET ADDRESS (If rural, give location) 6424 Orion

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Stanley	c. (Last) Gulliver	4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 2, 1905	9. AGE (In years last birthday) 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Studie Grip 6	10b. KIND OF BUSINESS OR INDUSTRY Universal Studios	11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fred Gulliver	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Nellie Greenaway	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 546 05 6054	17. INFORMANT'S OWN SIGNATURE Helen V. Gulliver,	ADDRESS 6424 Orion Van Nuys, California	

7969

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Died while driving Car

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Checked by Marie Oswald 588 (Degree or title) 5 Head of Medic. Center in Stanley, Idaho	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 2,1972	24c. NAME OF CEMETERY OR CREMATORY Forest Lawn
24d. LOCATION (City, town, or county) (State) Hollywood Hills, California		
DATE REC'D BY LOCAL REG. Sept 5, 1972	REGISTRAR'S SIGNATURE Agnes G. Edmiston	25. EMBALMER Keith Bird
LICENSE NO. M 373		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Bird Funeral Home, Hailey, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 20 10 30 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. .....

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Albert Stanley Gulliver (Name on Original Certificate) who died (Was Born or Died) on Sept 2, 1972 (Date of Event)

in Custer Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#3, #8, #9, #11	Albert, 1902, 69, not given	Alfred, 1905, 66, Utah
#12, #13	L.A., Unknown	USA, Fred Gulliver, England
#14	Unknown	Nellie Greenaway, England

Subscribed and sworn to before me this 17th day of October 1972

Maude M. Zundel

Notary Public, residing at Los Angeles, California

My commission expires .....

(Seal)

MAUDE M. ZUNDEL NOTARY PUBLIC STATE OF CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Jan. 5, 1974

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of October 1972

Maude M. Zundel

Notary Public, residing at Los Angeles

My commission expires .....

(Seal)

MAUDE M. ZUNDEL NOTARY PUBLIC STATE OF CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Jan. 5, 1974

Signed [signature]

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

L.10-12 4

Affidavit of Correct or Amended Original Certificate of Date of Death

Street

County of

Death

Albert Stanley Sullivan died Sept 2, 1972

[illegible] the

[illegible]

[illegible] Albert, 1902, 5 , not given Alfred, 1905, 65, Utah

[illegible] A. [illegible] USA, Fred Sullivan, England

[illegible] Hellie Greenaway, England

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] and that they

[illegible]

Certificate of Death

STATE OF IDAHO

State File No. _____
Local Reg. No. 680
Reg. Dist. No. _____

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Custer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California b. COUNTY: L. A.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunbeam, Idaho	c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Van Nuys, California	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 93		d. STREET ADDRESS (If rural, give location): 6424 Orain	
3. NAME OF DECEASED (Type or Print) a. (First): Albert Stanley b. (Middle): c. (Last): Gulliver			4. DATE OF DEATH (Month) (Day) (Year): Sept. 2 72
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 2, 1902
9. AGE (In years last birthday): 69	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Studio Grip	10b. KIND OF BUSINESS OR INDUSTRY: Universal Studios	11. BIRTHPLACE (State or foreign country): Salt Lake City	12. CITIZEN OF WHAT COUNTRY? L. A.
13. FATHER'S NAME: unknown BIRTHPLACE: unknown		14. MOTHER'S MAIDEN NAME: unknown BIRTHPLACE: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 546-05-6054	17. INFORMANT'S OWN SIGNATURE: Helen V. Gulliver	ADDRESS: 6424 Orain Van Nuys Calif

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Died while driving car

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Checked by Marie Cowell Head of Medic Century Stanley Idaho	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 2	24c. NAME OF CEMETERY OR CREMATORY: Forest Lawn
24d. LOCATION (City, town, or county) (State): Hollywood Hills, Calif.		
DATE REC'D BY LOCAL REG.: Sept 5, 1972	REGISTRAR'S SIGNATURE: Agnes H. Edniston	25. EMBALMER: Keith Bird
LICENSE NO.: E-373		

FIRM NAME: Bird Funeral Home Weiser, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 11 1972

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate

RECEIVED
OCT 19 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. C 4370
Local Reg. No.
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Custer 190 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 6 miles up East Fork c. LENGTH OF STAY (In this place): 70 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Custer 190 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	Andrew	Fisher	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 1, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawmill operator 5	Lumber	East Fork, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Jackson Fisher	Missouri	Mary Elizabeth Albertson	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 36 3113	Marjorie Fisher	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	"
DUE TO (c)	Coronary arteriosclerosis	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* --- , 19 ___ did not attend ___ , *that I last saw the deceased alive on* never seen alive , *and that death occurred at* 4:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leeland Maxwell MD 11/8	Salmon, Idaho	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 23, 1972	Challis Cemetery	Challis Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 18-1972	Agnes D. Edmiston	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 690
Reg. Dist. No. _____

BIRTH NO. _____ RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 6 miles up East Fork
c. LENGTH OF STAY (In this place): 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	Andrew	Fisher	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 1, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawmill Operator	Lumber	East Fork, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Jackson Fisher	Missouri	Mary Elizabeth Albertson	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-3113	Marjorie Fisher	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	"
DUE TO (c)	Coronary atherosclerosis	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19__, to DID NOT ATTEND, that I last saw the deceased alive on NEVER SEEN ALIVE, and that death occurred at 400 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E Maxwell MD MD	Salmon Idaho	9/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 23, 1972	Challis Cemetery	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 27, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972
APR 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
AUG 23 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
AUG 10 1976
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4371
Local Reg. No.
Reg. Dist. No. 680

BIRTH NO.

RECEIVED SEP 27 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trail Creek-Pahsimeroi Valley
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (hunting trip)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3214 Sycamore Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Laurence	Virgil	Grant	Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 1,1914	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Warehouseman	Mt. Bell Tele.Co.	Buhl, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira E. Grant	Nebraska	Della Moore	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-3343	X Roy E. Grant	Salmon, Ida.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never have seen alive

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Sutton 533	Coroner 4	Challis Idaho.	9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept.25,1972	Terrace Lawn	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 26/1972	Agnes G. Edmiston	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP [illegible] 1972
OCT 2 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4372
Local Reg. No. 69
Reg. Dist. No. 380 391

71-11593
BIRTH NO.

RECEIVED SEP 29 1972 $7.00 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry Burean
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Railroad Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall (Rural)
d. STREET ADDRESS (If rural, give location): Fort Hall Reservation

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MICHAEL	LYMAN	BATT	August 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	Indian	never married	November 4, 1971		9	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lynn Batt	Blackfoot, Idaho	Isabell Pohipe	Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Lynn Batt Smith	Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4867

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Lung congestion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pnuemonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Did see alive, investigation only, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 10:00 PM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith	Cornner	Mountain Home, Idaho	8/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug 9, 1972	Gibson Cemetery	Fort Hall reservation, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28, 1972	Mary R. Fulton	H. Neal Humphreys	M-502

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4373
Local Reg. No. 70
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Nursing Home 356	d. STREET ADDRESS (If rural, give location): 370 North 9th East

3. NAME OF DECEASED (Type or Print)	a. (First) LUELLA	b. (Middle) SILLIVAN	c. (Last) WEED	4. DATE OF DEATH (Month) (Day) (Year) August 27, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 30, 1890	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Sargent, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: David T. Sillivan	BIRTHPLACE: Indiana	14. MOTHER'S MAIDEN NAME: Mary Emma Sager	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-07-2970B	17. INFORMANT'S OWN SIGNATURE: Mrs Jane [illegible] Pope	ADDRESS: Glasgow, Mont.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/21

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ASHD	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	HCVD c̄ uremia Chronic Brain Synd	years year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963 *to* Aug. 27, 1972, *that I last saw the deceased alive on* Aug. 25, 1972, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malene W. Koelsch MD (Degree or title) 287	23b. ADDRESS: Mountain Home Idaho	23c. DATE SIGNED: 9-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8/30/72	24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery	24d. LOCATION (City, town, or county) (State): Mtn. Home, Idaho
DATE REC'D BY LOCAL REG.: Oct. 3, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: H. Vail Humphrys	LICENSE NO.: M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4374
Local Reg. No. 64
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Texas 44 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Juan
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080	d. STREET ADDRESS (If rural, give location) P.O. Box 788

3. NAME OF DECEASED (Type or Print)	a. (First) MARIA	b. (Middle) DLOS ANGELITA	c. (Last) ALVARADO	4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1972
5. SEX Female	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1924	9. AGE (In years last birthday) 47 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Felix Barbo	BIRTHPLACE Mexico	14. MOTHER'S MAIDEN NAME Josephine Martinez	BIRTHPLACE Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 467-18-2364	17. INFORMANT'S OWN SIGNATURE Wenceslado Alvarado	ADDRESS San Juan, Texas	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Lubond 718 (Degree or title) MD	23b. ADDRESS	23c. DATE SIGNED Sept. 18, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 3, 1972	24c. NAME OF CEMETERY OR CREMATORY Pharr Cemetery	24d. LOCATION (City, town, or county) Pharr (State) Texas
DATE REC'D BY LOCAL REG. Sept. 18, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER Arthur Smith	LICENSE NO. M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4375
Local Reg. No. 65
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Mem. Nursing Home 356	d. STREET ADDRESS (If rural, give location) 1104 Phelps Drive

3. NAME OF DECEASED (Type or Print)	a. (First) NODIE	b. (Middle) MORGAN	c. (Last) GREEN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 10, 1886	9. AGE (In years last birthday) 86 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Benjamin Morgan	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Nancy Cordeloa Matthison	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. WD225513	17. INFORMANT'S OWN SIGNATURE June D. Williamson	ADDRESS Mountain Home, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) A.S.H.D. — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute pneumonitis — hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* Sept. 1, 1972, *that I last saw the deceased alive on* Sept. 1, 1972, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Marlene W. Loesch M.D. (Degree or title) 287	23b. ADDRESS Mountain Home Ida	23c. DATE SIGNED 9.8.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	24d. LOCATION (City, town, or county) Mountain Home (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 18, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER Arthur Smith	LICENSE NO. M-403

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mortuary Smith Mo

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4376
Local Reg. No. 66
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Nursing Home 35-L

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 1050 N. 6th E.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLADYS	L.	BROWN	Sept. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 28, 1892	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Loveridge	England	Mary Coats	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-2175	Burkee B. Cudmore	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	2509 OSHD.	1 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	diabetes mel.	1 year
DUE TO (c)	Hepatic failure due to #1 and hyperlipidemia	1 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 4 to 21, 19 72, that I last saw the deceased alive on Sept. 1, 19 72 and that death occurred at 2:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone Welch MD	Mountain Home	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 5, 1972	Mountain View Cemetery	Mountain Home Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 18, 1972	Mary R. Fulton	Nathan E. Smith Smith Mortuary	M-403

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4377
Local Reg. No. 67
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 26 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 East 5th North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Oregon Trail Trailer Park

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): EUGENE
c. (Last): SUTTON

4. DATE OF DEATH (Month) (Day) (Year): September 13, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1932
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired SSgt.
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force
11. BIRTHPLACE (State or foreign country): Promise, South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: -
BIRTHPLACE: -
14. MOTHER'S MAIDEN NAME: -
BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1952-1972
16. SOCIAL SECURITY NO.: 504-30-9920
17. INFORMANT'S OWN SIGNATURE: Donna M Sutton — ADDRESS: Mt. Home, Ida.

4419

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rupture Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, *19___, to ___, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith — 583 (Degree or title) 4 Coroner
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 9/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/21/72
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Memorial Park
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Sept. 25, 1972
REGISTRAR'S SIGNATURE: Mary R. Fulton
25. EMBALMER: H. Verl Humphreys
LICENSE NO.: M-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 11 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 20 1972

OCT 20 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of disposition of the deceased.

APR 24 1987

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

JUL 15 1987

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4378
Local Reg. No. 68
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: USAF HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB
d. STREET ADDRESS (If rural, give location): 18 B SPRUCE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SHIRLEY	MAE	SMITH	SEP	16	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	CAU	MARRIED	10 JAN 39	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CHARLOTTE NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM J HOOPER — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: MYRTLE DEETON — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ernest B. Smith — 18B SPRUCE ADDRESS MTN HOME AFB, ID

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drug overdose — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute INTOXICATION
DUE TO (c) DRUG and ALCOHOL

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	HOME	MTN HOME AFB	ELMORE	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): SEPT. 16, 1972 m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? AS STATE ABOVE

22. *I hereby certify that I attended the deceased from* 16 SEP 72, 19__, *to* 16 SEP, 19 72, *that I last saw the deceased alive on* 16 Sept, 1972, *and that death occurred at* 11:58 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arno Weiss Jr	M.D.	USAF Hospital Mt Home AFB Ida	16 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/21/72	CHARLOTTE, N.C.	CHARLOTTE, N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972	Mary L. Fulton	H. Dirk Humphreys	M-502

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4379
Local Reg. No. 71
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): 307 West First

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. ROSE
b. (Middle): MAE
c. (Last): COON

4. DATE OF DEATH (Month) (Day) (Year): September 23, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 3, 1892
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Park City Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Carpenter — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Samantha Jane Alexander — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Everett H. Coon — ADDRESS: Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CVA

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 718 [illegible]
23b. ADDRESS: Mt. Home, Idaho
23c. DATE SIGNED: 9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/72
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Oct. 3, 1972
REGISTRAR'S SIGNATURE: Mary R. Fulton
25. EMBALMER: Arthur Smith
LICENSE NO.: M-403

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4380
Local Reg. No. 72
Reg. Dist. No. 380 391

BIRTH NO.

OCT 10 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Approx. 15 Mi. No. of Mountain Home
c. LENGTH OF STAY (in this place): In Transit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway 68

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1111 No. 6th. St.

3. NAME OF DECEASED (Type or Print): a. (First) SALLY; b. (Middle) -----; c. (Last) BOYLE
4. DATE OF DEATH (Month) (Day) (Year): September 30, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 5, 1911
9. AGE (In years last birthday): 61 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Legal Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John O'Connor — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 519 44 3328
17. INFORMANT'S OWN SIGNATURE: X Dorothy Boyle — ADDRESS: Boise, Idaho

8161

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rupture of Iliac Artery
DUE TO (c): Crushing injuries to pelvis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) 13-20d (COUNTY) (STATE): Mountain Home, Elmore,, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 30, 1972 4:30PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Passenger in one car roll-over; victim thrown from car.

22. I hereby certify that I attended the deceased from Investigation only, to did not see alive, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Arthur Smith — 583 (Degree or title) 4 Coroner
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 10/1/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 10-1-1972
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: October 6,1972
REGISTRAR'S SIGNATURE: Mary R. Sutton
25. EMBALMER: H. Verl Humphreys
LICENSE NO.: M-502
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 16 1973
FEB 07 2014

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4381
Local Reg. No. [redacted] 11
Reg. Dist. No. 540

BIRTH NO.

RECEIVED SEP 21 1972 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Memorial Hosptial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 33 N 2nd W

3. NAME OF DECEASED (Type or Print): a. (First) CHLOE b. (Middle) NIELSEN c. (Last) HEUSSER

4. DATE OF DEATH (Month) (Day) (Year): Sept 17, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 26, 1893
9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Weston, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Adolph Nielsen — BIRTHPLACE: Weston, Idaho
14. MOTHER'S MAIDEN NAME: Frances Hannah Goodsell — BIRTHPLACE: Newton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 60 1032
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Portland, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

420X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Influenza and Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency — 5 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1972 *to* Sept 17, 1972, *that I last saw the deceased alive on* Sept 17, 1972 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Cutler (Degree or title) MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 20, 1972
24c. NAME OF CEMETERY OR CREMATORY: Weston Cemetery
24d. LOCATION (City, town, or county) (State): Weston, Idaho

DATE REC'D BY LOCAL REG.: 9-22-72
REGISTRAR'S SIGNATURE: Sherry Buttars — SEP 22 1972
EMBALMER: Douglas S. Webb
LICENSE NO.: 408

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972
JAN 24 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 10 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4382
Local Reg. No. 12
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin County Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Newton		Woodruff Jr.	September 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	August 31, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist	Own Drug Store	Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Newton Woodruff	Salt Lake City, Utah	Catherine Amelia Partington	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-09-0033	Eunice W. Perry	218 E. 4th N. Logan, Ut

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Hypertension — 6 m

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 16, 1972, *to* Sept 21, 1972, *that I last saw the deceased alive on* Sept 21, 1972, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.K. Cutler	MD	Preston Idaho	9-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Sept. 23, 1972	Smithfield, City	Smithfield, Utah (Cache)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Sherry Buttars 10-6-72	John S. Nelson	M-557

Federal Security Agency
United States Public Health Service

Form PH-63021

FIRM NAME: Nelson Memorial Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 18 1972

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4383
Local Reg. No. 13
Reg. Dist. No. 540

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin
c. LENGTH OF STAY (In this place) 15yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 N 2 E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 210
a. STATE Idaho b. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin
d. STREET ADDRESS (If rural, give location) 25 N 2 E

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALVIN	LEWIS	ATKINSON	Sept. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 17, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DelMonte Emp. & Farmer	Mink Ranch	Cove, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James William Atkinson	England	Emmaline Vail	Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 01 0235	Loudon J. Atkinson	So. Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Natural - unknown — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
natural	home	Franklin, Franklin, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept 23, 1972 approx 9 p.m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vaughn Webb 583 Coroner 4	Preston, Idaho	Sep 26, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-27-72	Franklin Cemetery	Franklin, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	10-6-72 Sherry Buttars	Sherwin Webb	316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6301

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 15 1972 Bureau of Vital Statistics

State File No. 4384
Local Reg. No. 40
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - 11 miles east of Ashton
c. LENGTH OF STAY (In this place): 2 wks

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton

d. FULL NAME OF HOSPITAL OR INSTITUTION: home of her daughter

d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Selma	E.	Lenz	Sept. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	widowed	Oct 2, 1895	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Concordia, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Griffel	unknown	Margaretha Boesen	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-26-2718	[signature]	Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	8827 Coronary thrombosis	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fracture femur intertro- chanteric	6 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 19 72, to Sept 2, 19 72, *that I last saw the deceased alive on* August 25, 19 72 *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Ashton Idaho	9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sept 7, 1972	Squirrel Cemetery	near Ashton, Idaho	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 72	[signature]	[signature]	M-544

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4385
Local Reg. No. 41
Reg. Dist. No. 651

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Fremont 220	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE California 05 b. COUNTY Sacramento 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton — LENGTH OF STAY (In this place) 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sacramento
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital 083	d. STREET ADDRESS (If rural, give location) 1101 El. Camino Avenue 95815

3. NAME OF DECEASED (Type or Print) a. (First) Manvel	b. (Middle) E.	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1972	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 13, 1893	9. AGE (In years last birthday) 79 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (retired)	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (State or foreign country) Liberty Center, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Jones	BIRTHPLACE Ohio	14. MOTHER'S MAIDEN NAME Julia Pennock	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 559-09-7840A	17. INFORMANT'S OWN SIGNATURE Mrs Marya Jones	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma esophagus & Gastric — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972 *to* Sept 2, 1972, *that I last saw the deceased alive on* Sept 1, 1972 *and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 278	23b. ADDRESS Ashton Idaho	23c. DATE SIGNED 9-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 5, 1972	24c. NAME OF CEMETERY OR CREMATORY Targhee Cemetery	24d. LOCATION (City, town, or county) (State) Island Park, Idaho
DATE REC'D BY LOCAL REG. 14 Sept 72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER Brian Owen Bean	LICENSE NO. M-544

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 8 1972
OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4386
Local Reg. No. 39
Reg. Dist. No. 651

BIRTH NO.

RECEIVED SEP 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Island Park
c. LENGTH OF STAY (In this place) min.
d. FULL NAME OF HOSPITAL OR INSTITUTION ---- 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 142 So. 2nd West St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEONARD	GLEN	LARSEN	Sept. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 9, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postman	Mail	Idaho Falls, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chris Larsen	Denmark	Viola Rowe	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	519-05-4843	Wanda W. Larsen	Rigby, Ida.

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe crushed chest — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) To auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) / (STATE)
Auto accident	191hiway Henry's Lake	Island Park / Fremont / Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 4 1972 11:45 a.m.		Headon 2 car collison

22. *I hereby certify that I attended the deceased from* DOA, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 11:15A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Connell	coroner	Box 170 St. Anthony, Idaho.	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept.8,1972	Little Butte	Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12 Sept 72	[signature]	Sidney B. Larsen	552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 14 1972

SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 20 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 30 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 17 1991

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4387
Local Reg. No. 42
Reg. Dist. No. 657

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL St. Anthony
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 18 miles east of St. Anthony

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony,
d. STREET ADDRESS (If rural, give location): 846 South Bridge St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Fay	Garner	September 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	caucasian	married	Sept. 28, 1925	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pilot & Carpenter		Sugar City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred William Garner,	Wilford, Idaho	Viola Flint	Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	518-24-9842	Geri Garner	846 S. Bridge St. Anthony

8414

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Negative injuries & burns — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Due airplaine crash

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident Sept. 8, 1972	Farm	5mi. E., 1S, St. Anthony, Fremont, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept. 8, 1972 3PM		Hit power line while crop dusting.

22. *I hereby certify that I attended the deceased from* DOA, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Comell 583 Coroner	Box 170, St. Anthony, Ida.	9-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept.11, 1972	Wilford Cemetery	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
14 Sept. 1972	M. D. Hansen	M. D. Hansen	M-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 8 1972
SEP 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4388
Local Reg. No. 44
Reg. Dist. No. 651

BIRTH NO.

RECEIVED SEP 28 1972 220 Vital Statistics Bureau of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Fremont			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton	LENGTH OF STAY (In this place): 1 month		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. FULL NAME OF HOSPITAL OR INSTITUTION: Ashton Memorial Hospital 053			d. STREET ADDRESS (If rural, give location): 402 Idaho

3. NAME OF DECEASED (Type or Print) a. (First): Lillie	b. (Middle): Charlotte	c. (Last): Johnson	4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1972		
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: May 31, 1899	9. AGE (In years last birthday): 73	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: George Henry Osborne	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Hannah Christine Nielsen	BIRTHPLACE: Denmark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 518-10-6068	17. INFORMANT'S OWN SIGNATURE: Faye C. Johnson	ADDRESS: Rt #2 Box 38 Idaho Falls, Ida.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1560

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer Generalized — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* August, 19 72, to Sept 19, 19 72, *that I last saw the deceased alive on* Sept 19, 19 72, *and that death occurred at* 6:15 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title) MD 298	23b. ADDRESS: Ashton Idaho	23c. DATE SIGNED: 9-23-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery	24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho
DATE REC'D BY LOCAL REG.: 26 Sept 72	REGISTRAR'S SIGNATURE: Mel Hansen	25. EMBALMER: Brian Quinn Bean	LICENSE NO.: M-544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 1 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4389
Local Reg. No. 43
Reg. Dist. No. 6 51

BIRTH NO.

RECEIVED SEP 28 1972 220 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Fremont b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton LENGTH OF STAY (In this place): 2 WKS d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont 220 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton d. STREET ADDRESS (If rural, give location): 14 N 5

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Norman		Kent	Sept 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 1, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Freight & Storage 6	hauling freight	Franklin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George F. Kent	Bountiful, Utah	Eveline M. Day	Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-09-1373A	x Leona H. Kent	Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Acute Myocardial Infarct	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic coronary heart dse	3 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20 *, 19* 72 *, to* Sept 20 *, 19* 72 *, that I last saw the deceased alive on* Sept 20 *, 19* 72 *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	Degree or title	23b. ADDRESS	23c. DATE SIGNED
		Ashton - Idaho	9-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 23, 1972	Pineview Cemetery	Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
26 Sept 72	M. L. Hansen	Robert Bean	M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972
MAR 9 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4390
Local Reg. No. 16
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 22 231

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route 1 box 255

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marguerette	Emma	Franklin	Sept 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Nov. 15, 1889	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
beautician	cosmetology	Ontario, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas E. Pomeroy	Ontario, Canada	Katherine Dennison	Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-42-2216	Jessie E. Pomeroy	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of the colon	5 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1538

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-6-68 *, 19____, to* 9-17-72 *, 19____, that I last saw the deceased alive on* 9-17-72 *, 19____, and that death occurred at* 1:15 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Samuel E. Holverson M.D. 241 (Degree or title)	107 W. Second, Emmett, Idaho	9-20-72

24a. BURIAL, CREMATION, REMOVAL, OTHER	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 19, 1972	Green Acres	Ferndale, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-72	Jean C. Beatty	Walter Potter	M-445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5 copies
R1

Certificate of Death
STATE OF IDAHO

State File No. 4391
Local Reg. No. 17
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED SEP 29 1972

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. STATE OF (In this place): DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Tyler Road

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 500

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Melitta		Landowske	Sept. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Mar. 13, 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	home	Poland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Karl Kunz	Poland	Elenore Selent	Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	378-34-1895	Erhard Landowske	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ACUTE MYOCARDIAL

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INFARCTION
DUE TO (c) DEAD ON ARRIVAL

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* APRIL, 1972, *to* _____, 19____, *that I last saw the deceased alive on* APRIL, 1972, *and that death occurred at* 1:03 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Donald P. Lawrence MD 429 (Degree or title)	Emmett Idaho	Sept 27 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 28, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 27, 1972	Jean A Beatty	Walter Potter	M-445

FIRM NAME THE Beatty Chapel Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4392
Local Reg. No. 3420
Reg. Dist. No. 420

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Gooding 240	2. USUAL RESIDENCE (W... deceased lived. If institution: residence before admission.) a. STATE: Colorado 06 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Gooding County Memorial 000	d. STREET ADDRESS (If rural, give location): 3342 West Saratoga

3. NAME OF DECEASED (Type or Print) a. (First): Frederick	b. (Middle): F.	c. (Last): Appelgren	4. DATE OF DEATH (Month) (Day) (Year): Sept. 2 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 5, 1931	9. AGE (In years last birthday): 41 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Denver, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Waldemar Appelgren	BIRTHPLACE: Texas	14. MOTHER'S MAIDEN NAME: Mary Voltz	BIRTHPLACE: N/R	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: X Louise Appelgren	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8147

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)
1. Compound Fracture of skull
2. Fracture of Cervical spine

INTERVAL BETWEEN ONSET AND DEATH: Minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident / Near Tuttle, Idaho	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06	21c. (CITY, TOWN, OR TOWNSHIP) 3-240 (COUNTY) (STATE): Gooding, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-2-72 m.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Patient struck Head-on by large truck.

22. *I hereby certify that I attended the deceased from _____, 19__, to* Sept. 2, 1972 *19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin V. Hingstrom 285 (Degree or title) /	23b. ADDRESS: Gooding, Idaho	23c. DATE SIGNED: 9-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-3-72	24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery	24d. LOCATION (City, town, or county): Denver (State): Colorado
DATE REC'D BY LOCAL REG.: Sept 2, 1972	REGISTRAR'S SIGNATURE: Vivian M. Burden	25. EMBALMER: [signature]	LICENSE NO.: M-460

Federal Security Agency
United States Public Health Service FORM DH-63021 L. Mink

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
JUL 01 2010

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4393
Local Reg. No. 3431
Reg. Dist. No. 420

RECEIVED SEP 15 1972 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial Hospital 890

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dietrich
d. STREET ADDRESS (If rural, give location): Box 112

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle):
c. (Last): Niegel

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3 1972

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: May 25, 1897
9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ranching 7
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cool, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Niegel
BIRTHPLACE: Dresden, Germany
14. MOTHER'S MAIDEN NAME: Minnie
BIRTHPLACE: Dresden, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 561-52-4616A
17. INFORMANT'S OWN SIGNATURE: X Jerry Nance
ADDRESS: Dietrich Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

203X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): medullary failure — INTERVAL BETWEEN ONSET AND DEATH: hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): metastatic carcinoma — months
DUE TO (c): plasmacytoma — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ca prostate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-71, 19__, *to* 9-3-, 1972, *that I last saw the deceased alive on* 9-3-, 1972, *and that death occurred at* 410A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) ME 889
23b. ADDRESS: Box 297 Gdg Ida
23c. DATE SIGNED: SEP 5 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 4, 1972
24c. NAME OF CEMETERY OR CREMATORY: Plolt Hill Cem.
24d. LOCATION (City, town, or county) (State): Cool, California Eldro Co.

DATE REC'D BY LOCAL REG.: 9-7-72
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 18 1972
SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 12 1982
DEC 27 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4394
Local Reg. No. 3533
Reg. Dist. No. 420

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 80 N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1420 8th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dorothy	Hart	Fike	September 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	August 26, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cecil E. Hart	unknown	Verdie Lyon	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-36-5745	Edward L. Fike	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Traumatic injury to head and chest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Interstate 80 06	Wendell 13-24S	Gooding	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 15, 1972 3:15 P.M.		Headon auto accident

22. I hereby certify that I attended the deceased from Did not see alive, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Burke	583 Deputy Coroner	Wendell, Idaho	9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 16, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Duncan M. Burke	Joe B. Leeper	M-530

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Leeper Mortuary Wendell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4395
Local Reg. No. 3432
Reg. Dist. No. 420

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1420 8th Ave. East

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Interstate 80 N.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	Ray	Fike	Sept. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	October 8, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. School teacher	High School	Nezperce, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abraham R. Fike	unknown	Mary Lehman	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-22-5691	Edward L Fike	Boise, Idaho

8129

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Traumatic injury to Head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Interstate 80 c6	Wendell	Gooding	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 15, 1972 3:15 PM		Headon auto Accident

22. I hereby certify that I attended the deceased from Did not See Alive, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Burke 583	Deputy Coroner	Wendell, Idaho	9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 16, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Vernon M Burden	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 26 1972 Bureau of Vital Statistics

State File No. 4396
Local Reg. No. 3534
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Interstate 80

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3326 Hanson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Groven	Cleveland	Wilson	Sept. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 20, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Line Forman	Idaho Power	Logan, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unk.	Unk.	Unk	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-07-9232	Robert J. Wilson	Twin Falls, Ida.

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Traumatic injury to chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	INterstate 80 66	Wendell	Gooding	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 15, 1972 3:15 P.M.		Headon Auto Accident

22. I hereby certify that I attended the deceased from Didnot see alive to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Burke	583 Deputy Coroner 4	Wendell, Idaho	9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 16, 1972	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Imogene M. Burke	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972
OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 6 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. #4397
Local Reg. No. 3436
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding c. LENGTH OF STAY (In this place): 55 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 268 West 6th	d. STREET ADDRESS (If rural, give location): 268 West 6th St.

3. NAME OF DECEASED (Type or Print) a. (First): Oscar	b. (Middle):	c. (Last): Johnson	4. DATE OF DEATH (Month) (Day) (Year): Sept. 19 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: Feb. 8, 1905	9. AGE (In years last birthday): 67 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Moore, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Algot Johnson	BIRTHPLACE: Sweden		14. MOTHER'S MAIDEN NAME: Hilma Peterson	BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None		17. INFORMANT'S OWN SIGNATURE: x Ida Henderson	ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bilateral Bronchopneumonia	2-3 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *19*__, *to* Sept 19, *19* 72, *that I last saw the deceased alive on* Sept 19, 1972 *19*__, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marion V. Slingler Cmo 285 (Degree or title)	23b. ADDRESS: Gooding, Idaho	23c. DATE SIGNED: 9-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Sept. 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho
DATE REC'D BY LOCAL REG.: Sept 28, 1972	REGISTRAR'S SIGNATURE: Duncan M. Burden	25. EMBALMER: [signature]	LICENSE NO.: M-460

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4398
Local Reg. No. _____
Reg. Dist. No. _____

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 170 6th Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 170 6th Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Oliver	Stevenson	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	April 11, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Auto	Richmond, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thadeus Stevenson	Illinois	Inez Armstrong	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-32-0803	Mrs. Nadine Stevenson	Wendell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic carcinoma of prostate. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-13, 1972, to 9/20, 1972, that I last saw the deceased alive on 9/20, 1972 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond E. Schell MD	Wendell Ida.	9-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-23-72	Wendell Cemetery	Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Duncan M Burden	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 8 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4399
Local Reg. No. 16
Reg. Dist. No. 242

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (In this place): Deceased

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): 8 mi north east

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D O A St. Mary's Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Cecil; b. (Middle) H.; c. (Last) DUUCK

4. DATE OF DEATH: (Month) Sept. 2 (Day) (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov 1 1910

9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: stock & grain

11. BIRTHPLACE (State or foreign country): Mohler Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry Duuck
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Carrie Ashley
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 42 2943

17. INFORMANT'S OWN SIGNATURE: Lois Duuck
ADDRESS: Craigmont, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1969, to Sept. 2 1972, that I last saw the deceased alive on August 25 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 375 (Degree or title)

23b. ADDRESS: Cottonwood, Idaho

23c. DATE SIGNED: 9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sep 5 72

24c. NAME OF CEMETERY OR CREMATORY: Community

24d. LOCATION (City, town, or county) (State): Nezperce Lewis Idaho

DATE REC'D BY LOCAL REG.: Sept. 15, 1972

REGISTRAR'S SIGNATURE: Elizabeth A. Uhlorn

25. EMBALMER: Cecil H Uhlorn

LICENSE NO.: M 421

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4400

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 61
Reg. Dist. No. 240

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics 251

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Grangeville Parkhill Manor 331

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 314 S.W. 2nd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
TOM	D	HAZELBAKER	Sept	5,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan 25, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawmill Fireman 3	Lumber	South West City, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Owen E Hazelbaker	Indiana	Alice Gill	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 05 4628A	X Beryl Hazelbaker	Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic tumor to brain	several month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	fractured from pulmonary Ca.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb. 19 72 *to* Aug. 19 72 *, that I last saw the deceased alive on* 8/30 19 72 *, and that death occurred at* 7:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Donald Peltman 487 (Degree or title) M.D.	Grangeville, Idaho	8 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 8, 1972	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 9, 1972	Robert R. Hansen	Robert R Hansen / Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4401

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 15
Reg. Dist. No. 242

BIRTH NO.

RECEIVED SEP 19 1972

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anne	Mary	Katke	Sept	5	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	April 2, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	High School Cafeteria	Cottonwood, Ida	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Kaus		Catherine Meitl	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 12 4597	Henry Kathe	Keuterville, Ida

7963

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Cottonwood Idaho Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept	5	72	8 A m. Approx		Died at Home While Asleep Approx 8 Am

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 583	Idaho County Coroner	12 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 8, 1972	Community	Keuterville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Elizabeth H. Uhlorn	Peter A Uhlorn	M 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4402
Local Reg. No. 60
Reg. Dist. No. 240

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARK HILL MANOR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 410 E. North Second St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAURA		MONTGOMERY	SEPT. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	1/23/1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		COEUR D'ALENE, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-60-9864	DELBERT MONTGOMERY	KELLOGG, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 8877 CVA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Fx. R. Humerus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Skin Cancer

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22, 1970, to present, 19____, that I last saw the deceased alive on 9-6, 1972, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Physician or Title): Milton H. Wittwer M.D.

23b. ADDRESS: GRANGEVILLE, IDAHO

23c. DATE SIGNED: 9-7-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	9/11/1972	PRAIRIEVIEW CEMETERY	GRANGEVILLE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 9, 1972	Robert R. Hansen	ROBERT HANSEN	M-433

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HANSEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4403
Local Reg. No. 14
Reg. Dist. No. 242

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D O A St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location): Winchester Midway Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	F.	Seehorn	Sept 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	April 16 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Mohler, Idaho	US

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
Joseph N. Seehorn	Lucy Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	519 26 5583	Blanche Sanderson Craigmont Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1969, *to* Sept. 8, 1972, *that I last saw the deceased alive on* June 23, 1972, *and that death occurred at* 1:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L O Orr 378 MD	Cottonwood, Idaho	Sept.8, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 11, 1972	Community	Nezperce, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Elizabeth H. Uhlorn	Clifton Uhlorn	M 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4404
Local Reg. No. 62
Reg. Dist. No. 240

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 15 3 02 PM

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): City of Grangeville

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA		WILKINS	Sept 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug 12, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	St Cloud, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anthony Staab	Unk.	Christine Lehmeier	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 05 7631	Carl Fries	Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 5900 Chronic Myelomphocytic — INTERVAL BETWEEN ONSET AND DEATH: several mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebrovascular & generalized atherosclerosis & senility — several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1966 to 9/6 1972, that I last saw the deceased alive on 11 Sept 1972 and that death occurred at 10:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Donald Saltman 487 (Degree or title) M.D.	Grangeville, Idaho	15 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/14/72	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 13, 1972	Robert R Hansen	Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4405
Local Reg. No. 64
Reg. Dist. No. 240

RECEIVED OCT 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville c. LENGTH OF STAY (In this place): 1 hr. 251	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville Gen. Hospital 092	d. STREET ADDRESS (If rural, give location): Pine Street

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Zeporah	c. (Last) Chaffins	4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1972
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 14, 1899	9. AGE (In years last birthday): 73 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Oconto, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Will Guay	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-30-4664	17. INFORMANT'S OWN SIGNATURE: Faye L. Shaw	ADDRESS: Kooskia	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Prob Acute Coronary

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) old age, HT, +

DUE TO (c) severe obesity

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29, 1970, *to* 9-14, 1972, *that I last saw the deceased alive on* 9-14, 1972, *and that death occurred at* 9 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Milton H. Wiltse M.D. (Degree or title) 621	23b. ADDRESS: 1303 Crook St	23c. DATE SIGNED: 9-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/18/72	24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery	24d. LOCATION (City, town, or county): Kooskia (State): Idaho
DATE REC'D BY LOCAL REG.: 9/15/72	REGISTRAR'S SIGNATURE: Robert Hamer	25. EMBALMER: [signature]	LICENSE NO.: 476

FIRM NAME: Trenary's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 4 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4406
Local Reg. No. 63
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 26 Mi. E. of Kooskia, Woodrat Mt.
c. LENGTH OF STAY (In this place): Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Same as Above

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: ILLINOIS.
b. COUNTY: DU PAGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHEATON
d. STREET ADDRESS (If rural, give location): 1 S. 539 Bayverry Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	GEORGE	SNYDER	SEPT.	27,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	11/28/1912	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Counsulting Geologist	Self	Brooks, Wisconson	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank C Snyder	Unk.	Pearl Wiggins	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	Yes.	Robert M Hansen Per Phone Conversation	Grangeville, Idah

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronory Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Kooskia	Idaho	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coronor	Grangeville, Idaho	9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 2, 1972	Lakeview	Eau Claire, Wisc.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 1, 1972	[signature]	Robert R Hansen [signature]	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Please refer corres. to Jan.

6/12/73

Certificate of Death
STATE OF IDAHO

RECEIVED OCT 10 1972 Bureau of Vital Statistics

State File No. 4407
Local Reg. No. 17
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	W.	Schmidt	Sept 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 19 1889	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired farmer 7	stock & grain	Greencreek, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Schmidt		Philomena Nuxoll	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 42 0106A	Mrs. Joseph Schmidt	Cottonwood, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1870

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer of Penis with metastasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 28 Sept 72, 19___, to 29 Sept 72, 19___, that I last saw the deceased alive on 28 Sept 72, 19___, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George E Uhlorn MD	Cottonwood Idaho	10/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 2, 1972	Catholic	Greencreek, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 5, 1972	Elizabeth H. Uhlorn	Elizabeth Uhlorn	M 421

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4408
Local Reg. No. 65
Reg. Dist. No. 240

BIRTH NO.

RECEIVED OCT 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location): Riggins, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETHEL	BELLE	WILSON	Sept 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	June 2, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Operator 3	Phone Co.	Hamilton, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Couch	Virginia	Belle Oates	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	533-16-3637	Mrs Verne Chadwick	Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	485X Bronchopneumonia	Few days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe rheumatoid arthritis	many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1964, *to* 9/29, 1972, *that I last saw the deceased alive on* Sept 29, 1972, *and that death occurred at* 7:P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
V Altman 485X	M.D.	Grangeville, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 2, 1972	Riggins	Riggins Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 14, 72	Robert R Hansen	Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 11 1972 Bureau of Vital Statistics

State File No. 4409
Local Reg. No. 5
Reg. Dist. No. 640

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby c. LENGTH OF STAY (In this place): --?--	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 201 South State Street	d. STREET ADDRESS (If rural, give location): 170 East Main Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MANUEL	DEL	FIERRO	Aug. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Mexican	Divorced	Dec. 30, 1915	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Brownsville, Texas.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oton DelFierro	Mexico	Daria Villa	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	451-36-9511	Blanche Shifflett	Rigby, Idaho.

7769

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cause unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Advanced decomposition.
DUE TO (c): Time lapse between death & discovery of remains.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* XXXXXXXXXXXXXXXXXXXX *to* XXXXXXXXXXXXXXXXXXXX *that I last saw the deceased alive* XXXXXXXXXXXXXXXXXXXX *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norman Hall	coroner	Rigby, Idaho.	Oct. 5, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 2, 1972	Pioneer	Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 5 1972	Mrs A B Eckersell	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 11 1972
FEB 13 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4410
Local Reg. No. 3
Reg. Dist. No. 640

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lorenzo
c. LENGTH OF STAY (In this place) 1 yr. 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rte. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lorenzo
d. STREET ADDRESS (If rural, give location) Rte. #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BART	EDWARD	WOOD	Sept. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Sept. 26, 1970	1	11	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	Child	Rexburg, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Kent Wood	Rigby, Ida.	Wendy Mae Brooks	Sioux City, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	----	L. Kent Wood	Rte.#1 Lorenzo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suffocation

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / 260 (COUNTY) (STATE)
Accident	farm 52	Lorenzo Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept.2,1972 10:30A m		Fell into sub water pond.

22. *I hereby certify that I attended the deceased from* XXXX

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4411
Local Reg. No. 4
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 19 1972

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 16 mons
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 135 West Short

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson 260
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 135 West Short

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): WESLEY
c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 29, 1909
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Barkley, Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jasper Thomas Woods — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Martha Elizabeth Empey — BIRTHPLACE: Nevada
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 529-05-3274
17. INFORMANT'S OWN SIGNATURE: Lurline Woods — ADDRESS: Rigby, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Emphasema + Cor Pulmonale — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 1972, *to* 9-7, 1972, *that I last saw the deceased alive on* 9-6, 1972, *and that death occurred at* 1:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Tall, 522 (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 9/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/11/72
24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer Cemet.
24d. LOCATION (City, town, or county) (State): Rigby-Jefferson-Idaho

DATE REC'D BY LOCAL REG.: Sept. 11, 1972
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. EMBALMER: Sidney B Clinson
LICENSE NO.: M-552

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 19 197?

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4412
Local Reg. No. 6
Reg. Dist. No. 640

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

260

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (In this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 143 West 1st South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	GRACE	WINCHESTER	Sept. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 10, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Tooele, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elie Sheild Lee	Tooele, Utah	Alice Grace Moss	Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No / None	519-12-5091D	Maxine Scott	Rigby, Idaho.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of breast

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JAN 4, 1967, to SEPT. 29, 1972, that I last saw the deceased alive on AUGUST 22, 1972, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Baker 018	M.D.	Idaho Falls, Idaho.	Oct-4 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 2, 1972	Lewisville	Lewisville Jefferson Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 5 1972	Mrs A B Eckersell	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4413
Local Reg. No. 72076
Reg. Dist. No. 440

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Jerome	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton Rt. #1 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #1 Hazelton	d. STREET ADDRESS (If rural, give location): Rt. #1 Hazelton

3. NAME OF DECEASED (Type or Print)	a. (First) ADELMA	b. (Middle) PEARL	c. (Last) DEUEL	4. DATE OF DEATH (Month) (Day) (Year) September 4, 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 7, 1924	9. AGE (In years last birthday): 48 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Eden, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Emmett H. Spencer	BIRTHPLACE: Oklahoma	14. MOTHER'S MAIDEN NAME: Ruby Newbry	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): * * * * *	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: X Eden E. Deuel	ADDRESS: Hazelton Rt. #1	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3451

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Either Myocardial infarction or cerebral vascular accident.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Grand Mal Epilepsy	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* during night, *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Neher, M.D. (Degree or title): Coroner	23b. ADDRESS: Jerome	23c. DATE SIGNED: 6 Sep 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/7/72	24c. NAME OF CEMETERY OR CREMATORY: Hazelton Cemetery	24d. LOCATION (City, town, or county) (State): Hazelton, Idaho
DATE REC'D BY LOCAL REG.: Sept. 06, 1972	REGISTRAR'S SIGNATURE: Charlene Bateman	25. EMBALMER: Jerry K. Lawson	LICENSE NO.: M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 12 1973

MAR 15 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

4414

State File No. 4414
Local Reg. No. 72078
Reg. Dist. No. 440

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 3rd. Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 209 3rd. Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	ALOYSIUS	KING	Sept. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 19, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Advertising Salesman 3	Newspaper	Buffalo, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. King	no record	Cecelia Cotter	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	289 05 7073	X Marguerite L King	Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

409

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate (few minutes)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
0		0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
0 m.		0

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* 1972, 19__, *that I last saw the deceased alive on* Sept 26, 19 72, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W. Carlyle Smart M.D. (Degree or title) 477	Jerome, Idaho	9/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sep. 27, 1972	Charlene Bateman	Jerry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4415
Local Reg. No. 323
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location) Box 374

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jennie		Jobes	August 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	August 15, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Wausau, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-03-4941	Mrs. Doryne Rogstead	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4510

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Emboli, Massive	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Thrombo Phlebitis, Rt. Leg.	2 wks.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Cardio Vascular Disease	Chronic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/15/72, 19____, to 8/26/72, 19____, that I last saw the deceased alive on 8/26/72, 19____, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Fredrickson MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 29, 1972	Greenwood Cemetery	Spirit Lake, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 25, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4416
Local Reg. No. 347
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1311 1st St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pearl		Melton	August 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov 7, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorin Fosket	Missouri	Nellie Shipman	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-60-9749	Julie Hurlburt	Opportunity, Wa.

4100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Angina Pectoris	10 years
DUE TO (c)	Hypertensive Arteriosclerotic Cardio-	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	vascular Disease Parkinsonism	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 20, 1956 *, to* November 7, 1967 *, that I last saw the deceased alive on* August 31, 1972 *, and that death occurred at* 9:45a. *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
375 (Degree or title) M.D.	421 Cd'A. Ave., Cd'A., Idaho	10/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 6, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Lorraine K. Brooks	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4417
Local Reg. No. 309
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital	d. STREET ADDRESS (If rural, give location) 1015 Wallace Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Dicie	b. (Middle) Lee	c. (Last) Mingus	4. DATE OF DEATH (Month) (Day) (Year) September 1, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug.20,1910	9. AGE (In years last birthday) 62 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Hamilton, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME O.B. Nichols	BIRTHPLACE Texas	14. MOTHER'S MAIDEN NAME Not Available	BIRTHPLACE Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-50-7393	17. INFORMANT'S OWN SIGNATURE Luther W. Mingus	ADDRESS Idaho Coeur d'Alene	

4240

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Hemorrhage	6 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	10 yrs.
DUE TO (c)	Mitral Stenosis	25 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 19 66, *to* September 1, 19 72, *that I last saw the deceased alive on* September 1, 19 72, *and that death occurred at* 11:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 375 (Degree or title) M.D.	23b. ADDRESS 421 Cd'A. Ave., Cd'A., Idaho	23c. DATE SIGNED 9/7/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-7-1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 8, 1972	REGISTRAR'S SIGNATURE Carol A. Worthington	25. EMBALMER [signature] English Chapel Jr. FIRM NAME Coeur d'Alene, Idaho	LICENSE NO. M-397

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4418
Local Reg. No. 307
Reg. Dist. No. 20

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls,
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Merten	William	Stalker	September 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 15,1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumbing &Heating	Own Business	Prairie Farm, Wisc.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Stalker	(Unobtainable)	Nellie Plummer	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	531-16-6171	Viola C. Stalker	Post Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4240

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
DUE TO (b) Pulmonary edema
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Mitral Valve disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 7, 19 72, to Sept 1, 19 72, *that I last saw the deceased alive on* Sept 1, 19 72, *and that death occurred at* 9:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. Theodore Thiel M.D.	Coeur d'Alene	9/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept.5,1972	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1972	Carol A Worthington	N. K. Englunger	M-397

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 26 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4419
Local Reg. No. 320
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 333
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 2010 Center Road

3. NAME OF DECEASED (Type or Print)
a. (First): Lenore
b. (Middle):
c. (Last): Clausen

4. DATE OF DEATH (Month) (Day) (Year): September 3,, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec.. 13,, 1894

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles G.. Taylor
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Jennie E. Lake
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 533-30-8404D

17. INFORMANT'S OWN SIGNATURE: Robert M Clausen
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injury
INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06

21c. (CITY, TOWN, OR TOWNSHIP) 13-258 **(COUNTY)** 658 **(STATE)**: Post Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 3 72 Noon m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Philip S. Glennie 904 (Degree or title): M.D.

23b. ADDRESS: Hayden Lake, Idaho

23c. DATE SIGNED: 9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 9-16-72

24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Sept 20 1972

REGISTRAR'S SIGNATURE: Lorraine K. Lausch

25. FUNERAL DIRECTOR: Hazen & Jaeger Valley Funeral Home
ADDRESS: 1306 North, Pines Road, Spokane, Wa. 99206

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

MAY 1 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4420
Local Reg. No. 316
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): 3 4 0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Sunset Terrace	d. STREET ADDRESS (If rural, give location): 806 4th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Grace	Leesley	Arehart	Sept. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 14, 1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
T.J. Leesley	Unknown	Alice Hastings	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-36-2963	Mrs. Aylene Enders	Coeur d'Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-6-62, 19____, to 9-3-72, 19____, that I last saw the deceased alive on 9-2-72, 19____, and that death occurred at 10:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G Beasley M.D	Coeur d' Alene	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 7, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Carol B. Worthington	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4421
Local Reg. No. 325
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): North 3305 Park Road

3. NAME OF DECEASED (Type or Print): a. (First) Florence; b. (Middle); c. (Last) Lillie

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 23, 1892

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Spokane County

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles G. Taylor — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Jennie E. Lake — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Robert M Clausen — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injury — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 95

21c. (CITY, TOWN, OR TOWNSHIP): Post Falls (COUNTY): Idaho (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 3 72 Noon

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:42 P.M., from the causes and on the date stated above.*

23a. SIGNATURE: Philip J Glennie MD (Degree or title) 704

23b. ADDRESS: Hayden Lake, Idaho

23c. DATE SIGNED: 9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 9-16-72

24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Funeral Home, Spokane, Washington

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Sept. 20, 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR ADDRESS: Hazen & Jaeger Valley Funeral Home N. 1306 Pines Road, Spokane, Wa. 99206

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4422
Local Reg. No. 315
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai 280 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 4 Box 228	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 280 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene d. STREET ADDRESS (If rural, give location): Rt # 4 Box 228

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Phyllis		Le Gore	September 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 27, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Holland	England	Grace Hilton	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		George LeGore	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct, acute — INTERVAL BETWEEN ONSET AND DEATH: abrupt

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 9-4, 19 72, *that I last saw the deceased alive on* DOA 9-4, 19 72, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Knight 251 MD	Coeur D'Alene	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 7, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Carol A. Worthington	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

OCT 7 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4423
Local Reg. No. 312
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 104

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 280
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Rt 4 Box 305 H

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Goldie	I.	Ferguson	September 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 5, 1899	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ephrahan J. Dent	Oregon	Elizabeth -	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	517-24-9057	Arthur Ferguson	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1829 Uterine Carcinoma with metastasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 25, 1972, to Sept 4, 1972, that I last saw the deceased alive on Sept 4, 1972, and that death occurred at —— m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm J Powell	M.D.	920 Ironwood Dr.	9/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Sept. 8, 1972	Hazen and Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Carol A. Carlson	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4424
Local Reg. No. 332
Reg. Dist. No. 120

RECEIVED SEP 29 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location): Anderson Motel # 6

3. NAME OF DECEASED (Type or Print)	a. (First) Dorothy	b. (Middle) M.	c. (Last) Fox	4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: March 29, 1922	9. AGE (In years last birthday): 50 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Bakery	11. BIRTHPLACE (State or foreign country): Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Clarence Campbell	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Mary (Unknown)	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 534-16-6954	17. INFORMANT'S OWN SIGNATURE: Manuel Fernandez	ADDRESS: Post Falls, Idaho	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cause ill defined.	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Emphysema	1 month.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-7, 1972 *to* 9-7, 1972, *that I last saw the deceased alive on* 9-7, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood M.D. Coroner (Degree or title)	23b. ADDRESS: Coeur d'Alene Idaho	23c. DATE SIGNED: 9-25-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Mountain View
24d. LOCATION (City, town, or county) (State): Tacoma, Washington		
DATE REC'D BY LOCAL REG.: Sept 27 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Gilbert Yates
LICENSE NO.: M-365		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4425
Local Reg. No. 213
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Sunset Terrace Nursing Home 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 210 W. LaCrosse

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	J.	Guimond	September 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 14, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe Shop (Supervisor)	Kaiser Alum.	Menominee, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hercules Guimond	Canada	Delia Grenier	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-01-1959	Son: John Guimond	Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Renal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 8, 19 61 *to* present, 19 ____, *that I last saw the deceased alive on* 9-8-72, 19 ____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	920 Ironwood DR. Coeur d'Alene, Idaho 83814	9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 11, 1972	St. Thomas Cem.	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1972	Carol A. Worthington	Bill Duff	M-397

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4426
Local Reg. No. 319
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Rt # 2 Dalton Gardens	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene d. STREET ADDRESS (If rural, give location): Rt # 2 Dalton Gardens

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer	Lenord	Brogger	Sept. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 3, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Logger		U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	537-38-9668	Mrs. Robert Newton	Coeur d'Alene, Id

4369

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular accident	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-19 , 19 71 , *to* 9-10 , 19 72 , *that I last saw the deceased alive on* 9-13 , 19 72 *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. Brogger M.D.	Coeur d'Alene	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept14, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 20, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4427
Local Reg. No. 336
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2514 N. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	B.	Stone	September 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Jan. 10, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Stone	Norway	Hannah Knutson	North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	516-14-5001	Jack R. Stone (AK)	Santa Ana, Cal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4867

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bilateral pneumonia acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic auricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 19 67, *to* 9-11-, 19 72, *that I last saw the deceased alive on* 9-11, 19 72, *and that death occurred at* 3 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Y. Culbertson, M.D.	Hayden Lake, Idaho	Sept. 26, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-72	Pine Grove Cememter	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 27, 1972	Lorraine K. Brush	Bruce English	E-538

FIRM NAME: English Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Unwood

RECEIVED SEP 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4428
Local Reg. No. 321
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake c. LENGTH OF STAY (In this place): 280	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caltaldo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rose Lake	d. STREET ADDRESS (If rural, give location): P. O. Box 139

3. NAME OF DECEASED (Type or Print)	a. (First) Sandra	b. (Middle) Lee	c. (Last) Hartsock	4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 72
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nevermarried	8. DATE OF BIRTH: Oct 26, 1970	9. AGE (In years last birthday): 1 IF UNDER 1 YR. Months 11 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------	10b. KIND OF BUSINESS OR INDUSTRY: ----------	11. BIRTHPLACE (State or foreign country): Silverton, Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Robert Hartsock	BIRTHPLACE: Penn	14. MOTHER'S MAIDEN NAME: Janet Whipps	BIRTHPLACE: Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: ------	17. INFORMANT'S OWN SIGNATURE: Janet S Hartsock	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Rose Lake 59	21c. (CITY, TOWN, OR TOWNSHIP) 13-280 (COUNTY) Rural - Cataldo Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-11-72 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell in Lake

22. *I hereby certify that I attended the deceased from* Did not *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. (Degree or title) Coroner	23b. ADDRESS: Coeur d'alene Idaho	23c. DATE SIGNED: 9-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-13-72	24c. NAME OF CEMETERY OR CREMATORY: Greenwood	24d. LOCATION (City, town, or county) (State): Kellogg Idaho
DATE REC'D BY LOCAL REG.: Sept. 22, 1972	REGISTRAR'S SIGNATURE: Carol A. Worthington	25. EMBALMER: [signature]	LICENSE NO.: M 551

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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P. C. G. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 4429
Local Reg. No. 316
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 604 N. 17th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Carrie		Miller	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 20, 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
(Unobtainable) Tolstad	Norway	Unobtainable	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-28-1258	J1 Mrs. Josie Spellman	Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-25-59 to 9-12-72, that I last saw the deceased alive on 9-11-72, 19____, and that death occurred at 0710 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. C. Barclay M.D. 0226	Cd'A, Ida	9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	9-15-1972	Forest Cemetery	Coeur d' Alene, Idaho	M-439

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	FIRM NAME
Sept 18, 1972	Lorraine K. Brush	Bill Huff	English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4430
Local Reg. No. 338
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 611 Couch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur	E.	Stratton	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 28, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
&	Kaiser Alum.	Danberry, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Lurena Kwight	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.II	519-10-4084	Rose Stratton	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4369 Massive Cerebro Vascular Accident	15 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October, 1965, *to* 12 September, 1972, *that I last saw the deceased alive on* 12 September, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	920 Boxwood Drive Coeur d'Alene, Idaho 83814	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 19, 1972	Pinegrove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 26, 1972	Carol A. Worthington	[signature]	M-397

FIRM NAME: English Chapel Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972
OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4431
Local Reg. No. 326
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 Spokane Avenue	d. STREET ADDRESS (If rural, give location): 516 Spokane Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alberta	S.	Marcus	Sept 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 3, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter A. Barnhart	Canada	Margaret McMillan	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Sig) ADDRESS
No	518-01-7638B	Reginald Marcus, Coeur d'Alene

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cardio	
DUE TO (c)	Macular disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 15, 1969 *to* Sept, 1972 *that I last saw the deceased alive on* Aug 15, 1972 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm Gumprecht MD 1972	302 W 5th	21 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-1972	Fairmount Cemetery	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22, 1972	Carl A. Worthington	Bill Duff	M-439

FIRM NAME: English Chapels, Inc, Cd'A

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. NOV 24 1975
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Hunt

RECEIVED SEP 26 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4432
Local Reg. No. 327
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): P.O. Box 34

3. NAME OF DECEASED (Type or Print): a. (First) Betty b. (Middle) J. c. (Last) Whitt

4. DATE OF DEATH (Month) (Day) (Year): September 13,1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept.19,1924

9. AGE (In years last birthday): 47
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Ruhter
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Anna Snazey
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 900-00-4113

17. INFORMANT'S OWN SIGNATURE: X C B Ruhter
ADDRESS: Kennewick, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiopulmonary arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral Bronchopneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13/, 1972, to 9/13/, 1972, that I last saw the deceased alive on 9/13/, 1972, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Ralph E. Hunt (Degree or Title) M.D.

23b. ADDRESS: Hayden Lake, Idaho

23c. DATE SIGNED: 9-18-1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-16-1972

24c. NAME OF CEMETERY OR CREMATORY: Pinegrove Cemetery

24d. LOCATION (City, town, or county): Rathdrum (State): Idaho

DATE REC'D BY LOCAL REG.: Sept.20,1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Neff

LICENSE NO.: M-439

FIRM NAME: English Chapel, Inc, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Re. Burghardt

Certificate of Death
STATE OF IDAHO

State File No. 4433
Local Reg. No. 317
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootena 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 281
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1520 N. 9th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ilda	F.	Wilson	September 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 1, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orville Fuller	Minn.	Amelia DeLong	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-82-2641	Miss Judy Wilson	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4/24

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/23/69, 19____, *to* 9/13/72, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ken Daugherty MD	920 Ironwood Drive Coeur d'Alene, Idaho	9/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Sept. ,1972	Moon's Crematory	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 18, 1972	Lorraine K. Brush	Bill Wulff	M-439

FIRM NAME English Chapel-Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Pr. Glennie

Certificate of Death
STATE OF IDAHO

State File No. 4434
Local Reg. No. 318
Reg. Dist. No. 20

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 580
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): P.O. Box 141

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Vivian	M.	Beauchine	September 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 28, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sprague, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lee L. Smith	Iowa	Mary Alice McNall	Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-52-4777	Mr. D. J. Beauchine	Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5193

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct (not Proven) — INTERVAL BETWEEN ONSET AND DEATH: minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Lung Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-7, 1963, *to* 9-14, 1972, *that I last saw the deceased alive on* 9-11, 1972, *and that death occurred at* 7:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip B Glennie	MD	Hayden Lake Ida	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9-18-1972	Moon's Crematory	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 20, 1972	Lorraine K. Brush	Bill Leuff	M-439

FIRM NAME: English Chapel, Inc., Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 26 1972 Bureau of Vital Statistics

State File No. 4435
Local Reg. No. 324
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls c. LENGTH OF STAY (In this place): 3 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2, Box 357 P	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls d. STREET ADDRESS (If rural, give location): Route 2, Box 357 P

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joan	Louise	Johnson	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug. 28, 1930	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse	Hospital	Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown Reich	Unknown	Unknown Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	374-30-0088	Alvin M. Johnson	Post Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gunshot wound to head	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Suicide	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
2	Home	13 - 30

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept 16, 1972 m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	920 Ironwood Dr.	9/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept20,1972	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 25 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1972

NOV 23 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4436
Local Reg. No. 335
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
SEP 29 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 34 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1312 N. 5th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Peder	C.	Olson	September 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 20, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Road Supervisor 2	Kootenai County	Rhinelander, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Hanson	Norway	Christina	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-34-6006	Lavina Olson	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1519 Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 August, 1972, to 16 September, 1972, that I last saw the deceased alive on 16 September, 1972, and that death occurred at 3:00 p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 530 (Degree or title) MD	920 Diamond Dr Coeur d'Alene Idaho	9-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-19-1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 26, 1972	Carol A. Worthington	Bill Duff	M-439

FIRM NAME: English Chapel, Coeur d'Alene, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4437

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 314
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital	d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print)	a. (First) Doris	b. (Middle) Ingrid	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) September 16,1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH February 22, 1931	9. AGE (In years last birthday) 41 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) North Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Arne Johnson	BIRTHPLACE Sweden	14. MOTHER'S MAIDEN NAME Della Disserude	BIRTHPLACE North Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 519-32-5319	17. INFORMANT'S OWN SIGNATURE X Della Johnson	ADDRESS Coeur D'Alene Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Extrahepatic Biliary Obstruction	2 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Breast Carcinoma with	1 yr.
DUE TO (c)	Metastases	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 6/28/72	19b. MAJOR FINDINGS OF OPERATION Abdominal Carcinomatosis	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jun *, 19*72*, to* Sept *, 19*72*, that I last saw the deceased alive on* 15 Sept *, 19*72*, and that death occurred at* 6 35 A.m.*, from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 911 M.D.	23b. ADDRESS 920 Ironwood CDA	23c. DATE SIGNED 9/18/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept.19,1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) Coeur d' Alene, (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 18, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Bill Duff	LICENSE NO. M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
SEP 26 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4438
Local Reg. No. 328
Reg. Dist. No. 12 V

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 415 5th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie	Amelia	Wilson	Sept. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 18, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Holtman	Sweden	Lena Swenson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-54-9818	Eleanor F. Harwood	Portland, Oregon

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-6, 1962 to 9-17, 1972, that I last saw the deceased alive on 9-16, 1972 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene	9-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 20, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972	Carol A. Worthington	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

Amended October 13,1972

State File No. 4439
Local Reg. No. 339
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
SEP 26 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home - 1420 Melrose

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1420 Melrose

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarance	A.	Huxford	September 17,1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 21,1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shipfitter	Navy Yards	Neligh, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert C. Huxford	Wisc.	Cora Rutherford	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I	503-05-9414	Mrs. Darrell A. Huxford	Coeur d'Ale

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	acute myocardial infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic coronary artery dis.	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	pulmonary emphysema	4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-15 *, 19* 68 *, to* 9-17 *, 19* 72 *, that I last saw the deceased alive on* 6-12-72 *, 19* ____ *, and that death occurred at* 8:20 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. V. Cederholm, M.D.	Hayden Lake, Idaho	9-22-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-20-1972	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 22 1972	Carroll Worthington	Bill Cuff	M-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

OCT 12 1972

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. .....

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Clarance A. Huxford (Name on Original Certificate) who died (Was Born or Died) on Sept. 17, 1972 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#11 Birthplace	South Dakota	Neligh, Nebraska

Subscribed and sworn to before me this 10 day of October, 1972

Notary Public, residing at Coeur d'Alene Idaho

My commission expires 4/6/1976

(Seal)

Signed Don C English

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Kootenai

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of October, 1972

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 4/6/1976

(Seal)

Signed N. F. Kiplinger Jr.

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

SEP 01 1998

OCT 13 1972

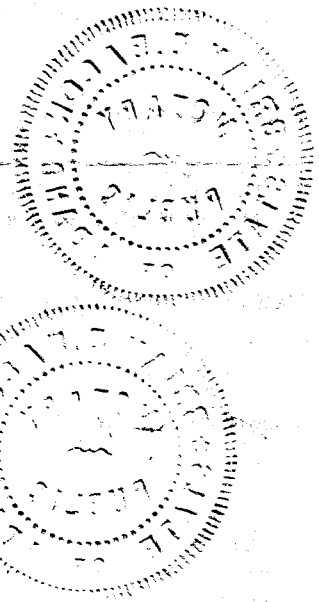

Certificate of Death
STATE OF IDAHO

State File No. 4440
Local Reg. No. 339
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Nursing Home 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Route #2 Box 220

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Amanda	T.	Vig	Sept. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years on last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 13, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker	Own Home	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Unobtainable	James Vig	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 486X Pneumonia, Bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vasc. atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-13-71 *, 19____, to* present *, 19____, that I last saw the deceased alive on* 9-18-72 *, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
P. Burch, M.D. (Degree or title)	920 Ironwood Dr., Coeur d'Alene, Idaho	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-21-1972	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 26, 1972	Carol A. Worthington	English	M-538

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel, Inc, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

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ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4441
Local Reg. No. 329
Reg. Dist. No. 120

RECEIVED SEP 29 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene; c. LENGTH OF STAY (In this place): 15 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location): 1220 N. 3rd Street

3. NAME OF DECEASED (Type or Print)	a. (First) Carl	b. (Middle) L.	c. (Last) Barton	4. DATE OF DEATH (Month) (Day) (Year) September 19, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 20, 1925	9. AGE (In years last birthday): 47; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Equipment Operator	10b. KIND OF BUSINESS OR INDUSTRY: Road Construction	11. BIRTHPLACE (State or foreign country): Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James A. Barton	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Elma Ruth Gausnell	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 564-28-7313	17. INFORMANT'S OWN SIGNATURE: Ernest A Barton	ADDRESS: Sacremento Cal.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia (bilateral)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchoesophageal fistula	3 weeks
DUE TO (c)	Carcinoma of esophagus	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/5, 1972, *to* 9/19, 1972, *that I last saw the deceased alive on* 9/18/72, 19___, *and that death occurred at* 2:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ralph E. Hunt (Degree or title) 1130 M.D.	23b. ADDRESS: Hayden Lake, Idaho	23c. DATE SIGNED: 9-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Ullery Memorial Chapel	24d. LOCATION (City, town, or county) (State): Yuba City, California
DATE REC'D BY LOCAL REG.: Sept. 27, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: N. F. Riplinger Jr.	LICENSE NO.: M-397

FIRM NAME: English Chapel, Inc. Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972
OCT 4 1972
OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
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STATEMENT OF PLACE OF DEATH

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Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4442
Local Reg. No. 331
Reg. Dist. No. 129

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wash.-Idaho State Line

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash.
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) N. 3414 Milton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gregory	Warren	SMITH	Sept. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White		March 6, 1947	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Announcer & Student	Radio Station, College	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren H. Smith	Iowa	Marjorie Wilder	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	Unknown	Warren H. Smith	Spokane, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Logging Trailer - automobile accident — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) multiple crush injuries. — 〃

DUE TO (c) Skull fracture — 〃

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Hiway # 10 & 95	State Line - 13-280	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9-19-72 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Trailer Broke loose & hit Car head on

22. *I hereby certify that I attended the deceased from* Didn't, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Dodd, M.D. Coroner	572	Coeur d'alene Idaho	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Sept. 22, 1972	Spokane Mem'l Gardens	Spokane, WA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 27, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Ball & Dodd F. H. S. 421 Division Spokane, WA. 99202

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 27 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 14 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 29 1972 Bureau of Vital Statistics

State File No. 4443
Local Reg. No. 337
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location) Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dick		Utter	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 12, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Utter	New York	Carrie Pettijohn	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	561-03-9904	Wayne Utter	Walla Walla, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1950 *to* 9-20 1972 *that I last saw the deceased alive on* 9-1 1972 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d'alene Idaho	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 23, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 27, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

State File No. 4444
Local Reg. No. 340
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Mem. Hosp.	d. STREET ADDRESS (If rural, give location): 517 Bunker Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Jack	b. (Middle)	c. (Last) Dupuis	4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 12/12/1915	9. AGE (In years last birthday): 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sanitation Depart. 6	10b. KIND OF BUSINESS OR INDUSTRY: City	11. BIRTHPLACE (State or foreign country): Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Isreal Dupuis	BIRTHPLACE: Washington	14. MOTHER'S MAIDEN NAME: Florence Compton	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII, Korean	16. SOCIAL SECURITY NO.: 518-03-6102	17. INFORMANT'S OWN SIGNATURE: Mrs Jack Dupuis	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1972, *to* present, 19____, *that I last saw the deceased alive on* 9-21-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 128 (Degree or title) 1	23b. ADDRESS: 920 IRonwood DRive Coeur d'Alnee, Idaho 83814	23c. DATE SIGNED: 9-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/23/1972	24c. NAME OF CEMETERY OR CREMATORY: Shoshone Mem. Gard.	24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho
DATE REC'D BY LOCAL REG.: Oct. 2, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bonnie English	LICENSE NO.: M-538

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

JAN 2 2 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 1 8 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 7 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4445
Local Reg. No. 342
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 8-23-72
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): Route 1 Box 44

3. NAME OF DECEASED (Type or Print): a. (First) Etta; b. (Middle) P.; c. (Last) Rivers

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-4-1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Baker & Chef

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 533-07-4984A

17. INFORMANT'S OWN SIGNATURE: Alfred E. Rivers
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASHD — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 19, 1966, *to* Sept 22, 1972, *that I last saw the deceased alive on* Sept 21, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. H. [illegible] 658 (Degree or Title)

23b. ADDRESS: Hayden Lake, Idaho

23c. DATE SIGNED: 9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/26/1972

24c. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Terrace

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Sept 28 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Henry Resleff

LICENSE NO.: 2L 464

FIRM NAME: Hazen & Jaeger Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4446
Local Reg. No. 330
Reg. Dist. No. 12c

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location) Box 406

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wayne	Dale	Cann	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Dec. 15, 1953	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Sr. High School	Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Cann	Arkansas	La Fawn Carnes	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---		Mrs. La Fawn Bliesner	Rathdrum, Id.

8109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Automobile - Train accident — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Crush Injuries. — INTERVAL: "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	R.R. Crossing - 6	Rathdrum Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-22-72 4:45 p. m.		Car crossed tracks in front of train

22. I hereby certify that I attended the deceased from Did not, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	572 4	Coeur d'Alene Idaho	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 27, 1972	Pinegrove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 27, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

State File No. 4447
Local Reg. No. 343
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location) 112 Appleway

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) I.	c. (Last) Susedik	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec.28,1920	9. AGE (In years last birthday) 51 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner 2	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Susedik	BIRTHPLACE Wisconsin	14. MOTHER'S MAIDEN NAME Angeline Kalowzski	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 547-36-5222	17. INFORMANT'S OWN SIGNATURE Mrs. Ruth Susedik	ADDRESS Coeur d'Alene, Id.	

403X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Renal failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriomephrosclerosis	
DUE TO (c)	Malignant Hypertension	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/29, 1972, *to* 9/23, 1972, *that I last saw the deceased alive on* 9/23, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Minn D Rowell (Degree or title) M.D. 9/2	23b. ADDRESS 920 Ironwood Dr.	23c. DATE SIGNED 9/29/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept.26,1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Oct.3,1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972

FEB 2 4 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4448
Local Reg. No. 334
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt.#3 Box 192

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) E. c. (Last) Jeffrey

4. DATE OF DEATH: (Month) (Day) (Year) September 25, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 4, 1903

9. AGE (In years last birthday): 68
IF UNDER 1 YR.: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Hurley, South Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E. Jeffrey
BIRTHPLACE: Toledo, Ohio

14. MOTHER'S MAIDEN NAME: Cena A. Verley
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 275-14-1477

17. INFORMANT'S OWN SIGNATURE: X Irene L. Jeffrey
ADDRESS: Post Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5770 Acute Pneumonitis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. chronic Obstructive Lung Disease.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 68 *to* present *, that I last saw the deceased alive on* 9-25-72 *, and that death occurred at* ____ m., *from the causes and on the date stated above.*
Daugharty & Briesch--

23a. SIGNATURE: P. Briesch, M.D. (Degree or title)

23b. ADDRESS: 920 Ironwood Dr. Coeurd'Alene, Idaho 83814

23c. DATE SIGNED: 9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 28, 1972

24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 26 1972

REGISTRAR'S SIGNATURE: Carol A. Worthington

25. EMBALMER: Bruce English

LICENSE NO.: M-538

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4449
Local Reg. No. 341
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 5 - 1972

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): Corner of Viola & Ironwood
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataho
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle); c. (Last) O'Riley

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 13, 1903

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George O'Riley
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Mary Smith
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 505-09-1934

17. INFORMANT'S OWN SIGNATURE: Leonard W. O'Riley, Coeur d'Alene, Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Obstructive Lung Disease.

INTERVAL BETWEEN ONSET AND DEATH

4109

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 23, 1971, 19____, *to* present, 19____, *that I last saw the deceased alive on* 9-25-72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. Breech, M.D.

23b. ADDRESS: 920 IRonwood Drive, Coeur d'Alene, Idaho 83814

23c. DATE SIGNED: 9-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 28, 1972

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct. 3, 1972

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Gilbert Yates

LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4450
Local Reg. No. 333
Reg. Dist. No. 120

RECEIVED SEP 29 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital	d. STREET ADDRESS (If rural, give location) 3110 N. 5th St.

3. NAME OF DECEASED (Type or Print)	a. (First) Emil	b. (Middle)	c. (Last) Gerhardt	4. DATE OF DEATH (Month) (Day) (Year) September 26, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1902	9. AGE (In years last birthday) 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager	10b. KIND OF BUSINESS OR INDUSTRY Hotel Owner	11. BIRTHPLACE (State or foreign country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Phillip Gerhardt	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 333-01-4984	17. INFORMANT'S OWN SIGNATURE X Robbie Gerhardt	ADDRESS Idaho Coeur d'Alene,	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	
DUE TO (c)	Coronary Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 9/13, 1972, *to* 9/26, 1972, *that I last saw the deceased alive on* 9/25, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Mary Powell 9/12 (Degree or title) M.D.	23b. ADDRESS 920 E Ironwood Dr, CDA	23c. DATE SIGNED 9/26/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park	24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho
DATE REC'D BY LOCAL REG. Sept. 26, 1972	REGISTRAR'S SIGNATURE Carol A. Worthington	25. EMBALMER N. F. Riplinger	LICENSE NO. M-397

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972
JUL 23 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4451
Local Reg. No. 345
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location): Rt # 1 Box 91B

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vestal	M. (Billie)	Francis	Sept. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 3, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Minerva Oliver	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	554-01-7871A	Harold Francis	Athol, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May, 1967, to 27 September, 1972, that I last saw the deceased alive on 27 September, 1972, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 530	MD	920 Ironwood Drive Coeur d'Alene, Idaho 83814	9/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 30, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Lorraine K. Breuch	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 1972

FEB 28 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 16 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4452
Local Reg. No. 348
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Pinewood Manor Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leslie	W.	Williamson	September 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Mar. 17, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian Public School	District #271	Rapid City, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Williamson		Nellie Forbes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		533-01-9565	X Norma Williamson	Trinidad, West Indies

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C. V. A. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19 56, *to* 9-28, 19 72, *that I last saw the deceased alive on* 9-28, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d'alene Idaho	10-3-'72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	10-2-1972	Forest Cemetery	Coeur d'Alene Idaho	M-538

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER
Oct. 10, 1972	Lorraine K. Brush	Bruce English

FIRM NAME English Chapel-Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4453
Local Reg. No. 346
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt # 2 Box 31

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt # 2 Box 31

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gladys	E.	Fredell	Sept. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 4, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Hayworth	Indiana	Esther Erickson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	220-46-9766	Emil J. Fredell	Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular
DUE TO (c) Anemia.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr 14, 1971, 19___, to present, 19___, that I last saw the deceased alive on 9-30-72, 19___, and that death occurred at ___m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	920 IRonwood Dr. Coeur d'Alene, Idaho 83814	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-3-72	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 30 1973

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4454
Local Reg. No. 128
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: LATAH 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOSCOW
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GRITMAN MEMORIAL HOSPITAL 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: LATAH 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOSCOW
d. STREET ADDRESS (If rural, give location): 509 SOUTH ASBURY, APT. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELSIE	MAE	HART	AUGUST 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	JULY 24, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	KANSAS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT COOPER	ILLINOIS	EDITH MAE SANDERS	KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		486-05-8285-B	W. Graham	OAKLAND, CALIFORNIA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 450X PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 31, 1972, 19__, to AUGUST 5, 19 72, that I last saw the deceased alive on August 4, 19 72, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Myers, M.D.	PROFESSIONAL BUILDING MOSCOW, IDAHO 83843	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	AUG. 8, 1972	PULLMAN CITY CEMETERY	PULLMAN, WASHINGTON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 25, 1972	Harper Heiskari	Edward D. Kimball	969

FIRM NAME: KIMBALL FUNERAL HOME = PULLMAN

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4455
Local Reg. No. 123
Reg. Dist. No. 200

RECEIVED SEP 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Latah 291 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ Miles S. of Moscow Highway 95 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Latah 291 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow d. STREET ADDRESS (If rural, give location) 811 Nez Perce

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) Raymon	c. (Last) Bennett Jr.	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 29, 1956	9. AGE (In years last birthday) 16 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lewiston, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank R. Bennett	BIRTHPLACE Clarkston, Wn.	14. MOTHER'S MAIDEN NAME Delores Hall	BIRTHPLACE Lewiston, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-66-5297	17. INFORMANT'S OWN SIGNATURE X Frank R. Bennett	ADDRESS Moscow, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8147

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cervical spinal cord injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fracture cervical spine
DUE TO (c) Struck by a car

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: immediate

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Hwy 95 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-291 Moscow	(COUNTY) Latah (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 4 72 3 A.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? hit by a car	

22. *I hereby certify that I attended the deceased from* Sept, 1962 *to* Sept, 1972 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 057 (Degree or title)	23b. ADDRESS Moscow, Idaho	23c. DATE SIGNED 9/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6, 1972	24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery	24d. LOCATION (City, town, or county) Moscow (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 13, 1972	REGISTRAR'S SIGNATURE Wayne R. Heisheri	25. EMBALMER E. Pete Albertson	LICENSE NO. M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972
OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4456
Local Reg. No. 129
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Grieman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 717 S. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Frances	Marcks	9-7-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	March 26, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Wesley, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Marcks	Germany	Augusta Lentz	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-42-0708	x Elsie L. Bockman	Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4317

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, general — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1954, *to* Sept 7, 1972, *that I last saw the deceased alive on* Sept 6, 1972, *and that death occurred at* 5:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W Adams MD (Degree or title)	Moscow, Idaho	9/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-11-1972	Genesee City	Genesee, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 19, 1972	Wayne R. Hoskins	Fred Nelson	M-504

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

FEB 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4457
Local Reg. No. 125
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 6 Mi. East of Moscow On Highway 8
c. LENGTH OF STAY (In this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION 200

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 222 N. Lieuallen

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Byron	Franklin	Williams	9-9-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 17, 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forest Service		Eureka, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Williams	Unknown	Irene Ingrahm	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		536-28-9696	Mrs Norma Williams	Moscow, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8192

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Motorcycle accident	Highway 8	Joel	Latah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carlyn Hawkins MD 791 Coroner	Moscow, Idaho	9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9-13-1972	Hazen & Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1972	Wayne Heikkila	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4458
Local Reg. No. 127
Reg. Dist. No. 200

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE ~~Latah~~ Idaho b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow — LENGTH OF STAY (In this place) 34 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112	d. STREET ADDRESS (If rural, give location) no record

3. NAME OF DECEASED (Type or Print) a. (First) Freda	b. (Middle)	c. (Last) Haag	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1972	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 14, 1906	9. AGE (In years last birthday) 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Connell, Washington	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Charles Haag	BIRTHPLACE Wisconsin	14. MOTHER'S MAIDEN NAME Anna Wiechman	BIRTHPLACE Wisconsin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE Vassar	ADDRESS Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Small bowel obstruction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2-, 1971, *to* 9-11, 1972, *that I last saw the deceased alive on* 9-11-, 1972 *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE David C Valder MD 541 (Degree or title)	23b. ADDRESS Moscow, Idaho	23c. DATE SIGNED 9-21-72
24a. BURIAL, CREMATION, REMOVAL (Specify) removal — 24b. DATE Sept. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY ~~Nor~~ Sunnyside cemetery	24d. LOCATION (City, town, or county) (State) Lenone, Idaho
DATE REC'D BY LOCAL REG. Sept. 25, 1972	REGISTRAR'S SIGNATURE Maynel Hershair	25. EMBALMER Andrew F. Vassar — LICENSE NO. M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4459

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 126
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 2-41
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Latah 2-41
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 1022 Lynn

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emera	Wolfard	Renshaw	Sept	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	August 7, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Forest Service		Endicott, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W.B. Renshaw	Mo.	Adda Wolfard	Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-52-8038	x Myra J. Renshaw	Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1972, to Sept. 11, 1972, that I last saw the deceased alive on Sept. 11, 1972, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward Boas MD	Moscow, Idaho	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 15, 1972	Kamiah Cemetery	Kamiah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1972	Maynard Heishman	Donald Ward	M-325

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

DEC 10 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4460
Local Reg. No. 129
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (If this place): 17 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 411 Styner

d. FULL NAME OF HOSPITAL OR INSTITUTION: 411 Styner

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Glen	Warren	Adsley	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 28, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Morgan Bros, 2	Food Selling	Ferdinand, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren J. Adsley	Mich.	Mary A. Fry	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-1328	x Maree Adsley	Moscow, Ida,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic valvular heart disease — 40 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 19 50, *to* September 16, 19 72, *that I last saw the deceased alive on* September 16 19 72, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Myers	M.D.	Moscow, Idaho	Sept 21, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-16-72	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 25, 1972	Wayne R Weishair	Fred J Nelson	M-504

FIRM NAME: Short's Chapel, Moscow, Idaho

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4461
Local Reg. No. 131
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 1 Month
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Latah Convalescent Center 366

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California 05 b. COUNTY San Diego 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Diego
d. STREET ADDRESS (If rural, give location) 4664 59th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marguerite		McCabe	Sept. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 4, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New Centerville, Wisc.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Peterson	Denmark	Amalie Jorgenson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		558-98-4391	x Barbara P. Carey	910 E. A St. Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 19 72, to 9-29-72, 19 , that I last saw the deceased alive on 9-27-72, 19 , and that death occurred at 9:25P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. P. Marineau, M. D.	129 W. Third St. Moscow, Ida. 83843	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 2, 1972	Moscow Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Wayne R Weihrich	Donald Ward	M-380

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

OCT 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4462
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place) 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elsie	May	Allison	Sept. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 26, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Torrington, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred W. Putney	Wyoming	Christine M. Martindale	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-48-5383	Austin H. Allison	Salmon, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 〃
DUE TO (c) Coronary arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Recent fracture, left hip — 8 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/1/72	Fracture of left femoral neck	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/1/72, 19__, to 9/9/72, 19__, that I last saw the deceased alive on 9/9/72, 19__, and that death occurred at 3:50 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Maxwell	1118 / MD	Salmon Idaho	9/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4463
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tendoy
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Martin	"none"	Curran	Sept. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	May 11, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laboror	Ranching	Shawano Co., Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Curran	Massachusetts	Nancy E. Park	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-34-7603	Ben Curran(telephone)	Kingsford, Mich.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	5 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	"
DUE TO (c)	Coronary Atherosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/6/72, 19____, *to* 9/11/72, 19____, *that I last saw the deceased alive on* 9/11/72, 19____, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard F. Maxwell MD	MD	Salmon Idaho	9/13/72

1118

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 13, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 15, 1972	Elizabeth A. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

4464

State File No. 4464
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Leadore
c. LENGTH OF STAY (In this place): -0-
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 28 in ambulance

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ercole	C.	Cominotti	September 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	May 30, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Agriculture	Clayton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Antone Cominotti	Italy	Giovanna Pedrini	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-44-2108	Doris Cominotti	Clayton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4442

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/10/72, 19____, to 9/11/72, 19____, that I last saw the deceased alive on 9/11/72, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard B. Maxwell MD	MD	Salmon, Idaho	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 15, 1972	Clayton Cemetery	Clayton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 15, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4465

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 690
Reg. Dist. No. _____

BIRTH NO. :

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Lemhi 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE California 05 b. COUNTY Santa Clara 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon c. LENGTH OF STAY (In this place) 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Santa Clara
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117	d. STREET ADDRESS (If rural, give location) 3287 Fowler Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Arthur	b. (Middle) Frederick	c. (Last) Seebeck	4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1906	9. AGE (In years last birthday) 66 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MSTS Navy 3	10b. KIND OF BUSINESS OR INDUSTRY Civil Service	11. BIRTHPLACE (State or foreign country) Oakland, California	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Bernard Seebeck	BIRTHPLACE New York	14. MOTHER'S MAIDEN NAME Sarah Collins	BIRTHPLACE California	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 557-05-4204	17. INFORMANT'S OWN SIGNATURE x Elizabeth H. Seebeck	ADDRESS Santa Clara California	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 17, 1972 *to* Sept 19, 1972 *that I last saw the deceased alive on* Sept 19, 1972 *and that death occurred at* 3 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 045	23b. ADDRESS Salmon Ida	23c. DATE SIGNED 9-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY Santa Clara Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Santa Clara, Calif.
DATE REC'D BY LOCAL REG. Sept. 22, 1972	REGISTRAR'S SIGNATURE Elizabeth H. Casey, Deputy	25. EMBALMER Douglas C. Casey	LICENSE NO. M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972
OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 18 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4466
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Lemhi 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon — LENGTH OF STAY (In this place): 82 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital 117	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First): Frederick	b. (Middle): William	c. (Last): Carl	4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 19, 1885	9. AGE (In years last birthday): 87 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Justice of Peace	11. BIRTHPLACE (State or foreign country): Butte, Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Herman Francis Carl	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Anna Hoffman	BIRTHPLACE: Austria	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-46-9683	17. INFORMANT'S OWN SIGNATURE: X Mrs Jack Hirschy	ADDRESS: Jackson, Montana	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Compressed fracture L2 — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma — 2 mos

DUE TO (c) Primary Possibly lung —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Death, 19__, *that I last saw the deceased alive on* Sept 20 1972, *and that death occurred at* 8 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 045 (Degree or title)	23b. ADDRESS: Salmon Ida	23c. DATE SIGNED: 9-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept.22,1972	24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery	24d. LOCATION (City, town, or county) (State): Salmon, Idaho
DATE REC'D BY LOCAL REG.: Sept. 22, 1972	REGISTRAR'S SIGNATURE: Elizabeth H. Casey, Deputy	25. EMBALMER: Douglas C. Casey	LICENSE NO.: M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 9 1973
OCT 1 6 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4467
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Colorado b. COUNTY: Mesa
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand Junction
d. STREET ADDRESS (If rural, give location): 2580 C & ¼ Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bessie	Arlene	Blank	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 22, 1925	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retardation Technician	State Home	Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orville Redd	Nebraska	Oda Hawkins	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	522-20-9228	Carol Fear	Grand Junction, Colo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Crush injuries Chest	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured Communuted Left	
DUE TO (c)	Knee -	2 hr -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
X	Route 28	So. of Salmon Lemhi	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept 22, 1972 7p. m.		Auto Accident

22. I hereby certify that I attended the deceased from _____, 19____, to Sept 22, 1972, that I last saw the deceased alive on Sept 22 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Salmon Ida	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1972	Orchard Mesa Cemetery	Grand Junction, Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 30, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DUTIES:

OCT 25 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 14 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 17 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 22 1973

MAR 21 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

FEB 21 2013

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4468

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 690
Reg. Dist. No. _____

BIRTH NO. —

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Lemhi 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon c. LENGTH OF STAY (In this place) 43 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Harold	b. (Middle) "NONE"	c. (Last) Gilpin	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Sandy Spring, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clarence L. Gilpin	BIRTHPLACE Maryland	14. MOTHER'S MAIDEN NAME Rose M. Stabler	BIRTHPLACE Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-40-4696	17. INFORMANT'S OWN SIGNATURE Thelma J. Gilpin	ADDRESS Salmon, Ida.

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular fibrillation	5 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypoxia	1 week
DUE TO (c)	Pulmonary emphysema & arterio-Sclerotic heart disease	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/22/72, 19__, *to* 9/24/72, 19__, *that I last saw the deceased alive on* 9/24/72, 19__, *and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard E. Maxwell 1118 (Degree or title) MD	23b. ADDRESS Salmon Idaho	23c. DATE SIGNED 9/26/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 26, 1972	24c. NAME OF CEMETERY OR CREMATORY Salmon Cemetery	24d. LOCATION (City, town, or county) (State) Salmon, Idaho
DATE REC'D BY LOCAL REG. Sept. 30, 1972	REGISTRAR'S SIGNATURE Elizabeth H. Casey, Deputy	25. EMBALMER Douglas C. Casey	LICENSE NO. M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended October 5, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4469
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carmen
c. LENGTH OF STAY (In this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carmen
d. STREET ADDRESS (If rural, give location): McFarland Ranch, Carmen Creek

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harold	Hancy	McFarland	Sept. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 1, 1913	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	cattle	Poplar, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Mitchell McFarland	Utah	Gudrun Johannesen	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 42 2623	Jim McFarland	Carmen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Glioblastoma — INTERVAL BETWEEN ONSET AND DEATH: 17 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1929

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 19 71, *to* 9-28, 19 72, *that I last saw the deceased alive on* 7-10, 19 72, *and that death occurred at* 4:40 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W Moore M.D. 369 (Degree or title)	Salmon, Idaho	9-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 29, 1972	Elizabeth H. Casey, Deputy	Delbert C Jones	M-369

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 4 1972

State of Idaho } ss.
County of Lemhi }

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Harold Hancy McFarland (Name on Original Certificate) who died (Was Born or Died) on Sept. 28, 1972 (Date of Event)

in Carmen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Gudrum Johannesen	Gudrun Johannesen

Subscribed and sworn to before me this 3rd day of October, 19 72

Mary A Jones

Notary Public, residing at Salmon, Idaho

My commission expires Sept. 25, 1975

(Seal)

Signed Douglas C. Casey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 746, Salmon, Idaho 83467

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October, 19 72

Mary A Jones

Notary Public, residing at Salmon, Idaho

My commission expires Sept. 25, 1975

(Seal)

Signed Elizabeth H. Casey

(Signature of Any Credible Person)

Box 746, Salmon, Idaho 83467

(Street Address, City, State)

JAN 3 1973

JUN 12 1973

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. .....

County of Lemhi } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Harold Henry McFarland (Name on Original Certificate) who died (Was Born or Died) on Sept. 28, 1972 (Date of Event)

in Carmen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on 1913 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Gudrun Johannesen	Sarah Johannesen

Subscribed and sworn to before me this 3rd day of October 1973

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Salmon, Idaho

My commission expires Sept. 25, 1975 (Seal)

Box 746, Salmon, Idaho 83467 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit MUST Also be Executed (See Chapter 139, 1957 Idaho Session Laws.)]

County of Lemhi }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October 1973

Signed [signature] (Signature of Any Credible Person)

Notary Public, residing at Salmon, Idaho

My commission expires Sept. 25, 1975 (Seal)

Box 745, Salmon, Idaho 83467 (Street Address, City, State)

STATE OF IDAHO NOTARY PUBLIC

Certificate of Death
STATE OF IDAHO

State File No. 4470
Local Reg. No. 690
Reg. Dist. No.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Lemhi 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon c. LENGTH OF STAY (In this place) 8 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117	d. STREET ADDRESS (If rural, give location) Box 1373

3. NAME OF DECEASED (Type or Print) a. (First) Gladys	b. (Middle) Grace	c. (Last) Robertson	Stahl	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13,1897	9. AGE (In years last birthday) 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Sullivan, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ira Robertson	BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Margaret Clark	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 494-16-0351	17. INFORMANT'S OWN SIGNATURE Cecil S. Stahl	ADDRESS Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Lobar pneumonia	24 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metastatic carcinoma	Unknown
DUE TO (c)	Carcinoma of ovary	4 Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/28/72, 19__, *to* 9/29/72, 19__, *that I last saw the deceased alive on* 9/29/72, 19__, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard E. Maxwell MD	1118 (Degree or title) 1	23b. ADDRESS Salmon Idaho	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 3, 1972	24c. NAME OF CEMETERY OR CREMATORY Salmon Cemetery	24d. LOCATION (City, town, or county) Salmon, (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 6, 1972	REGISTRAR'S SIGNATURE Mary A. Jones	25. EMBALMER Douglas C. Casey	LICENSE NO. M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4471
Local Reg. No. 772
Reg. Dist. No. 430

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (In this place): 3 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION: Matthew Senior Citizen Home 346

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): National Hotel

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Frederic c. (Last) Davidson

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 2, 1887

9. AGE (In years last birthday): 84 IF UNDER 1 YR. Months 11 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Providence, Rhode Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Davidson BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Hatriet C.(Unknown) BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Feb. 1908-May 1919

16. SOCIAL SECURITY NO.: 519-10-2523

17. INFORMANT'S OWN SIGNATURE: MORTUARY RECORDS ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4/23

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 19 72, to Sept 15, 19 72, that I last saw the deceased alive on Sept 15, 19 72, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 386

23b. ADDRESS

23c. DATE SIGNED 9-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sep. 20, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county): Burley, (State): Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Francis M. Bergin

25. EMBALMER: Armand J Burch LICENSE NO.: M-471

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 26 1972

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4472
Local Reg. No. 57
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 14 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home 445 W. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 445 W. Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Emil b. (Middle) c. (Last) Kauer
4. DATE OF DEATH: (Month) (Day) (Year) September 1, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 27, 1880
9. AGE (In years last birthday): 91
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Durrenroth, Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Johannes Kauer BIRTHPLACE: Durrenroth, Switzerland
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Anliker BIRTHPLACE: Hasli, Switzerland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 728-01-9687 A
17. INFORMANT'S OWN SIGNATURE: Pauline L. Bird ADDRESS: 445 W. Main Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1519 Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1970, to 9-1, 1972, that I last saw the deceased alive on 9-0, 1972, and that death occurred at 9 m., from the causes and on the date stated above.

23a. SIGNATURE: Ronald J. Flamm (Degree or title) MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 6, 1972
24c. NAME OF CEMETERY OR CREMATORY: Burton Cemetery
24d. LOCATION (City, town, or county) (State): Burton, Madison, Idaho

DATE REC'D BY LOCAL REG.: 9-5-72
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth R. Flamm
LICENSE NO.: M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972
JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4473
Local Reg. No. 58
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Madison 331	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 359 W. 2 No.	d. STREET ADDRESS (If rural, give location): 359 W. 2 No.

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle)	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 4, 1896	9. AGE (In years last birthday): 75	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SawMill - Custodian	10b. KIND OF BUSINESS OR INDUSTRY: Sawmills- Schools	11. BIRTHPLACE (State or foreign country): Rexburg, Idaho	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME: William Alfred Bell	BIRTHPLACE: Lehi, Utah	14. MOTHER'S MAIDEN NAME: Harriett Adeline Rowberry	BIRTHPLACE: Wellsville, Utah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-12-0725	17. INFORMANT'S OWN SIGNATURE: Frank Bell	ADDRESS: 76 North 4th East Rexburg Idaho			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	Nonin
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May *19*72*, to* Present *, 19____, that I last saw the deceased alive on* July 20 *, 19*72*, and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 569 (Degree or title)	23b. ADDRESS: Rexburg, Idaho	23c. DATE SIGNED: 9-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/8/72	24c. NAME OF CEMETERY OR CREMATORY: Sugar	24d. LOCATION (City, town, or county) (State): Sugar City Madison Idaho
DATE REC'D BY LOCAL REG.: 9-7-72	REGISTRAR'S SIGNATURE: Leona Flamm	25. EMBALMER: Kenneth R. Flamm	LICENSE NO.: M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4474
Local Reg. No. 60
Reg. Dist. No. 630

BIRTH NO.

RECEIVED SEP 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg c. LENGTH OF STAY (In this place): 2 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 261 E. Main	d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print) a. (First): David	b. (Middle): William	c. (Last): Rogers	4. DATE OF DEATH (Month) (Day) (Year): Sept 14, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb 21, 1886	9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles L. Rogers	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Louise Merrs	BIRTHPLACE: England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 1	16. SOCIAL SECURITY NO.: 519-40-9469	17. INFORMANT'S OWN SIGNATURE: x William H. Rogers	ADDRESS: 261 E Main Rexburg Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bullus Emphysema

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1971, *to* Sept 14, 1972, *that I last saw the deceased alive on* Sept 14, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 315 (Degree or title) M.D.	23b. ADDRESS: Rexburg Idaho	23c. DATE SIGNED: 9-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burail	24b. DATE: Sept 18, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery	24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho
DATE REC'D BY LOCAL REG.: 9-27-72	REGISTRAR'S SIGNATURE: Leona Flamm	25. EMBALMER: [signature]	LICENSE NO.: M-456

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 17 1972 Bureau of Vital Statistics

State File No. 4475
Local Reg. No. 63
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg (rural)
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman
d. STREET ADDRESS (If rural, give location): Rte. #1 Thornton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ALICE	HIGLEY	Sept. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 1, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Homemaker	Home	Cresta, Calif.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick J. Roth	Switzerland	Alice McKenzie	Swan Lake, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-42-8180	Louise Clark	Rte. #1 Lorenzo, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 8199 Depressed nasal bone to frontal lobe — INTERVAL BETWEEN ONSET AND DEATH: 18 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shock
DUE TO (c): Auto accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Fractured skull, Rt. ribs
Rt. humerus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-33 (COUNTY) (STATE)
Accident	Street 36	Burton Madison Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 24, 1972 m.		Automobile accident

22. *I hereby certify that I attended the deceased from* XXXX

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 29 1972 Bureau of Vital Statistics

State File No. 4476
Local Reg. No. 59
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Madison 320	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Nebraska 28 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural	c. LENGTH OF STAY (In this place): 6 weeks
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Omaha	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle) Wayne	c. (Last) Waterman	4. DATE OF DEATH (Month) (Day) (Year) September 24, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: 29 January 1954	9. AGE (In years last birthday): 18 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Floyd Thomas Waterman	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Gertrude Flowers	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 507-74-1304	17. INFORMANT'S OWN SIGNATURE: Vaughn C. Saffe	ADDRESS: Murray Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Crushed chest	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Auto accident	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 8.4 m west of 36	21c. (CITY, TOWN, OR TOWNSHIP) 13-330 (COUNTY) (STATE): Rexburg Madison Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sep 24 72 2 A m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Auto Accident	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 0214A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	583 (Degree or title) 4 Coroner	23b. ADDRESS: P.O.Box 13, Rexburg, Idaho	23c. DATE SIGNED: 25Sep72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9/25/72	24c. NAME OF CEMETERY OR CREMATORY: Elysean Cemetery	24d. LOCATION (City, town, or county) (State): Salt Lake County Utah
DATE REC'D BY LOCAL REG.: 9-25-72	REGISTRAR'S SIGNATURE: Leona Flamm	25. EMBALMER: Kenneth R. Flamm	LICENSE NO.: M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4477
Local Reg. No. 64
Reg. Dist. No. 630

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony (RURAL)
d. STREET ADDRESS (If rural, give location): RFD # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	C	Schmardebeck	September 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	March 28, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cattleman & Farming	Farming	Jewel City, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ferdinand	Germany	Emma Krusi	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-8019	Elma Holmes	Star Route, Dubois, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gastric Hemorrhage	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Peptic Ulcer	6 mos
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema	5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1972, *to* Sept 30, 1972, *that I last saw the deceased alive on* Sept 30, 1972, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blaine Hansen 409	Rexburg Idaho	10-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4 Oct. 1972	Wilford Cemetery	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-72	Donna Flamm	Gary D. Bidwell	M - 539

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4478
Local Reg. No. 62
Reg. Dist. No. 450

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 702 E Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lemuel	Angelo	French	Sept 8 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec ~~1878~~ 10 1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Druggist		McCleansboro Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Minor French	Illinos	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-10-0172	x Nona M. Jolley	Route 4 Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Cardiovascular Renal — years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular accident Generalized arteriosclerosis and osteoarthritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 19, 1968, to 8 Sept, 1972, that I last saw the deceased alive on 8 Sept, 1972, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J W Crawford MD 740 (Degree or title)	Rupert, Idaho	8 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 11 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-8-72	Mary Ellen Cochran	Robert A Walk	M294

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM PDH-63021

SEP 26 1972
OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4479
Local Reg. No. 63
Reg. Dist. No. 620

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 303 Maple Steet

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Horace	Franklin	Hiatt	Sept. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Apr. 6, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Maintenance		Plano, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reuben Hiatt	Mill creek, Utah	Amanda Jane Rawson	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-24-5835	† Harley Davidson	Rupert, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a)	Chronic Congestive Failure	5 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Atherosclerosis	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Vascular Insufficiency, Left Leg	1 yr

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1972 to Sept, 1972, that I last saw the deceased alive on 9/12, 1972, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Glen C Tate MD (Degree or title)	Rupert, Ida	9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-72	Rupert Cemetery	Rupert, Ida Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-18-72	Mary Ellen Larson	Robert C Walk	M-294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972
MAR 8 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4480
Local Reg. No. 64
Reg. Dist. No. 450

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3, 1050 north 100east

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 3, 1050 north 100 east

3. NAME OF DECEASED (Type or Print): a. (First) DELIA b. (Middle) c. (Last) LACEY
4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 1 1892
9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dublin Ireland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Tom McGovern BIRTHPLACE: Dublin Ireland
14. MOTHER'S MAIDEN NAME: Mary Clark BIRTHPLACE: Dublin Irelain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 540 44 2869D
17. INFORMANT'S OWN SIGNATURE: Mary Lacey Fox ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclrosis, several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rupert Minidoka County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 15 1972 3 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did nolt see *19* alive *, 19* *, that I last saw the deceased alive on* *, 19* *, and that death occurred at* *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E Walk (Degree or title): Coroner
23b. ADDRESS: 710 6th street, Rupert Idaho
23c. DATE SIGNED: 9-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-17-72
24c. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Klamath Falls Oregon

DATE REC'D BY LOCAL REG.: 9-25-72
REGISTRAR'S SIGNATURE: Mary Ellen Cashon
25. EMBALMER: Robert E Walk
LICENSE NO.: M 294
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4481
Local Reg. No. 65
Reg. Dist. No. 450

BIRTH NO.

RECEIVED OCT 5 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 121 Linden

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	G.	Reece	Sept	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 27, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agriculture	Okenah, Oklahome	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roscoe Clay Reece	Oklahome	Fleta Ellis	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-26-4623	Rudy Boardman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gangrene of left leg — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic occlusion.
DUE TO (c) Diabetes mellitis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General debilities of advanced years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* February 6, 1967, *to* September 16, 1972, *that I last saw the deceased alive on* Sept. 16, 1972, *and that death occurred at* 5:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
A. F. Walker M.D. (Degree or title)	Rupert, Ida	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-19-72	Rupert Cemetery	Ruprt, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-72	Mary Ellen Barton	Robert C. Walk — FIRM NAME: Walk Mortuary	M 294

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4482
Local Reg. No. 66
Reg. Dist. No. 450

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place) 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harris Rest Home 363

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 600 south 37 west

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie
b. (Middle) Lee
c. (Last) Nisbet

4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 24 1884
9. AGE (In years last birthday) 88
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prarie Grove Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Gibson
BIRTHPLACE Gallatin Missouri
14. MOTHER'S MAIDEN NAME Henrietta Beaver
BIRTHPLACE Barry County Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519 72 6563
17. INFORMANT'S OWN SIGNATURE x Juanita M. Hayden
ADDRESS Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro-vascular accident	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10-15 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Adenocarcinoma of left face	7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 8, 1970, *to* Sept. 23, 1972, *that I last saw the deceased alive on* Sept. 23, 1972, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE A C Loucal, M.D. 537 (Degree or title)
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-27-72
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 10-4-72
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk
LICENSE NO. M 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4483
Local Reg. No. #69
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Minidoka 341	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: New Mexico 32 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manvelito
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1250 N 400 E, Rupert, Ida 000	d. STREET ADDRESS (If rural, give location): Gen. Del.

3. NAME OF DECEASED (Type or Print) a. (First): Herman	b. (Middle):	c. (Last): Jones	4. DATE OF DEATH (Month) (Day) (Year): Sept 23, 1972	
5. SEX: Male	6. COLOR OR RACE: Nav. Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: Feb. 18, 1952	9. AGE (In years last birthday): 20; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Rocky Point, New Mex	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: /Dean Jones	BIRTHPLACE: Manvelito New Mex	14. MOTHER'S MAIDEN NAME: Betty McCray	BIRTHPLACE: Rocky Point, N. Mex	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 585 742029	17. INFORMANT'S OWN SIGNATURE: Navaho Indian Agency	ADDRESS: Windrock, Ariz

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Severed Spinal Cord	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured Vertabrae Basal Skull Fracture	
DUE TO (c)	Automobile accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): County Road 36	21c. (CITY, TOWN, OR TOWNSHIP) 13-340 (COUNTY) (STATE): Near Rupert, Minidoka County, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 23 1972 8 P.M.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Automobile apparently driven to fast, rolled over.

22. *I hereby certify that I attended the deceased from* did not see alive *, to* _____ *, 19*____ *, that I last saw the deceased alive on* _____ *, 19*____ *, and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert C Walk	583 (Degree or title) 4 Coroner	23b. ADDRESS: Rupert, Ida	23c. DATE SIGNED: Oct. 11, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 9-26-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State): Gallup, New Mexico
DATE REC'D BY LOCAL REG.: 10-13-72	REGISTRAR'S SIGNATURE: Mary Ellen Carlson	25. EMBALMER: Robert C Walk	LICENSE NO.: M 294

FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4484

Certificate of Death
STATE OF IDAHO

State File No. 67
Local Reg. No. 420
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (In this place) 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harris Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 1(Cassia County) Rupert Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) J. c. (Last) Heisel
4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 9 1885
9. AGE (In years last birthday) 86
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pekin Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leonard Heisel BIRTHPLACE Pekin Illinois
14. MOTHER'S MAIDEN NAME Caroline J. Sackenreuther BIRTHPLACE Pekin Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 558 28 280
17. INFORMANT'S OWN SIGNATURE & ADDRESS Lois H Mortensen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4139

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Angina Pectoris, Acute — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Edema — two months
DUE TO (c) Generalized Arteriosclorosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostate Surgery June 1 1972

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [XX]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

did not see alive

23a. SIGNATURE Robert C Walk 583 (Degree or title) Coroner
23b. ADDRESS 710 6th street, Rupert Idaho
23c. DATE SIGNED 10-3-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-2-72
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert Idaho (State)
DATE REC'D BY LOCAL REG. 10-4-72
REGISTRAR'S SIGNATURE Mary Ellen Barlow
25. EMBALMER Robert C Walk LICENSE NO. UM294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 2 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4485
Local Reg. No. 243
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston St. Joseph's Hosp.
c. LENGTH OF STAY (In this place) 11 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph' Hosp. 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington 48
b. COUNTY Whitman 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Colfax
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) R. c. (Last) Schilling

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1972

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Apr. 3, 1898
9. AGE (In years last birthday) 74 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woods worker 5
10b. KIND OF BUSINESS OR INDUSTRY lumber
11. BIRTHPLACE (State or foreign country) Wisner, Neb.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Schilling BIRTHPLACE Neb.
14. MOTHER'S MAIDEN NAME Anna Guern BIRTHPLACE Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-12-3400
17. INFORMANT'S OWN SIGNATURE + Velma E. Schilling ADDRESS Weippe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Fulminating pneumonitis — INTERVAL BETWEEN ONSET AND DEATH 3 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe emphysema — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Arteriosclerotic Heart Dis. — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 - 30, 1972, *to* 8 - 31, 1972, *that I last saw the deceased alive on* 8-30-72, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard M. Alford MD (Degree or title) 794
23b. ADDRESS 1322 17th Lewiston
23c. DATE SIGNED 9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept. 2, 72
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) (State) Orofino, Idaho

DATE REC'D BY LOCAL REG. 9-27-72
REGISTRAR'S SIGNATURE Glenard Walzen
25. EMBALMER [signature]
LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

OCT 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4486
Local Reg. No. 231
Reg. Dist. No. 220

RECEIVED SEP 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — LENGTH OF STAY (In this place): 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128	d. STREET ADDRESS (If rural, give location): 1602 5th. Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Precious	b. (Middle): Sylvia	c. (Last): Berger	4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1972
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Nov. 16, 1891	9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher	10b. KIND OF BUSINESS OR INDUSTRY: education	11. BIRTHPLACE (State or foreign country): Juliaetta, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Winfield S. Ross	BIRTHPLACE: Kentucky	14. MOTHER'S MAIDEN NAME: Martha J. King	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: no record	17. INFORMANT'S OWN SIGNATURE: A. C. Ross	ADDRESS: Moscow, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1519

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonitis	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Liver because Undiagnosed	4 weeks
DUE TO (c)	Suspected Ca of Stomach	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Uremia	2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: No Surgery	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): None	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27th, 1972 *to* Sept 1st, 1972, *that I last saw the deceased alive on* ~~August 1st~~ Sept 1st, 1972 *and that death occurred at* 10:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph L Baldwin MD	1622 (Degree or title)	23b. ADDRESS: 1522 Lewiston 13th St Idaho	23c. DATE SIGNED: 9/8/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 6, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery	24d. LOCATION (City, town, or county) (State): Moscow Idaho
DATE REC'D BY LOCAL REG.: 9-11-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: [signature]	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4487
Local Reg. No. 225
Reg. Dist. No. 220

RECEIVED SEP 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 2 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lewiston Convalescent Center 400	d. STREET ADDRESS (If rural, give location) 423 - Warner

3. NAME OF DECEASED (Type or Print) a. (First) MAUD	b. (Middle) BIRMINGHAM	c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) 3 Sept 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4 April 1882	9. AGE (In years last birthday) 90 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Walworth, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Calvin West	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Eldora Baker	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 516 46 7044	17. INFORMANT'S OWN SIGNATURE X Georgia A. Ulrich	ADDRESS Lewiston	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

887X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchial Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Infirmities of age	3 days
DUE TO (c)	Broken hip	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mental Confusion	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 08	21c. (CITY, TOWN, OR TOWNSHIP) 13 351 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20 *19*69*, to* 9-3 *, 19*72*, that I last saw the deceased alive on* 8-29- *, 19*72*, and that death occurred at* 11:02 p *m., from the causes and on the date stated above.*

23a. SIGNATURE R M Stover, M.D. 507 (Degree or title) /	23b. ADDRESS 439 Bryden, Lewiston, Idaho	23c. DATE SIGNED 9-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial	24b. DATE 7 Sept 1972	24c. NAME OF CEMETERY OR CREMATORY C. E. Conrad Memorial	24d. LOCATION (City, town, or county) (State) Kalispell, Mont. Flathead Co.
DATE REC'D BY LOCAL REG. 9-8-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. Black W. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4488
Local Reg. No. 328
Reg. Dist. No. 330

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St Josephs Hospital 124

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3239-4th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	A.	Yochum	Sept. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	5-15-1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Cherry Grove, Minn	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton Yochum		Mary ann Roach	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-09-3840 A	X Elizabeth McRae	Lewiston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 600X Peritonitis, etiology undetermined — INTERVAL BETWEEN ONSET AND DEATH: 4 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac decompensation
Pulmonary edema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8/31/72	Hyperplasia prostate gland	Yes [4] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/17/, 1972, *to* 9/4/, 1972, *that I last saw the deceased alive on* 9/4/, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. F. Block, M.D.	307 Ft Johnson Way Lewiston, Idaho	9/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-7-1972	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-11-72	Glenara Walgen	Andrew H. Vassar	E315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4489
Local Reg. No. 337
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nezperce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1524 9th Ave. Lewiston Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Nezperce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1524 9th Ave. Lewiston Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martha	Helen	Ruark	9	6	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	11-22-84	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home		U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Key	Unknown	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-6070		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — years
DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-18- , 19 72 , to 9-6 , 19 72 , that I last saw the deceased alive on 9-22 , 19 72 , and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Lewiston Idaho	9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-9-72	Normal Hill Cemetery	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-25-72	Marian Gaylor	Donald F. Brown	We 943

FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4490
Local Reg. No. 232
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 25 1972

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural
c. LENGTH OF STAY (In this place): moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On HiWay#95, 2 mi.N. of junct. with HighWay#195

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 505 North Washington

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHY	ELSIE	WIKUM	6 September 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	15 April 1958	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Public School	Renton, Wn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glen O. Wikum	Williston, N.D.	Ernstine Stark	Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Parents (via Telephone)	Moscow, Idaho

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Massive Head & Chest injuries
DUE TO (c): auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hi-Way #95; 2 mi.N.	Junct.w/#195-Rural - NezPerce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
6 Sept.1972 12:30 PM m.		1-car accident; auto rolled, crushing victim under car.

22. I hereby certify that I attended the deceased from ---, 19--, to ---, 19--, that I last saw the deceased alive on ---, 19--, and that death occurred at 12:30PM m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Richard Deucter 583 (Degree or title) Coroner	Lewiston, Idaho	7 Sept 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	6 Sept 1972	Moscow City Cemetery	Moscow, Latah Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-18-72	Glenna Dalgarn	Pete Albertson by- W.B.Beck	M-525

FIRM NAME: Shorts Funeral Home, Moscow, Id.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4491
Local Reg. No. 230
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Convalescent Center 400

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1910 Ridgeway Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harold	Charles	Whitcomb	7 Sept 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	24 July 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self employed	Grain Inspector	Lewiston, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clifford Earl Whitcomb	Lewiston, Idaho	Jennie Luetta Voitel	Grand Island, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 09 3045	Virginia M Whitcomb	Lewiston

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1970	Carcinoma of Prostate	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1971, 19__, *to* 7 Sept, 1972, *that I last saw the deceased alive on* 6 Sept, 1972, *and that death occurred at* 2:01 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald W Howard M.D.	307 S Johnson Way	8 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9 Sept 1972	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-11-72	Glenna Walzer	W. E. Black	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MR Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4492
Local Reg. No. 229
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lew ston c. LENGTH OF STAY (In this place) 4 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location) 1503 17th St.

3. NAME OF DECEASED (Type or Print)	a. (First) Harry S. Baker	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 21, 1901	9. AGE (In years last birthday) 71 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) city fireman 6	10b. KIND OF BUSINESS OR INDUSTRY Fire Prevention	11. BIRTHPLACE (State or foreign country) Hartford City, Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Daniel A. Baker	BIRTHPLACE Colorado	14. MOTHER'S MAIDEN NAME America Holdon	BIRTHPLACE Indiana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 24 3949A	17. INFORMANT'S OWN SIGNATURE Mrs. Harry S. Baker	ADDRESS Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

188X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ureteral obstruction	
DUE TO (c)	carcinoma bladder	> 8 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 3/2/66	19b. MAJOR FINDINGS OF OPERATION Carcinoma bladder Gr II transitional cell	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* 9/7, 1972, *that I last saw the deceased alive on* 9/7, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 492 (Degree or title)	23b. ADDRESS 307 St Johns Way Lewiston, Idaho	23c. DATE SIGNED 9/8/72
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho		
DATE REC'D BY LOCAL REG. 9-11-72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER V. Vassar
LICENSE NO. M297		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Stack

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 13 1972

SEP 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 11 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 28 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4493
Local Reg. No. 233
Reg. Dist. No. 220

RECEIVED SEP 25 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 4 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Convalescent Center 400	d. STREET ADDRESS (If rural, give location): 1227 - Idaho St.

3. NAME OF DECEASED (Type or Print) a. (First): Arthur	b. (Middle): n/m/n/	c. (Last): Olson	4. DATE OF DEATH (Month) (Day) (Year): 9 Sept 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: 5 May 1897
9. AGE (In years last birthday): 75	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Chester Olson	BIRTHPLACE: Wisconsin	14. MOTHER'S MAIDEN NAME: Lela Torgeson	BIRTHPLACE: Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 01 4341	17. INFORMANT'S OWN SIGNATURE: *Mrs. Benny Piraino	ADDRESS: Lewiston

794X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infirmities of age —

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 28 1970, *to* Sept. 9, 1972, *that I last saw the deceased alive on* Sept. 8, 1972, *and that death occurred at* 6:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. V. Baumann M.D. 036 (Degree or title)	23b. ADDRESS: 626 5th Ave. Lewiston, Idaho	23c. DATE SIGNED: 9/12/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial	24b. DATE: 12 Sept 1972	24c. NAME OF CEMETERY OR CREMATORY: Evergreen Memorial
24d. LOCATION (City, town, or county) (State): Centerville, Wisconsin		
DATE REC'D BY LOCAL REG.: 9-19-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: W. E. Black W. E. Black
LICENSE NO.: M-426		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4494
Local Reg. No. 238
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 180 a. STATE Idaho b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weippe
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Gail	b. (Middle) Ann	c. (Last) Mathews	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1972
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 3, 1956	9. AGE (In years last birthday) 16 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lewiston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John E. Mathews	BIRTHPLACE Mich.	14. MOTHER'S MAIDEN NAME Betty Apel	BIRTHPLACE Wisc.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ----------	17. INFORMANT'S OWN SIGNATURE X John E Mathews	ADDRESS Weippe	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

450X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary emboli — INTERVAL BETWEEN ONSET AND DEATH 224 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 19 72 *to* 9-12, 19 72, *that I last saw the deceased alive on* 9-12, 19 72 *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE C S [signature] 160 (Degree or title)	23b. ADDRESS 307 St. John's Way, Lewiston	23c. DATE SIGNED 9/20/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 16, 72	24c. NAME OF CEMETERY OR CREMATORY Weippe	24d. LOCATION (City, town, or county) (State) Weippe, Idaho
DATE REC'D BY LOCAL REG. 9-26-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER Fyl A. Strottmann	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 4 1972
JAN 18 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4495
Local Reg. No. 234
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — LENGTH OF STAY (In this place): 1 yr	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lwst. Convalscent Center 400	d. STREET ADDRESS (If rural, give location): 616 Warner Ave

3. NAME OF DECEASED (Type or Print)	a. (First) ELLA	b. (Middle) O.	c. (Last) LEE	4. DATE OF DEATH (Month) 13 (Day) Sept. (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 25 Oct 1883	9. AGE (In years last birthday): 88	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Fillmore Co., Minnesota	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Chris T. Olson	BIRTHPLACE: Minnesota	14. MOTHER'S MAIDEN NAME: Anna ? ? ?	BIRTHPLACE: Norway		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 01 2643A	17. INFORMANT'S OWN SIGNATURE: X Laverne Lee	ADDRESS: Lewiston, Ida.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1579

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~ 7 yr.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov *,* 1961 *, to* Sep 13 *,* 1972 *, that I last saw the deceased alive on* Oct *,* 1971 *, and that death occurred at* 10:57PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Amshyn (Degree or title) 013	23b. ADDRESS: 307 Hollywood Way	23c. DATE SIGNED: 9/15/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 16 Sept 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 9-19-72	REGISTRAR'S SIGNATURE: Glenaia Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

BB FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 0 4 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4496
Local Reg. No. 335
Reg. Dist. No. 220.

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 113 Prospect

3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
a. (First) William Edard b. (Middle) Kickbusch c. (Last)	Sept. 14, 1972	male	white	married	Oct. 6, 1881	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranger 2	U. S. Forest Serv.	Wausau, Wisconsin	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Kickbusch	No record	No record	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 05 3952A	Bernice Kyser	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) SARCOMA. 1991

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) OLD. AGE.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J. Scyphers 963 (Degree or title) /	J. SCYPHERS, D. O. Clearwater Valley Medical Center 1522-17th St. Lewiston, Idaho 83501	9/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 16, 1972	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Glenna Walzen	V. Vassar	M297

FIRM NAME Vassar-Rawls Funeral Home, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4497
Local Reg. No. 248
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 350	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai — LENGTH OF STAY (In this place): yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tom Beale Rd. 600	d. STREET ADDRESS (If rural, give location): Tom Beale Rd, Rt. 1, Box 25

3. NAME OF DECEASED (Type or Print)	a. (First) MERRITT	b. (Middle) nmi	c. (Last) MEACHAM	4. DATE OF DEATH (Month) (Day) (Year)	14 Sept. 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 27 Sept. 1890	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher ?	10b. KIND OF BUSINESS OR INDUSTRY: stock & grain	11. BIRTHPLACE (State or foreign country): Santa Rosa, Calif.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: George Meacham	BIRTHPLACE: Calif.	14. MOTHER'S MAIDEN NAME: Elizabeth Kane	BIRTHPLACE: Ireland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-44-3777	17. INFORMANT'S OWN SIGNATURE: X H. O. Meacham	ADDRESS: Lapwai, Idaho	

5193

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic obstructive Lung Disease	11+ yrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Amyotrophic Lateral Sclerosis.	9+ yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	ancient Tb. of left hip. (age 4)	75+ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1961, *to* Sept, 1972, *that I last saw the deceased alive on* Sept 1, 1972, *and that death occurred at* 6:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 496 (Degree or title) MD	23b. ADDRESS: Lewiston Idaho	23c. DATE SIGNED: 27 Sept 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 16 Sept 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idabo
DATE REC'D BY LOCAL REG.: 10-10-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

OCT 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4498
Local Reg. No. 236
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1052 - Hemlock Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1052 - Hemlock Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nellie	Marie	Hubbard	19 September 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	14 April 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Leeds, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Millard Cowin	Indiana	Anna Lee	North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X Delan T. Cowin	Spokane, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4189

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	In home	Lewiston	Nez Perce	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from XXXX

OCT 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate

Certificate of Death
STATE OF IDAHO

State File No. 4499
Local Reg. No. 234
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Lewiston
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hwy.#95, 10 mi. N. of Lewiston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Whitman
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): N.E. 530 - Maple St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Coulter	ROWLAND	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	8 April 1942	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Aberdeen, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Iniz. E. Rowland	Washington	Alice Coulter	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes NG 1960-1968	531 42 3214		N.E 530 Maple Pullman, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Being burnt in Auto acc.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Hwy 95 10 mi. No. of	Lew. top of hill Lewiston NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 22, 1972 6:26pm		Auto burned

22. [illegible] and that death occurred at 6:26p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner		Lewiston, Idaho	9/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal/Cremation	26 Sept.1972	SMith & Company	Spokane, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72		Howard D. Kimball	QL 801

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by ~~Physician~~ coroner. After further investigation by state Police Officer YOUNG it was determined that the deceased had apparently used gas from a can in his car, ignited it causing his own death. w.j. duclos

4499

State File No.
Local Reg. No. 239
Reg. Dist. No. 220

Certificate of Death
STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Lewiston
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy. #95, 10 mi. N. of Lewiston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Whitman
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): N. E. 530 - Maple St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Coulter	Rowland	22 September 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	8 April 1942	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Aberdeen, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Iniz E. Rowland	Washington	Alice Coulter	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	NG 1960-1968	531 42 3214	E. E. Rowland	N.E. 530 Maple Pullman, Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Being burnt in Auto Acc.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Hwy 95 10 mi no of Lew. top of hill

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 22 72 6:26PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Auto burned

22. I hereby certify that I attended the deceased from XXXX

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 3 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 9 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 2 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4500
Local Reg. No. 241
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 1 month	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Lapwai~~ Culdesac,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) ALOISIUS	b. (Middle)	c. (Last) KAUFMAN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1972
5. SEX [redacted]male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 16, 1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 7	10b. KIND OF BUSINESS OR INDUSTRY grain		11. BIRTHPLACE (State or foreign country) Greencreek, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joseph Kaufman	BIRTHPLACE Illinois		14. MOTHER'S MAIDEN NAME Elizabeth Nuxell	BIRTHPLACE Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 42 0600A		17. INFORMANT'S OWN SIGNATURE X Anna Kaufman	ADDRESS Culdesac, Idaho Lapw

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	adenocarcinoma colon —	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metastasis to liver + lungs	
DUE TO (c)	pneumonia + pulmonary insufficiency	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	due to (a) + (b)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon c Hepatic Metastasis	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb, 1972, *to* Sept. 22, 1972, *that I last saw the deceased alive on* 9-21, 1972, *and that death occurred at* 1:46 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE David Spencer 1005 (Degree or title) M.D.	23b. ADDRESS 1522 17th	23c. DATE SIGNED 9/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 25, 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 9-26-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER V. Vassar	LICENSE NO. M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1973

DUTIES: JUL 14 1997

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4501
Local Reg. No. 244
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
OCT 2 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Home 13

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Somerville Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		Sublet	Sept. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	White	widowed	March 29, 1877	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 8	General	Allan, Wyoming	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Sublet	no record	Annie Mosier	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 12 4238A	O. Vassar	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Infirmities of age	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4886X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-12, 1969, *to* 9-21, 1972, *that I last saw the deceased alive on* 9-21, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ron Stover 507 M.D	939 Bryden Lewiston, Ida	9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial		Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-28-72	Glenna Walzer	O. Vassar	M297

Federal Security Agency
United States Public Health Service FORM DH-63021 141-9th

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4502
Local Reg. No. 254
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 16 1972 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nezperce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Asotin 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 925 10th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Beverly
b. (Middle): Jean
c. (Last): Babinski

4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 72

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-22-31
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Cook
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Frank Benson — BIRTHPLACE: Ore.
14. MOTHER'S MAIDEN NAME: Stella Allen — BIRTHPLACE: Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531-30-7947
17. INFORMANT'S OWN SIGNATURE: E. H. Babinski — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) metastatic carcinoma — 6 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-22-72, 19__, *to* 9-23-, 1972, *that I last saw the deceased alive on* 9-23, 1972, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 020 (Degree or title)
23b. ADDRESS: 625 Lin ave.
23c. DATE SIGNED: 9-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-26-72
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston Washington

DATE REC'D BY LOCAL REG.: 10-11-72
REGISTRAR'S SIGNATURE: Glenara Walzen
25. EMBALMER: Robert Lawrence
LICENSE NO.: OL 802

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4503
Local Reg. No. 240
Reg. Dist. No. 230

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston; c. LENGTH OF STAY (In this place) 46 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 221-7th Avenue 000	d. STREET ADDRESS (If rural, give location) 221 7th Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth Durham	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1972	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 6, 1902	9. AGE (In years last birthday) 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auditor-recorder	10b. KIND OF BUSINESS OR INDUSTRY Nez Perce County	11. BIRTHPLACE (State or foreign country) Monmouth, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME no record	BIRTHPLACE	14. MOTHER'S MAIDEN NAME no record	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no record	17. INFORMANT'S OWN SIGNATURE James W. Sivens	ADDRESS Lewiston, Idaho	

7969

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Unknown — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE R. Eastwood	152 (Degree or title) MD	23b. ADDRESS Lewiston Idaho	23c. DATE SIGNED 9-26-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Sept. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Hazen-Jaeger Crematory	24d. LOCATION (City, town, or county) (State) Spokane, Washington
DATE REC'D BY LOCAL REG. 9-26-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER V. Vassar	LICENSE NO. M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972
JUN 21 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 11 1972

State File No. 4504
Local Reg. No. 246
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 21 mont s	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 400 Lewiston Convelescent Center	d. STREET ADDRESS (If rural, give location) Lewiston Convelescent Center

3. NAME OF DECEASED (Type or Print) a. (First) Maud b. (Middle) Darsh c. (Last) Erb			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1972	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 9, 1892	9. AGE (In years last birthday) 89 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Lincoln, Nebraska	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME L. F. Pennington	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME Olive Ramsey	BIRTHPLACE no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 01 1610 B	17. INFORMANT'S OWN SIGNATURE	ADDRESS Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infirmities of age

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis

DUE TO (c) Emphysema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 1970, *to* 9-25, 1972, *that I last saw the deceased alive on* 7-27, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. M. Stover 507 (Degree or title) M.D.	23b. ADDRESS 939 Bryden, Lewiston, Ida	23c. DATE SIGNED 9-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 10-2-72	REGISTRAR'S SIGNATURE Glenara Walzen V. Vassar	25. EMBALMER	LICENSE NO. M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Rawls Funeral Home

Stover

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4505
Local Reg. No. 253
Reg. Dist. No. 220

RECEIVED OCT 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) $2\frac{1}{4}$ days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Aaron	b. (Middle)	c. (Last) Henson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 28, 1899	9. AGE (In years last birthday) 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) logger 5	10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (State or foreign country) Piedmont, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 542-07-5652	17. INFORMANT'S OWN SIGNATURE X Arthur Henson	ADDRESS Orofino	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8/99

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Internal bleeding cause undetermined	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Car accident	2 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) auto	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) highway 06	21c. (CITY, TOWN, OR TOWNSHIP) Juliaetta 13-290	(COUNTY) Latah (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? auto accident	

22. *I hereby certify that I attended the deceased from* 9, 26, 1972, *to* 9/28, 1972, *that I last saw the deceased alive on* 9/28, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE John F. Barnes MD 028 (Degree or title)	23b. ADDRESS 347 St John Way Lewiston Id	23c. DATE SIGNED 10.3.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. 10-10-72	REGISTRAR'S SIGNATURE Glenard Walzer	25. EMBALMER Lyle A. Strothmann	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4506
Local Reg. No. 251
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — LENGTH OF STAY (In this place): 18 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location): 1403 - 9th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) EUGENE	b. (Middle) nmi	c. (Last) NORTHRUP	4. DATE OF DEATH (Month) (Day) (Year) 28 September 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 22 July 1912	9. AGE (In years last birthday): 60 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist	10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill	11. BIRTHPLACE (State or foreign country): Clearwater, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John C. Northrup	BIRTHPLACE: no record	14. MOTHER'S MAIDEN NAME: Lou Anna Yingst	BIRTHPLACE: no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 12 4825	17. INFORMANT'S OWN SIGNATURE: Clyde O. Northrup	ADDRESS: Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1519

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinosis

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Adenocarcinoma of stomach.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 19 69, *to* Sept. 28, 19 72, *that I last saw the deceased alive on* Sept. 26, 19 72, *and that death occurred at* 2:25 AM, *from the causes and on the date stated above.*

23a. SIGNATURE: O. V. Baumann M.D. 636 (Degree or title)	23b. ADDRESS: 626 5th Ave. Lewiston, Idaho	23c. DATE SIGNED: 10/2/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 2 Oct 1972	24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 10-10-72 — REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4507
Local Reg. No. 245
Reg. Dist. No. 220

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — c. LENGTH OF STAY (In this place): 1day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Idaho.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 228-17th Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Virginia	b. (Middle) R.	c. (Last) Hendrickson	4. DATE OF DEATH (Month) 9- (Day) 28 (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 3-12-14	9. AGE (In years last birthday): 58	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Charles d. Epling	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Lena Nielson	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Donald V Hendrickson	ADDRESS: HoodRiver, Ore.		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4310

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH-*(a)	Massive Basilar Cerebral Hemorrhage	20 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	4 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphasema	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: No Surgery.	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19__, *to* 9/28/72, 19__, *that I last saw the deceased alive on* 9/28/72, 19__, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Josiah E Baedick M.D. 022 (Degree or title)	23b. ADDRESS: 1522 17th St. Lewiston Idaho	23c. DATE SIGNED: 9/28/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 9-3-72	24c. NAME OF CEMETERY OR CREMATORY: Hazen&Jaeger Cremator	24d. LOCATION (City, town, or county) (State): Spokane, Wash.
DATE REC'D BY LOCAL REG.: 9-29-72	REGISTRAR'S SIGNATURE: Glenaia Walzen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M315

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4508

Certificate of Death
STATE OF IDAHO

State File No. 4508
Local Reg. No. 249
Reg. Dist. No. 220

RECEIVED OCT 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON — LENGTH OF STAY (In this place) 15 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 2023 - CEDAR AVE.

3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL	b. (Middle) JOBE	c. (Last) SNYDER	4. DATE OF DEATH (Month) (Day) (Year) 28 SEPTEMBER 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6 FEBRUARY 1904	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY LOGGING	11. BIRTHPLACE (State or foreign country) HARMON CO. WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOBE SNYDER	BIRTHPLACE WEST VIRGINIA	14. MOTHER'S MAIDEN NAME LINNIE LANCE	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 01 5463	17. INFORMANT'S OWN SIGNATURE X Vernon Snyder	ADDRESS LEWISTON	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 10 Days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:23 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 502	23b. ADDRESS 1522 17Th	23c. DATE SIGNED 10-3-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 10-10-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 11 1972 Bureau of Vital Statistics

State File No. 4509
Local Reg. No. 247
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ~~Idaho~~ NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, LENGTH OF STAY (In this place): 3hrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 302-3rd St

3. NAME OF DECEASED (Type or Print)	a. (First) Earl	b. (Middle) C.	c. (Last) Jasper	4. DATE OF DEATH (Month) Sept. (Day) 29, (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 4-13-01	9. AGE (In years last birthday): 71	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 0	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Providence, R.I.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Jasper	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: No Record	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 497-20-1624A	17. INFORMANT'S OWN SIGNATURE: Marie E. Jasper	ADDRESS: Lewiston, Idaho.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

402X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarct	4 day.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	1 yr.
DUE TO (c)	Hypertension Arterio-Sclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify): no	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no injury m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* Sept 29th, 1972, *that I last saw the deceased alive on* Sept 29th, 1972, *and that death occurred at* 3P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jacob E. Baldwin M.D. 022 (Degree or title) 71	23b. ADDRESS: 1522 Nez Perce St Lewiston Idaho	23c. DATE SIGNED: 10/5/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-1-1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 10-10-72	REGISTRAR'S SIGNATURE: Glenora Walzen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M315

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 12 1972

AUG 1 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4510
Local Reg. No. 255
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON — c. LENGTH OF STAY (In this place) 1 MONTH	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 1212 - 15TH. AVE.

3. NAME OF DECEASED (Type or Print) a. (First) HERBERT	b. (Middle) CHARLES	c. (Last) BERGER	4. DATE OF DEATH (Month) (Day) (Year) 30 SEPTEMBER 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 14 JULY 1887	9. AGE (In years on birthday) 85 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE ROOM CLERK 3	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (State or foreign country) PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN BERGER	BIRTHPLACE GERMANY	14. MOTHER'S MAIDEN NAME MARY E. BRAUN	BIRTHPLACE MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 700 07 5613	17. INFORMANT'S OWN SIGNATURE X Robert G Berger	ADDRESS LEWISTON	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

340X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Emphysema. duct	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	multipl. Sclerosis	
DUE TO (c)	Intercostal N.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 40, *to* September, 19 72, *that I last saw the deceased alive on* September 30, 19 72 *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE John E. Corssow 083 (Degree or title)	23b. ADDRESS 9th and Main Lewiston Idaho	23c. DATE SIGNED 10-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY — 24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 10-12-72	REGISTRAR'S SIGNATURE Glenard Walzen	25. EMBALMER W. E. BLACK W E Black — LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4511
Local Reg. No. 21
Reg. Dist. No. 530

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Highway 191 & E. 50 S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 57 W 100 N

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	HENRY	RICHARDS, JR.	SEPT. 5 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 8, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mail Carrier & Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HENRY RICHARDS, SR., BIRTHPLACE Brigham City, Utah
14. MOTHER'S MAIDEN NAME: CATHERINE JONES BIRTHPLACE Willard, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-34-8548
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Ralph [illegible] Richards, Salt Lake City, Utah 1273 Logan Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

8129

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accidental Head Trauma — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Received in Auto Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway--Malad, Idaho	3-360	Oneida	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-5-72 3:15 p.m.		Collision of deceased's auto and cattle truck

22. I hereby certify that I attended the deceased from 6-22-72, 19__, to 8-22-72, 19__, that I last saw the deceased alive on 8-22-72, 19__, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. K. Goodenough, M.D.	M.D.	Malad, Idaho	Sept. 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1972	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 6, 1972	Ruth G. Swenson	Raiford G. Benson	M-351

FIRM NAME: Benson Funeral Home, Malad, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 19 1972
OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4512
Local Reg. No. 20
Reg. Dist. No. 530

BIRTH NO.

RECEIVED SEP 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 191 & E 50 S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 57 W 100 N

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) CAMP HUNSAKER c. (Last) RICHARDS

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 25, 1898

9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pleasantview, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM PETER CAMP, SR. BIRTHPLACE: Salt Lake City, Ut.

14. MOTHER'S MAIDEN NAME: ANN MORSE BIRTHPLACE: Mtn. Ash, Glamorganshire, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529-36-8792

17. INFORMANT'S OWN SIGNATURE: Robert Francis Hunsaker
Robert Francis Hunsaker ADDRESS: Ruth, Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Shock — INTERVAL BETWEEN ONSET AND DEATH: immed

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Fractures & Lacerations
DUE TO (c) Auto-Truck Collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): State Highway 91

21c. (CITY, TOWN, OR TOWNSHIP) 13-360 Malad (COUNTY) Oneida (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3:15 PM 9-5-72 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Collision of deceased's Auto & cattle Truck

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept. 5, 1972 and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE: Raiford G. Benson (Degree or title) 4 583 Coroner

23b. ADDRESS: Malad, Idaho

23c. DATE SIGNED: Sept. 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 8, 1972

24c. NAME OF CEMETERY OR CREMATORY: Delta, Utah, Cemetery

24d. LOCATION (City, town, or county) (State): Delta, Utah

DATE REC'D BY LOCAL REG.: Sept. 6, 1972

REGISTRAR'S SIGNATURE: Ruth G. Sweeten

25. EMBALMER: Raiford G. Benson

LICENSE NO.: M-351

FIRM NAME: Benson Funeral Home, Malad, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUN 19 1984
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4513
Local Reg. No. 22
Reg. Dist. No. 530

BIRTH NO.

RECEIVED SEP 29 1972 360

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (In this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital / 32

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 61 West 300 North St.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) T.(initial only) c. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1972
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Feb. 27, 1919
9. AGE (In years last birthday): 53 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: farm machinery
11. BIRTHPLACE (State or foreign country): Malad Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Bernard A. Jones — BIRTHPLACE: Malad, Idaho
14. MOTHER'S MAIDEN NAME: Mary L. Jones — BIRTHPLACE: Malad, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-28-0010
17. INFORMANT'S OWN SIGNATURE: Elaine J. Coolidge — ADDRESS: Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3979

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiomegaly - CHF — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Valvular disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulonephritis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to Sept 25, 19 72, that I last saw the deceased alive on Sept 25, 19 72, and that death occurred at 11:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: 9/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/72
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Oneida Co., Idaho

DATE REC'D BY LOCAL REG.: 9/26/72
REGISTRAR'S SIGNATURE: Ruth D. Swenson
25. EMBALMER
LICENSE NO.: M-351
FIRM NAME: BENSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 3 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4514

Certificate of Death
STATE OF IDAHO

State File No. 4514
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (In this place) 370
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homedale Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) c. (Last) Hammons

4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 10, 1885

9. AGE (In years last birthday) 85
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Norwood, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jim Hammons
BIRTHPLACE Tenn.

14. MOTHER'S MAIDEN NAME Nancy Alsup
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) War I

16. SOCIAL SECURITY NO. 519-14-2815A

17. INFORMANT'S OWN SIGNATURE Records from the Nursing Home
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4379 Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 19 72 *to* Sept 19 72 *that I last saw the deceased alive on* Sept 19 72 *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 570 MD

23b. ADDRESS Caldwell

23c. DATE SIGNED 9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-7-72

24c. NAME OF CEMETERY OR CREMATORY Parma Cemetery

24d. LOCATION (City, town, or county) Parma, Idaho (State)

DATE REC'D BY LOCAL REG. 9/13/72

REGISTRAR'S SIGNATURE Andrew Warfield

25. EMBALMER Leonard C. Flahiff

LICENSE NO. M-481

FIRM NAME: Flahiff Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4515
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Hoyt b. (Middle) Edwin c. (Last) Nash
4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 12, 1904
9. AGE (In years last birthday): 68 IF UNDER 1 YR. Months: 0 Days: 28 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Taylorville, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert S. Nash BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Goldie Peter BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-0399A
17. INFORMANT'S OWN SIGNATURE: Mrs. Hoyt Nash ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 19 72 *to* Sept, 19 72, *that I last saw the deceased alive on* Sept 10, 19 72, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 401 Idaho, Boise, Ida.
23c. DATE SIGNED: 9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 13, 1972
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale
24d. LOCATION (City, town, or county) (State): Marsing, Idaho

DATE REC'D BY LOCAL REG.: 9/19/72
REGISTRAR'S SIGNATURE: Andrew Warfield
25. EMBALMER: [signature] LICENSE NO.: M-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 1972
FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4516
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 11 1972

1. PLACE OF DEATH
a. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale, Idaho Burrell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homedale Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARENCE	M	TARR	9	30	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Never Married	March 27, 1881	91	6 / 3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fish Cannery 7	Retired	Hurdland, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel W Tarr	Ohio	Matilda L Fisher	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	570-16-4781	George P. Tarr	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 15, 1972, to Sept 30, 1972, that I last saw the deceased alive on Sept 27, 1972, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
570	MD	Caldwell	10.5.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/5/72	Marsing- Homedale	Near Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 8 1972	Andrew Mayfield	Leonard C. Flaniff	M-481

FIRM NAME: Homedale's Flaniff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4517
Local Reg. No. 374
Reg. Dist. No. 330

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1, N of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Route #1 N of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Theodore	Fred	REINS	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 25, 1905	67	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Leigh, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Reins	Germany	Anna Sophia Dasenbrock	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	518-32-8367	Linda L. Reins	Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary atherosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Patient had acu e myocardial infarction 6 yrs ago	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7/8/62, 19____, *to* 9/12/72, 19____, *that I last saw the deceased alive on* 8/4/72, 19____, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W Watkins 553 M.D.	Payette, Idaho	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 16, 1972	Rosedale	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-15-72	Annabel Anderson	Keith D. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4518
Local Reg. No. 375
Reg. Dist. No. 330

BIRTH NO.

RECEIVED SEP 28 1972

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland (Rural)
LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route 1, SE of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland (Rural)
d. STREET ADDRESS (If rural, give location): Route 1, SE of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joe	Carl	LINGEL	September 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 14, 1897	74	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Akron, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leo C. Lingel	Unknown	Debbie Slone	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519-03-0269A	Della Lingel	Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage through head, following fall — Interval: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depression with constant pain, chronic disabling rheumatoid arthritis — Interval: 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic gastritis — Interval: 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Farm Home c/	Rural T. Fruitland, Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb. 15, 1969, *to* Sept 18, 1972, *that I last saw the deceased alive on* Sept 18, 1972, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo E. Davis,	M.D.	New Plymouth, Idaho	Sept 20, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 23, 1972	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 26, 1972	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 21 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 27 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 29 1972 Bureau of Vital Statistics

State File No. 4519
Local Reg. No. 376
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
c. LENGTH OF STAY (In this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CASA LOMA CONVALESCENT CENTER 355

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: VALLEY 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCALL
d. STREET ADDRESS (If rural, give location): NORTH OF McCALL 1 MILE

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIET
b. (Middle):
c. (Last): WINCHESTER

4. DATE OF DEATH (Month) SEPT (Day) 25 (Year) 1972

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 3, 1879
9. AGE (In years last birthday): 93
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER
10b. KIND OF BUSINESS OR INDUSTRY: HOMEMAKING
11. BIRTHPLACE (State or foreign country): MT. GILEAD, OHIO
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ISAAC M. DeWITT
BIRTHPLACE: U. S. A.
14. MOTHER'S MAIDEN NAME: ELMORA M. THURSTON
BIRTHPLACE: U. S. A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 519-30-2387
17. INFORMANT'S OWN SIGNATURE: Goldie L. Barnes
ADDRESS: Huntington, Ore B4245

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic heart disease	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized atherosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 19 60 *to* Sept 25, 19 72, *that I last saw the deceased alive on* Sept 24, 19 72, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W Watts Jr 553 (Degree or title) M.D.
23b. ADDRESS: 16 So. 9th Payette, Idaho
23c. DATE SIGNED: 9/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-28-72
24c. NAME OF CEMETERY OR CREMATORY: McCALL CEMETERY
24d. LOCATION (City, town, or county): McCALL VALLEY (State): IDAHO

DATE REC'D BY LOCAL REG.: Sept 27 1972
REGISTRAR'S SIGNATURE: Annabel Anderson
25. EMBALMER: Milford D Dragoo
LICENSE NO.: M-318

Federal Security Agency
United States Public Health Service FORM DH--63021

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 2 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4520
Local Reg. No. 377
Reg. Dist. No. 330

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3rd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Loyal	M.	HESSA	Sept. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Unknown	Unknown	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General Labor	Unknown	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	410-24-8891	By Keith M. Jensen	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I [illegible] Investigated, [illegible] the deceased [illegible] on Sept. 30, 1972, and that death occurred at Unk. m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Hardy H Jackson 583 (Degree or title) Coroner	Payette, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 5, 1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-6-72.	[signature]	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4521
Local Reg. No. 14
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural American Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pocatello Drag Strip

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 121 Berryman Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DONALD	RAY	AMES	Sept. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Oct. 9, 1954	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waco, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald J. Ames — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Bobbie Anderson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kenneth S. Jones — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8230

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Intra cerebral hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Intra cranial skull fracture
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Thin skull anatomical variances; hemorrhage lungs; fractures both legs

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pocatello Drag Strip
21c. (CITY, TOWN, OR TOWNSHIP) 6 mi. west 339c (COUNTY) Power, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 4, 1972 1:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from ~~[illegible]~~ 19 ~~[illegible]~~ 19 ~~[illegible]~~ that I last saw the deceased alive dead Sept. 4, 19 72, and that death occurred at 1:30a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly	583 4 Coroner	American Falls, Idaho	9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sep.7,1972	Restlawn Mem.Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
September 23, 1972	Irene Clegg	Leon E. Manning	M-537

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4522
Local Reg. No. 13
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Power 390	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Northwest of Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ReservationRoad
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Siphon Road	d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print)	a. (First): ALBERT	b. (Middle): SAM	c. (Last): TINDORE	4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1972
5. SEX: Male	6. COLOR OR RACE: Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 8, 1942	9. AGE (In years last birthday): 30 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Self - employed	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Chauncey Tindore	BIRTHPLACE: Inkom, Idaho	14. MOTHER'S MAIDEN NAME: Amelia Jack	BIRTHPLACE: Fort Hall, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: 518-48-1079	17. INFORMANT'S OWN SIGNATURE: (s) Alta Mae Tindore	ADDRESS: Fort Hall, Idaho

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fractured Skull - broken neck	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Multiple Internal injuries	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Siphon Road 66	21c. (CITY, TOWN, OR TOWNSHIP) 13-390 (COUNTY): Northwest of Pocatello Power (STATE): Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 16, 1972 p. m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? One-truck Roll-over	

22. *I hereby certify* ~~that I attended the deceased from~~ _____, 19__, to _____, 19__, *that I last saw the deceased* ~~alive~~ dead *on* September 16, 1972, *and that death occurred* ~~XXXXXXXX~~ *o., from the causes and on the date stated above.*

23a. SIGNATURE: Bud Kelly	583 (Degree or title) 4 Power County Coroner	23b. ADDRESS: American Falls, Idaho	23c. DATE SIGNED: Sept. 19, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 21, 1972	24c. NAME OF CEMETERY OR CREMATORY: Cedars Cemetery	24d. LOCATION (City, town, or county): BannockCounty (State): Idaho
DATE REC'D BY LOCAL REG.: 9-22-72	REGISTRAR'S SIGNATURE: Irene Deeg	25. EMBALMER: Jack Henderson	LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
AUG 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4523
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 29 1972

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Highway 38 - 1 mile S. E. Arbon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Route
d. STREET ADDRESS (If rural, give location): Store

3. NAME OF DECEASED (Type or Print): a. (First) RONALD b. (Middle) D. c. (Last) NEAMAN

4. DATE OF DEATH (Month) (Day) (Year): September 19, 1972

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: November 14, 1951

9. AGE (In years last birthday): 20
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 7

10b. KIND OF BUSINESS OR INDUSTRY: Farm products

11. BIRTHPLACE (State or foreign country): Malad Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Linford Neaman
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Margaret Perdash
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): U.S.Army 1971

16. SOCIAL SECURITY NO.: 529-82-7937

17. INFORMANT'S OWN SIGNATURE: Larry Neaman
ADDRESS: Washakie, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: a few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple Internal Injuries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Old Hiway 38

21c. (CITY, TOWN, OR TOWNSHIP) 13-39 (COUNTY) (STATE): 1 Mile S E. of Arbon Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 19 1972 9:15p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car missed a curve, rolled over, throwing deceased out of car

22. *I hereby certify that I attended the deceased from* Sept. 19, 19 72, *that I last saw the deceased alive on* Sept. 19, 19 72, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bud Kelly (583) (Degree or title): Power County Coroner

23b. ADDRESS: American Falls Idaho

23c. DATE SIGNED: Sept. 23 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 23, 1972

24c. NAME OF CEMETERY OR CREMATORY: Washakie Cemetery

24d. LOCATION (City, town, or county) (State): Washakie Utah

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Irene Deeg

25. EMBALMER: Jack Henderson

LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1972
OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 5 1973
NOV 3 1987

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4524
Local Reg. No. 15
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (In this place) 1 month
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) 734 Stevens

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARRIE	ELIZABETH	SPALDING	Sept. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Nov. 18, 1883	88	10 / 1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Lonedell, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James P. Short	Missouri	Amanda Crews	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-36-5544	Lewis M Deloff	Am. Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

402X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary edema	30 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Multiple atalectases	1 week
DUE TO (c)	Cardiac Decompensation	18 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Essential hypertension Diverticulosis of colon	8 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 6, 19 53, to Sept. 19, 19 72, that I last saw the deceased alive on Sept. 19, 19 72, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Harris	303 M.D.	American Falls, Idaho 83211	21 Sep 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-22-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
September 23, 1972	Irene Deeg	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972
JAN 20 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4525
Local Reg. No. 464
Reg. Dist. No. 142

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General Hospital 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 505 Bunker Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret		Mullican	9	2	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	February 13 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Arizona	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Masten	Michigan	Ida Mae Cilly	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs Dale Roberts	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from none, 19 51, to 9/2, 19 72, that I last saw the deceased alive on 9/2, 19 72, and that death occurred at 6:15 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Kenn M. Whited 1553 (Degree or title) M.D.	Kellogg, Idaho	9 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-6-72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/7/72	Frances Farley	Dean H. Petersen	M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service Inc

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4526

Certificate of Death
STATE OF IDAHO

RECEIVED OCT 16 1972 Bureau of Vital Statistics

State File No. 4526
Local Reg. No. 406
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Shoshone County Nursing 344	d. STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle)	c. (Last) Powell	4. DATE OF DEATH (Month) (Day) (Year) Sept 3, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 31, 1891	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Phillips	BIRTHPLACE USA	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 519-60-8116T	17. INFORMANT'S OWN SIGNATURE Mrs. Earl Magnus	ADDRESS Hayden Lake, Idaho

404X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V.R. Disease — Several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16, 1967, *to* 9-3-, 1972, *that I last saw the deceased alive on* 9-3-, 1972 *and that death occurred at* 10:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS Wallace, Idaho	23c. DATE SIGNED 9-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 6, 1972	24c. NAME OF CEMETERY OR CREMATORY Pinegrove Cemetery	24d. LOCATION (City, town, or county) (State) Rathdrum, Idaho
DATE REC'D BY LOCAL REG. Sept. 26, 1972	REGISTRAR'S SIGNATURE Darrell J Jullfs	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4527
Local Reg. No. 400
Reg. Dist. No. 140

BIRTH NO.

RECEIVED VITAL STATISTICS SEP 12 10 37 AM '72 400

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 307 3rd. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 307 3rd. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norval	Kermit	Bue	September 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 25, 1915	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Mining	Enterprise, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nels K. Bue	Norway	Gina Marie Dahl	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-10-7264	Thelma D. Bue	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-5-, 1972 *to* 9-5, 1972, *that I last saw the deceased alive on* 9-5, 1972, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson M.D. 414 (Degree or title)	Wallace, Idaho	9-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1972	Forest Cemetery	Coeur D Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4528
Local Reg. No. 399
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 12 400 10 27 AM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABEL	---	DRAIS	Sept. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	August 2, 1876	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Gates. Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald A. Smith	Missouri	Susan Turner	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		539-50-7489 T	* Mrs. Dorothy Uhlman	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cardiac Decompensation — Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis. — many years
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* Sept 5, 1972, *that I last saw the deceased alive on* Sept Aug 3, 1972, *and that death occurred at* 3:54 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Barbeau	052 M.D.	Kellogg, Ida	9-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1972	Greenwood Cemetery	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services. Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 15 1972 Bureau of Vital Statistics

State File No. 4529
Local Reg. No. 165
Reg. Dist. No. 142

BIRTH NO. 72-9901

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): 405 Mullan

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Kevin	Royce	Whiteside	9	6	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	9-6-72				✓	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------- 9
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Kellogg Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Whiteside	Mullan Idaho	Marvalene Weaver	Blackfoot Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Howard W. Whiteside	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 777X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-6-72, 19__, *to* 9-6-72, 19__, *that I last saw the deceased alive on* 9-6-72, 19__, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 0527 MD	Kellogg, Ida.	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-8-72	Osburn	Osburn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/13/72	Frances Farley	Dean H. Petersen	M-534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4530
Local Reg. No. 166
Reg. Dist. No. 142

BIRTH NO.

RECEIVED SEP 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 40
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): P. O. 298

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	P.	Strope	9	9	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	7- 14- 80	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Twanda Penn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Seth Crane	Penn.	Ruthie Clink	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
no	518-82-3860	Ada D. Dossett

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4329

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable ~~Cerebral~~ basilar thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/3/72, 19____, *to* 9/8/72, 19____, *that I last saw the deceased alive on* 9/8/72, 19____, *and that death occurred at* 2 a. m., 9/9 *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Keith Dahlberg	811 / MD	Kellogg Idaho	9/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9- 12- 72	Forest	C. D. A. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/13/72	Frances Farley	Darrel Carl Merritt	M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4531

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 167
Reg. Dist. No. 142

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pinehurst c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Pinehurst 000	d. STREET ADDRESS (If rural, give location): P. O. 1001

3. NAME OF DECEASED (Type or Print)	a. (First): Russell	b. (Middle): Roy	c. (Last): Trusty	4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov 1, 1934	9. AGE (In years last birthday): 38 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY: Garage	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Earl Trusty	BIRTHPLACE: Mo	14. MOTHER'S MAIDEN NAME: Mattlyen Couui	BIRTHPLACE: Colo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1952-1952	16. SOCIAL SECURITY NO.: 518-32-0148	17. INFORMANT'S OWN SIGNATURE: Mrs Donna J. Trusty	ADDRESS:	

18. CAUSE OF DEATH 955X
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gunshot wound, head.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): 2 SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 09 PINE CREEK	21c. (CITY, TOWN, OR TOWNSHIP) 13 - 400 (COUNTY) (STATE): Pinehurst Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 8 or 9 1972 ? m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Gunshot Wound, Head

22. *I hereby certify that I attended the deceased from* — *, 19__, to* — *, 19*— *, that I last saw the deceased alive on* — *, 19__, and that death occurred at* Unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE: R K Poole MD (Degree or title) 765	23b. ADDRESS: Kellogg Id	23c. DATE SIGNED: 9-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9-18-72	24c. NAME OF CEMETERY OR CREMATORY: Greenwood	24d. LOCATION (City, town, or county) (State): Kellogg Idaho
DATE REC'D BY LOCAL REG.: 9/19/72	REGISTRAR'S SIGNATURE: Francis Farley	25. EMBALMER: [signature]	LICENSE NO.: M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4532
Local Reg. No. 401
Reg. Dist. No. 140

RECEIVED SEP 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 138	d. STREET ADDRESS (If rural, give location): 803 Residence Street

3. NAME OF DECEASED (Type or Print) a. (First): ALBERT	b. (Middle): ---	c. (Last): VALERIO	4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 13, 1912	9. AGE (In years last birthday): 60 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 5	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Gascon, New Mexico	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Adolph Valerio	BIRTHPLACE: New Mexico	14. MOTHER'S MAIDEN NAME: Frances Martinez	BIRTHPLACE: New Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 504-03-7907	17. INFORMANT'S OWN SIGNATURE: Bessie Valerio	ADDRESS	

18. CAUSE OF DEATH 4109
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial infarction	6 wks.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary emphysema	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 7 1972, *to* Sept 10, 1972, *that I last saw the deceased alive on* Sept 9, 1972, *and that death occurred at* 3:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kevin J Ruvelli MD 435 (Degree or title) 1	23b. ADDRESS: Wallace Idaho	23c. DATE SIGNED: 9/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 14, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountain View	24d. LOCATION (City, town, or county): Mullan (State): Idaho
DATE REC'D BY LOCAL REG.: Sept. 12, 1972	REGISTRAR'S SIGNATURE: Darrell J Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 9 2000

SEP 1 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4533

Certificate of Death
STATE OF IDAHO

State File No. 4533
Local Reg. No. 168
Reg. Dist. No. 143

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General (41)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone (40)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Arthur	John	Winslow	9	12	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 9, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker 8	Cemetery	Billings, Montana	U. S. A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Winslow	Unknown	Minnie Hensley	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	516-DO-0995	Elaine Winslow	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3/12 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 11, 1972 *to* Sept 12, 1972, *that I last saw the deceased alive on* Sept 12, 1972 *and that death occurred at* 6:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Orland B Scott	461 MD	Kellogg Idaho	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	Sept 15, 72	Greenwood	Kellogg Idaho	David Carl Merritt	M-551

DATE REC'D BY LOCAL REG.: 9/19/72
REGISTRAR'S SIGNATURE: Frances Farley
FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972
DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 16 1972
Bureau of Vital Statistics

State File No. 4534
Local Reg. No. 405
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pinehurst
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Pinehurst 40

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Hadley	McBenge	9	13	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan 2, 1933	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Zinc Worker 5	Mining	Cuba Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cecil W. McBenge	Ind.	Lola K. Stulze	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		488-34-0634	Lucille Fowler	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bullet wound of the head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-40S (COUNTY) (STATE)
2 Suicide	Rural area 97	Pinehurst Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-13-72 about 6 p.m.		Self inflicted gun shot

22. I hereby certify that I attended the deceased who died Sept. 13, about 6:00 p.m., 19 72 to [redacted], that I last saw the deceased [redacted] on Sept. 13, 19 72, and that death occurred at the time stated above, from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. C. Madrigan 182 (Degree or title) MD	Wallace, Idaho	9.22.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9/19/1972	Shanklin-Britton	Cuba, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972	Darrell J Juelfs	Derrell J. Juelfs	M-518

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972
OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 16 1972 Bureau of Vital Statistics

State File No. 4535
Local Reg. No. 402
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone Hospital 138	d. STREET ADDRESS (If rural, give location): 124 Bank Street

3. NAME OF DECEASED (Type or Print)	a. (First): Steven	b. (Middle): LaVerne	c. (Last): Darrow	4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: March 16, 1956	9. AGE (In years last birthday): 16 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9	10b. KIND OF BUSINESS OR INDUSTRY: High School	11. BIRTHPLACE (State or foreign country): Wallace, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: La Verne Darrow	BIRTHPLACE: Washington	14. MOTHER'S MAIDEN NAME: Patricia Zabel	BIRTHPLACE: Montana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-72-7786	17. INFORMANT'S OWN SIGNATURE: LaVerne E. Darrow	ADDRESS:	

8162

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Basilar skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): City Street	21c. (CITY, TOWN, OR TOWNSHIP) 13-4 (COUNTY): Wallace Shoshone	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-13-72 at 6:22pm.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Motorcycle hit fence	

22. *I hereby certify that I attended the deceased from* Sept. 13, *19*72 *to* Sept. 13, *19*72, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 6:45p*m., from the causes and on the date stated above.*

23a. SIGNATURE: E E Maedinger MD	182 Degree or title	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 9-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept. 16, 1972	24c. NAME OF CEMETERY OR CREMATORY: Nine Mile Cemetery	24d. LOCATION (City, town, or county): Wallace (State): Idaho
DATE REC'D BY LOCAL REG.: Sept. 14, 1972	REGISTRAR'S SIGNATURE: Darrell J. Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M-518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4536
Local Reg. No. 169
Reg. Dist. No. 1-2

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 411 West Riverside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	E.	Freeman	Sept. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 19, 1911	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Alabama	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ted Freeman	Alabama	Eunice Curry	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	429-10-1559	Mrs Edwina Freeman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 6 years ago
DUE TO (c) Arteriosclerotic Coronary Heart Disease — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Kellogg	Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 1954 to 14 Sept. 1972 that I last saw the deceased alive on 12 April, 19 72, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Glen M. Whitesell 539 (Degree or title) M.D.	Kellogg Idaho	16 Sept 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/1972	Shoshone Mem. Grdns	Pinehurst, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/19/72	Frances Farley	David Merritt	M 551

FIRM NAME Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4537
Local Reg. No. 404
Reg. Dist. No. 140

BIRTH NO.

RECEIVED OCT 5 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 Miles South Clarkia
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Mikes South Clarkia on #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Lee	Leas	Sept 14 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 2, 1940	32		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Self-employed	Peria, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Leas	Peria County, Illinois	Garnet Amack	North Brank, Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	345-32-6478	* Mrs. James L. Leas	Deary, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Asphyxia	5 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Compression of Chest	5 min.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Accident	Highway 95	Clarkia	Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Truck accident

22. *I hereby certify that I attended the deceased from* DOA, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. A. Rapp 428	M.D.	St. Maries	9-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	9-19-72	Dry Creek Cemetery	Deary Latah	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 20, 1972	Warrell J. Jacobs	Gerald E. Browning	M-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4538
Local Reg. No. 403
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS SEP 20 1972

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place): 10 08 AM
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Kozy Korner Apts.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Engelbert	Komar	Sept. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Jan. 4, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Chewelah. Washington	USA

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
x George Komar	Ursula Salokar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	518-03-5063	Mrs Marion Olin	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 25, 1972, to September 15 1972, that I last saw the deceased alive on Sept. 15, 1972 and that death occurred at 11:59P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Box 200, Wallace, Idaho	9-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 19, 1972	Osburn, Cemetery	Osburn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 18, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4539
Local Reg. No. 170
Reg. Dist. No. 142

BIRTH NO.

RECEIVED OCT 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 10dys
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Creek
d. STREET ADDRESS (If rural, give location): Big Creek

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	L.	Weber	Sept. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 27, 1918	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Safety Engineer 5	Mining	Washington	USA

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
Zay Weber	Mammie Varra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	None	504-01-1650	Mrs. Leone Weber

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2022

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Malignant Lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 12 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1962, 19__, to Sept 18, 1972, that I last saw the deceased alive on Sept 18, 1972, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Bourbaka M.D.	Kellogg, Ida	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/21/1972	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/25/72	Frances Talley	Alan A Peterson	M 534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972
OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUL 09 1996
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4540
Local Reg. No. 171
Reg. Dist. No. 142

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Shoshone Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Karin	Ingeborg	Pearson	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 5, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Bullaren Bohuslan, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Anderson	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	518-03-3647B	Adolph R Pearson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. & Viral pneumonia — 5 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1972 to Sept 20, 1972 that I last saw the deceased alive on Sept 20, 1972 and that death occurred at 2:12 a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Orland B Scott MD (Degree or title)	Kellogg Idaho	9/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Sept. 23, 1972	Smiths and Company	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/2/72	Francis Farley	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4541
Local Reg. No. 408
Reg. Dist. No. 140

BIRTH NO.

RECEIVED OCT 16 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 12 Miles Above Enaville
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) North Fork of C D A River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington b. COUNTY Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) 4003 South Bowdish Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ronald	Francis	McKinney	Sept.	20,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	February 10, 1954	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Roller operator	Construction	Walla Walla, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald F. McKinney	Mullon, Idaho	Helen Muriel Burgess	Minneapolis, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-60-1526	Donald F McKinney	

8169

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Drown — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	06	Rural Enaville, Shoshone, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9	20	72	about 1:00 P.m.		Car ran into river

22. *I hereby certify that I attended the deceased* [redacted] *who died on* 9-20 *19*72, to [redacted], *that I last saw the deceased* [redacted] *on* 9-21- *19*72, *and that death occurred at* 1:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D. 414	Wallace, Idaho	9-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 25, 1972	Pines Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Darrell J Juelfs	Darrell J. Juelfs	M-518

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

State File No. 4542
Local Reg. No. 172
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 401 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: 201 Main	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 401 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg d. STREET ADDRESS (If rural, give location): 115 Elder

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gordon	"Bush"	Corbeill	9	22	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	6 Dec 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer 2	Newspaper	Murray Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ike Corbeill	Canada	Margaret Bevens	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-03-0128	Alice Corbeill	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour or less

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) severe atherosclerosis — long standing
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [✓] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby ~~certify that I attended the deceased from~~* I did not see deceased alive 19 10, 19 , *that I last saw the deceased alive* on 9/22, 1972, and that death occurred at approx 11 p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Keith Oahlberg	MD	Kellogg Idaho	9/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 26-72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-29-72	Frances Farley	[signature]	M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4543
Local Reg. No. 407
Reg. Dist. No. 140

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton c. LENGTH OF STAY (In this place) D.O.A.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Shoshone General 400	d. STREET ADDRESS (If rural, give location) 201 Main

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Leland	c. (Last) Black	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1908	9. AGE (In years last birthday) 64 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Station Oper.	10b. KIND OF BUSINESS OR INDUSTRY Radio Station	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Black	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Samantha Shawver	BIRTHPLACE Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 518-05-1841	17. INFORMANT'S OWN SIGNATURE Mrs. Geraldine Black	ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	MINUTES
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atherosclerosis, Coronary	YEARS
DUE TO (c)	Arteries	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart Failure	MONTHS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*60*, to* Sept. 25 *, 19*72*, that I last saw the deceased alive on* Sept 25 *, 19*72*, and that death occurred at* 10 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 168 (Degree or title) M.D.	23b. ADDRESS Wallace, Idaho	23c. DATE SIGNED 10-2	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/3/1972	24c. NAME OF CEMETERY OR CREMATORY Pinecrest	24d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG. Oct. 3, 1972	REGISTRAR'S SIGNATURE Darrell J. Jullefs	25. EMBALMER Dean H. Petersen	LICENSE NO. M 534

FIRM NAME Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 14 1972 Bureau of Vital Statistics

State File No. 4544
Local Reg. No. 8
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia (rural area)
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural area of Tetonia
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Johnnie b. (Middle) William c. (Last) Madsen

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 25, 1905

9. AGE (In years last birthday): 67
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: mail

11. BIRTHPLACE (State or foreign country): Canby, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Madsen
BIRTHPLACE: Coopenhagen, Denmark

14. MOTHER'S MAIDEN NAME: Mary Hansen
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-24-9897

17. INFORMANT'S OWN SIGNATURE: family records Robert Bean
ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): causing an occusion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Y. Greene 583 (Degree or title) Coroner

23b. ADDRESS: Driggs, Idaho

23c. DATE SIGNED: Sept 4, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sep 6, 1972

24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery

24d. LOCATION (City, town, or county) (State): Tetonia, Idaho

DATE REC'D BY LOCAL REG.: 9-13-72

REGISTRAR'S SIGNATURE: Ella Griggs

25. EMBALMER: Robert Bean

LICENSE NO.: M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

MAR 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 7 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4545
Local Reg. No. 10
Reg. Dist. No. 620

BIRTH NO.

SEP 19 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor, Idaho
d. STREET ADDRESS (If rural, give location): Teton Valley Retirement Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
H OWARD		DUGGAN	Sept. 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	June 29, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Automotive	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Duggan	Missouri	Sarah Clementine Dawson	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	519-10-6814	[signature]	Box 349 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7960 Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-25, 1971, *to* 9-4, 1972, *that I last saw the deceased alive on* 9-4, 1972, *and that death occurred at* 8:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	[illegible]	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal	9/4/72	Buhl	Buhl,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-16-72	Ella Griggs	[signature]	M-456

FIRM NAME: BEAN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 27 1972 Bureau of Vital Statistics

State File No. 4546
Local Reg. No.
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty

d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley Hospital 142
d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print)
a. (First): Irene
b. (Middle):
c. (Last): Hymas

4. DATE OF DEATH (Month) (Day) (Year): Sept 20. 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	never married	March 1, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Liberty, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Soloman Hymas	Liberty, Idaho	Genevive Tharnoch	Bloomington, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-66-4436	*Earl D Hymas	Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe Congestive Heartfailure — INTERVAL BETWEEN ONSET AND DEATH: 1-2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD — unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-15, 1972, *to* 9-20, 1972, *that I last saw the deceased alive on* 9-20, 1972, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Heard MD	Driggs Id 83422	9-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 21, 1972	Liberty Cemetery	Liberty, Bear Lake Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Ella Griggs	Robert D Bean	M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4547
Local Reg. No. D-264
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place): 43
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341
d. STREET ADDRESS (If rural, give location): 321 Lincoln

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	EUGENE	MASON	Sept. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	Aug. 1, 1928	44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Disabled		Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. Mason	Nebraska	Louise Banta	Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-22-8070	Josephine Mason	Kimberly, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

186X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bilateral Seminomas of Testicles	5 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	X-ray reaction & small	3 years
DUE TO (c)	Malnutrition	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12 March, 1958 to 1 Sept, 1972, that I last saw the deceased alive on 1 Sept, 1972 and that death occurred at 10:34A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Affleck MD	231-4th Ave. N Twin Falls Ida.	9-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/5/1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-6-72	Marva D. Marsh	Harry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 7 1972

SEP 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4548
Local Reg. No. D-265
Reg. Dist. No. 460

BIRTH NO. 72-9907

RECEIVED SEP 11 1972

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (in this place): few hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	Wayne	Schendel	Sept. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Sept. 3, 1972			10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Filer	- Twin Falls, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marvin Lee Schendel	Halfway, Oregon	Rebecca Peterson	OregonCity, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Marvin L. Schendel	Filer, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Neonatal Atelectasis	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Prematurity (2 lbs. 2oz)	1 day
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Intra cerebral hemorrhage	1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/3, 1972, *to* 9/3, 1972, *that I last saw the deceased alive on* 9/3, 1972, *and that death occurred at* 1920 m., *from the causes and on the date stated above.*

23a. SIGNATURE	576 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Twin Falls, Idaho	9.5.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9.5.72	Sunset Memorial Park Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 7, 1972	Marva D. Marsh	[signature]	M-516

FIRM NAME: White Mortuary TwinFalls, Idah

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 14 1972 Bureau of Vital Statistics

State File No. 4549
Local Reg. No. D-267
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 35 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Ruby; b. (Middle); c. (Last) Wegener

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 4, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 25, 1924
9. AGE (In years last birthday): 48
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Filer, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton A. Lierman — BIRTHPLACE: Nebr.
14. MOTHER'S MAIDEN NAME: Martha A. Lutz — BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 568-24-4563
17. INFORMANT'S OWN SIGNATURE: Ruth Wegener — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1533 Adenocarcinoma Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1957, to Sept 4, 1972, that I last saw the deceased alive on Sept 2, 1972 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Max W Farver M.D. (Degree or title) 085
23b. ADDRESS: 254 Martin St. Twin Falls
23c. DATE SIGNED: 7 Sept 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 7, 1972
24c. NAME OF CEMETERY OR CREMATORY: Clover Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Sept. 12, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Jim A. Hopkins — Jim A Hopkins
LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 1 1973

AUG 29 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4550
Local Reg. No. D-269
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 14 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 753 DelMar Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	ERNEST	CROSSLEY	Sept. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Dec. 29, 1897	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	building	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph E. Crossley	Utah	Rhoda Skinner	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-07-9935A	Melva Crossley	Twin Falls, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — Minutes
DUE TO (c) arteriosclerotic heart disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Feb, 1949 to 17 Jan, 1972, that I last saw the deceased alive on 17 Jan, 1972 and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Applech 033 MD		9-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-9-72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-13-72	Marva D. Marsh	Dale A Patterson	M-451

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-9937

State File No. 4551
Local Reg. No. D-276
Reg. Dist. No. 460

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 52 Clinton Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	CHAD	FROST	September 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	single	Sept. 7, 1972		2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ----------
BIRTHPLACE: ----------
14. MOTHER'S MAIDEN NAME: Elsie Frost
BIRTHPLACE: Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -----
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT'S OWN SIGNATURE: x Elsie L. Frost
ADDRESS: Twin Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7782

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hemorrhagic pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 2d

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intraventricular hemorrhage. — 2d
DUE TO (c): Hypoplasia of lungs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Prematurity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1972 to 9/4, 1972, that I last saw the deceased alive on 9/9, 1972, and that death occurred at 0925 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Twin Falls, Id.	9/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/11/1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1972	Marva D. Marsh	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4552
Local Reg. No. D - 273
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: TwinFalls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer 83328
d. STREET ADDRESS (If rural, give location): Route#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LORENE	PEARL	GENN	Sept.10,1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov.9,1924	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Miami,Okla	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	[illegible]	[signature]	White Mortuary Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Occlusion Descending Branch Left Coronary Artery (Recent) — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Rural Rt. #1 Filer Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Inv. only, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Cloyce O. Edwards	583 Coroner	TwinFalls,Idaho	9.11.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9.12.72	Sunset Memorial Park	Twin Falls,Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14,1972	Mamie D. Marsh	Edgar D. Robertson	M-507

FIRM NAME: White Mortuary TwinFalls,Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 14 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4553
Local Reg. No. D-272
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rogerson 83302
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #93

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry 83623
d. STREET ADDRESS (If rural, give location) Uknown

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Charles c. (Last) Chapman

4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 28, 1924
9. AGE (In years last birthday) 47
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?
(If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. 067-20-0550
17. INFORMANT'S OWN SIGNATURE Mr. Robert R. Monroe ADDRESS Houston, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Trauma due to Auto Accident instan
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Hiway 66
21c. (CITY, TOWN, OR TOWNSHIP) 13-42 (COUNTY) (STATE) Rogerson, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 11, 1972 9:57a
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from Investigation only, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 9:57a.m., from the causes and on the date stated above.

23a. SIGNATURE Cloyce O. Edwards 583 (Degree or title) Coroner
23b. ADDRESS Route # 3 Twin Falls, Idaho
23c. DATE SIGNED 9-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9.13.72
24c. NAME OF CEMETERY OR CREMATORY TwinFalls Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Sept. 14, 1972
REGISTRAR'S SIGNATURE Marva D. Marsh
26. EMBALMER Ronald Hamilton
LICENSE NO. M-470
FIRM NAME White Mortuary Twin Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 0 1973
FEB 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 6 1974
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. NOV 03 1999
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4554
Local Reg. No. D-271
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 420	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rogerson c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry 83623
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #93 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Georgia	b. (Middle) Gillis	c. (Last) Chapman	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 29, 1948	9. AGE (In years last birthday) 23 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Houston, Texas	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME George Gillis	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Mable Shull	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) -------	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S OWN SIGNATURE Mrs. Robert DeMoney	ADDRESS Texas Houston, Te

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Trauma due to Auto accident — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Hiway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-428 (COUNTY) (STATE) Rogerson, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 11, 1972 9:57a	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* Investigation Only *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9:57a *m., from the causes and on the date stated above.*

23a. SIGNATURE Cloyce O. Edwards	583 (Degree or title) 4 Coroner	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 9.13.72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9.13.72	24c. NAME OF CEMETERY OR CREMATORY South Memorial Park	24d. LOCATION (City, town, or county) (State) Houston, Texas
DATE REC'D BY LOCAL REG. Sept. 14, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Edgar J. Robertson	LICENSE NO. M-507

FIRM NAME White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 1 6 1973

NOV 0 3 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4555
Local Reg. No. D-276
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rogerson
c. LENGTH OF STAY (In this place): 420
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #93 South of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Box 406 Glenns Ferry 83623
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GARY	LAVON	ROSE	Sept. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	April 17, 1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Gooding, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LaVon Rose	Idaho	Doris Owings	Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	518-64-5910	Gary D. Rose	Twin Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Trauma due to Auto accident — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hiway 93	Rogerson Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY occur?
Sept. 11, 1972 9:57a		Auto Accident

22. *I hereby certify that I attended the deceased from* Investigation only, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:57a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Eloyce O. Edwards 583 (Degree or title) 4 Coroner	Route #3 Twin Falls, Ida.	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/14/1972	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-19-72	Marna O. Marsh	Ronald J. Hamilton	M-500

FIRM NAME: White Mortuary Twin Falls,

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
Sept 22, 1972

Certificate of Death
STATE OF IDAHO

RECEIVED SEP 19 1972 Bureau of Vital Statistics

State File No. 4556
Local Reg. No. D-270
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) T Rogerson
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway#93 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl 83316
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ETHEL c. (Last) GRIGGS

4. DATE OF DEATH (Month) (Day) (Year) Sept.11,1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH October 20,1956
9. AGE (In years last birthday) 15 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Public School
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (State or foreign country) Gooding,Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Ernest Griggs BIRTHPLACE Marble, Arkansas
14. MOTHER'S MAIDEN NAME Virginia Worley BIRTHPLACE Southard,Okla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE Virginia Griggs ADDRESS Twin Falls, Idah

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Trauma due to Auto accident — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Hiway 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-420 (COUNTY) (STATE) Rogerson, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 11,1972 9:57a
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* Investigation only *, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 9:57a *m., from the causes and on the date stated above.*

23a. SIGNATURE Gloyce O. Edwards 583 (Degree or title) 4 Coroner
23b. ADDRESS Twin Falls,Idaho
23c. DATE SIGNED 9.13.72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9.16.72
24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls ,Idaho

DATE REC'D BY LOCAL REG. Sept. 14, 1972
REGISTRAR'S SIGNATURE Marva D. Marsh
25. EMBALMER Edgar J. Robertson
LICENSE NO. M-507
FIRM NAME: White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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9 19 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 21 9 50 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No.

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Mary Ethel Griggs (Name on Original Certificate) who died (Was Born or Died) on Sept. 11, 1972 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	October 20, 1972	October 20, 1956

Subscribed and sworn to before me this 20th day of September 1972

Ronald J. Hamilton

Notary Public, residing at Twin Falls

My commission expires Jan. 1, 1976

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

136 4th Ave. East Twin Falls, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September 19 72

Ronald J. Hamilton

Notary Public, residing at Twin Falls

My commission expires Jan. 1, 1976

(Seal)

Signed Frances M. Phillips

(Signature of Any Credible Person)

136 4th Ave. East Twin Falls, Ida.

(Street Address, City, State)

FORM DH 60-155

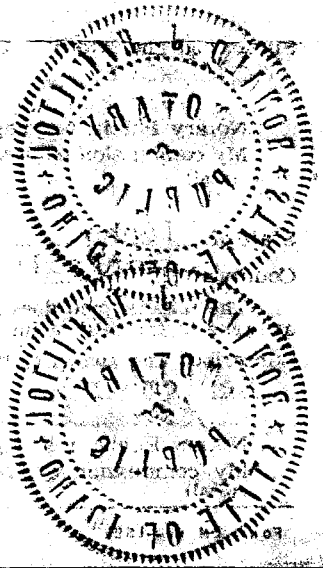

Certificate of Death
STATE OF IDAHO

State File No. 4557
Local Reg. No. D-274
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place): 42/
d. FULL NAME OF HOSPITAL OR INSTITUTION: Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: TwinFalls 42/
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Skyview Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RUBY	ELIZABETH	SMITH	September 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	Nov. 22, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Mail Carrier&solicitor-Newspaper		Warsaw, Indiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Runyan	Indiana	Minnie Forkner	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-12-2327	Mrs Al Westergren	TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 423

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Right Heart Failure	6 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	20 yrs
DUE TO (c)	Arteriosclerotic Heart Disease	40 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Massive Fibroid of Uterus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 19 72, *to* September 11 19 72, *that I last saw the deceased alive on* 6/30/72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
246 (Degree or title) M.D.	Twin Falls, Idaho	9.12.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9.13.72	Twin Falls Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1972	Marva D. Marsh	Jerry D. Holman	M-516

FIRM NAME: White Mortuary-TwinFalls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 19 1972
JAN 11 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4558
Local Reg. No. D-277
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogerson c. LENGTH OF STAY (In this place): 420 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #93 South of City 500	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 200 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry 83623 d. STREET ADDRESS (If rural, give location): Box 435

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GARY	WILLIAM	SMITH		Sept.	11,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Aug. 28, 1951	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Bonners Ferry, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Smith	Michigan m	Lorine Morkeberg	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Vietnam	518-64-5296	Jerry D. Holman	Twin Falls, Id.

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Trauma Due to Auto Accident — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-42 (COUNTY) (STATE)
Accident	Hiway 26	Rogerson, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Sept. 11, 1972 9:57a.m.		Auto Accident

22. *I hereby certify that I attended the deceased from* Investigation only, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:57a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gloyce O. Edwards	583 Coroner 4	Route # 3 Twin Falls, Idaho	9/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/15/1972	Glenns Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-19-72	Marva D. Marsh	Ronald D. Hamilton	M-470

FIRM NAME: White Mortuary, Twin Falls,

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 1 1 1972

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 9 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4559
Local Reg. No. D-286
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl, R.F.D. #4
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence
d. STREET ADDRESS (If not in hospital or institution, give street address or location): Route 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MATTHEW	SHANE	WHITELEY	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Infant	June 10, 1970	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Jerome, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marion Whiteley	Idaho	Shirley Baxter	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Marion Whiteley	Buhl

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

9109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Asphyxiation From drowing — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Home	North of Buhl 13-42	Twin Falls	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
9	12	72	m.		Child fell into ditch

22. *I hereby certify that I attended the deceased from* Inv. Only *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George O. Edwards	583 Coroner 4	Rt#3 Twin Falls Ida	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Sept. 15, 1972	Buhl Cemetery	Buhl	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-27-72	Marva D. Marsh	George Farmer	M-480

FIRM NAME: Albertson-Dickard Funeral, Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 25 1972
Bureau of Vital Statistics

State File No. 4560
Local Reg. No. D-281
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ~~XXXXX~~ Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Harral's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 754 Grant

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Esther	Lavina	Williamson	September 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 24, 1904	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Teacher	Public Schools	Enderlin, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown Frye	unknown		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE X R. L. Williamson, ADDRESS Twin Falls, Idaho
no		519-44-9655	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7960 Progressive Neurological disorder - Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH several mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August, 19 72 *to* 9/12/ , 19 72 *, that I last saw the deceased alive on* 9/9/72, 19 , *and that death occurred at* 7:10a. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Buhl, Idaho	9/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/15/72	I.O.F.Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
9-22-72	Marna D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 26 1972

AUG 15 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED SEP 28 1972

State File No. 4561
Local Reg. No. D-285
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 173 Wirsching

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 173 Wirsching Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DANIEL	ROBERT	FRIESZ	Sept. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Nov. 17, 1898	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cappenter	construction	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Friesz	Germany	Madglena Schwitz	France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	516-07-7436	Mrs Dan Friesz	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Adenocarcinoma of Prostate gland	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Metastases due to #1	"
DUE TO (c)	Aortic Aneurism -	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Duodenal Ulcer -	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/7/71	adenocarcinoma of Prostate gland	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/3, 1971, to 9/15, 1972, that I last saw the deceased alive on 9/12, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
George T Davis MD (Degree or Title) 133	Twin Falls, Id	9/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	9-17-72	Sunset Memorial Garden	Bozeman, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-26-72	Marion D. Marsh	Dale F. Patterson	M-451

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 28 1972

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 15 1976
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4562
Local Reg. No. D-279
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mi. East on Hiway #30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JERRY	LE	ANDERSON	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Sept. 11, 1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Tremonton, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eldon Anderson	Bothwell, Utah	Erma Grover	Fielding, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-64-8676	Ellen L. Anderson	Hagerman, Ida

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Traumatic Injuries to Head — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street	Twin Falls Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept 16 72 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Accident

22. I hereby certify that I attended the deceased from Investigation Only, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 6:10 P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Loyce O. Edwards 583 (Degree or title) Coroner	Route # 3 Twin Falls, Idaho	9/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 20, 1972	Hagerman Cemetery	Hagerman, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-72	Marva D. Marsh	Ronald J. Hamilton	M-420

FIRM NAME: White Mortuary, Inc. Twin Fal

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972
OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4563
Local Reg. No. D-280
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SCOT	ELIS	HODKINS	Sept. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	single	Dec. 17, 1954	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	High School	Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin E. Hodkins	Colorado	Colleen Mae Thomas	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	519-68-4289	Mrs Col Hodkins	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gunshot wound to neck — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident--In auto,	300 block Van Buren St.	Twin Falls	Twin Falls	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
m.		

22. I hereby certify that I attended the deceased from July 20, 1967, to September 16, 1972, that I last saw the deceased alive on June 18, 1970, and that death occurred at 7:30p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stafford 4897	M.D.	284 Martin Twin Falls, Idaho	9-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 19, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-72	Marva D. Marsh	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4564

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. D-289
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): Green Acres Terrace

3. NAME OF DECEASED (Type or Print): a. (First) Connie b. (Middle) c. (Last) Kimble

4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 9-2-90
9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Hollister, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: n/a BIRTHPLACE: n/a
14. MOTHER'S MAIDEN NAME: n/a BIRTHPLACE: n/a

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-60-5520
17. INFORMANT'S OWN SIGNATURE: From Green Acres Terrace Home ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic cardiovascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: patient was in the postoperative period

19a. DATE OF OPERATION: 9/13/72
19b. MAJOR FINDINGS OF OPERATION: severe esophageal stenosis
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12/ , 19 72 , to 9/16 , 19 72 , that I last saw the deceased alive on 9/16 , 19 72 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE: John M. McCa 678 (Degree or title) M.D.
23b. ADDRESS: 253 Martin Street Twin Falls, Idaho 83301
23c. DATE SIGNED: 9/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 9-16-72
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1972
REGISTRAR'S SIGNATURE: Mama D. Marsh
25. EMBALMER
LICENSE NO.: M-460
FIRM NAME: Thomson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4565
Local Reg. No. D-278
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hazeldel Nursing Home 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY T.Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 640 Filer Avenue West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	H.	KLASSEN	September 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	July 12, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer		Henderson, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.#2	524-01-7144	Twin Falls	Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age Gen debility — 8 years
DUE TO (c) Gen arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1971, 19__, *to* 9/18/, 19 72, *that I last saw the deceased alive on* 9-18-72, 19__, *and that death occurred at* 6:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
146 M.D.	Twin Falls, Idaho	9/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/20/72	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-72	Marvin D. Marsh	James C. Reynolds	M-295

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 21 1972

APR 21 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4566
Local Reg. No. D-284
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 315 4th Ave. No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTHA	LUTHERA	DURHAM	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	married	Mar. 20, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Cedar Springs, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John T. Eslinger	Missouri	unk. Parent	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---------	518-44-5147B		White Mortuary Twin Falls Idaho

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/20, 1972, to 9/20, 1972, that I last saw the deceased alive on not alive, 19____, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	1108	Twin Falls Clinic	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/22/1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972	Marva D. Marsh	[signature]	343

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4567
Local Reg. No. D-282
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 203 4th St. No. Apt. C - 4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDNA		JOHNSON	Sept. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Separated	Mar. 31, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Bedford, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John C. Beauchamp		Mary Ann McMaster	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	519-28-0123	Ruth B. Costello	Glendale, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1577

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	(1) Valvulus of Sigmoid (2) Carcinoma of Pancreas	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 Dec., 1946 to 20 Sept, 1972, that I last saw the deceased alive on 20 Sept, 1972, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Appleman M.D.	231-4th Ave. N. Twin Falls Idaho	9-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/23/1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25, 1972	Marva D. Marsh	Ronald D. Hamilton	M-470

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 2 1972

JUN 2 0 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

State File No. 4568
Local Reg. No. D-292
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 mi. West on Highway 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) P. c. (Last) Niichel

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 20, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19, 1895

9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Niichel BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Christine Bendick BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-30-8121

17. INFORMANT'S OWN SIGNATURE: X Elizabeth Niichel ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infarction of Myocardium 8-26-72
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) due to Coronary Sclerosis
DUE TO (c) Arteriosclerotic Heart Disease. several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. In Hosp 8-26-72 to 9-12-72

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Died at home on 9-20-72

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26-72, 19__, *to* 9-20-72, 19__, *that I last saw the deceased alive on* 9-12-72, 19__, *and that death occurred at* 9:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H Anderson (Degree or title) M.D.

23b. ADDRESS: Buhl, Ida

23c. DATE SIGNED: 9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 23, 1972

24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 10-2-72

REGISTRAR'S SIGNATURE: Marva D. Marsh

25. EMBALMER: Jim A. Hopkins

LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 5 1972

APR 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4569
Local Reg. No. D-283
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 26 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME 240 Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 240 Washington St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND		BOL	Sept. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	Apr. 12, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General repair	Repair	Holland	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Simon Bol	Holland	Nellie DeLeew	Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	504-01-8549	Henrietta Bol	Twin Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Barbiturate Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Overdose Sleeping Pills
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	home	Twin Falls	Twin Falls	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
m.		

22. I hereby certify that I attended the deceased from INV. ONLY, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loyce O. Edwards	Coroner	RR#3 Twin Falls, Ida.	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL	9/25/1972	Greenwood Cemetery	Brookings, So. Dakota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-72	Marva D. Marsh	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 2 1972
MAR 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4570
Local Reg. No. D-288
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

421 420

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls LENGTH OF STAY (In this place): 1 week d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly, d. STREET ADDRESS (If rural, give location): Mtn. View Convalescent Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVA	F.	COFFEY	Sept.	22	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	July 24, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Missouri Valley, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Marion Coffey	Iowa	Eva Ellen Carver	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Ida Brown Hansen	Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral thrombosis	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	4 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Affleck MD		9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/26/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28, 1972	Marva D. Marsh	George Farmer	M-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4571
Local Reg. No. D-308
Reg. Dist. No. 460

BIRTH NO.

OCT 12 1972 Bureau of Vital Statistics 422

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl; c. LENGTH OF STAY (In this place): 40 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205	d. STREET ADDRESS (If rural, give location): 14 D. Lincoln Crts.

3. NAME OF DECEASED (Type or Print)	a. (First): Willie	b. (Middle): Ann	c. (Last): Brixey	4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 13, 1906	9. AGE (In years last birthday): 66; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife	10b. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Willow Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Leininger	BIRTHPLACE: Mo.	14. MOTHER'S MAIDEN NAME: Anna Clark	BIRTHPLACE: Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 540-40-4044	17. INFORMANT'S OWN SIGNATURE: Mildred L. Novak	ADDRESS: Buhl, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Arteriosclerosis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/9, 1971, *to* 9/25, 1972, *that I last saw the deceased alive on* 6/26, 1972, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John P. Gibney 972 MD (Degree or title)	23b. ADDRESS: Twin Falls, Idaho	23c. DATE SIGNED: 10/4/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept, 21, 1972	24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho		
DATE REC'D BY LOCAL REG.: Oct. 11, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Jim A. Hopkins Jim A. Hopkins
LICENSE NO.: M-482		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4572
Local Reg. No. D-291
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: HOME 126 5th St. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 126 5th St. North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	C.	THORNTON	Sept. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Divorced	Oct. 21, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Auto Agency	Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Thornton	Kansas	Tony Ann Rich	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	511-01-8510	Ronald J. Hamilton	TWIN FALLS, IDAHO

4270

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. x Cancer of Colon

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inv. only *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Eloyce O. Edwards 583 (Degree or title) Coroner	RT#3 Twin Falls, Ida.	9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/27/1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-29-72	Maura D. Marsh	Edgar J. Robertson	M-507

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4573

Certificate of Death
STATE OF IDAHO

State File No. 4573
Local Reg. No. D-290
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 421	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143	d. STREET ADDRESS (If rural, give location): Rural Route #3

3. NAME OF DECEASED (Type or Print)	a. (First): LAWRENCE	b. (Middle): ALFRED	c. (Last): ROY	4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1972
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single	8. DATE OF BIRTH: Dec. 30, 1914	9. AGE (In years last birthday): 57 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 5	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY?: US	
13. FATHER'S NAME: Adolph Roy	BIRTHPLACE: Minnesota	14. MOTHER'S MAIDEN NAME: Mary Toupin	BIRTHPLACE: Minnesota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-01-9922	17. INFORMANT'S OWN SIGNATURE: Wilbert J Roy	ADDRESS: 376 Tyler St Twin Falls Ida	

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fracture Ribs + Contusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	lungs due to trauma	4 days
DUE TO (c)	Bilateral Hemothorax.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	atelectasis lungs. Ruptured spleen.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Hiway 93 and 30 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-421 (COUNTY) (STATE): Twin Falls, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 22, 1972 7:15p	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?: Tractor Auto accident

22. *I hereby certify that I attended the deceased from* 9-22, 1972 *to* 9-26, 1972, *that I last saw the deceased alive on* 9-26, 1972, *and that death occurred at* 9:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harry F. Bruntad 064 (Degree or title)	23b. ADDRESS: 238 Martin	23c. DATE SIGNED: 9-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/29/1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: 9-29-72	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Edgar J Robertson	LICENSE NO.: M-507

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4574

Certificate of Death
STATE OF IDAHO

State File No. ____
Local Reg. No. D-298
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place): 3 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 735 Union

3. NAME OF DECEASED (Type or Print) a. (First): Anna b. (Middle): c. (Last): Petras
4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23, 1887
9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: Czechoslovakia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-44-1495
17. INFORMANT'S OWN SIGNATURE: X Annie Leeman
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4442
MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Aspiration pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bowel obstructions — hours
DUE TO (c): Multiple infarcts of small bowel — hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: AS Ht Disease, Generalized arteriosclerosis; Lymphoma — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/4/62, 19__, *to* 9/26, 19 72, *that I last saw the deceased alive on* 9/25, 19 72 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 120 11th Ave. So. Buhl, Idaho
23c. DATE SIGNED: 9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 29, 1972
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1972
REGISTRAR'S SIGNATURE: Marna D. Marsh
25. EMBALMER: Jim A. Hopkins [signature]
LICENSE NO.: M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4575
Local Reg. No. D-295
Reg. Dist. No. 460

BIRTH NO. OCT 5 - 1972

1. PLACE OF DEATH
a. COUNTY: Magic Valley Memorial Hosp. (47)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial (43)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding (24)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 332 10th Ave. W.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	W.	Johnson	9	27	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Divorced	1/23/1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mackey, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dave Johnson	Germany	Taylor	Mackey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-09-9665
17. INFORMANT'S OWN SIGNATURE: X Billie L. Fuller ADDRESS: 402 Pearl Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) inanition (1621)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cancer of the lung
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/12/72	squamous cell carcinoma of the left lung	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/6/ , 1972 , to 9/27 , 1972 , *that I last saw the deceased alive on* 9/27 , 1972 *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. McKain MD 678	253 Martin Street Twin Falls, Idaho 83301	10/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 72	Bellevue City	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3 1972	Marva D. Marsh	Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4576
Local Reg. No. D-297
Reg. Dist. No. 460

BIRTH NO. RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 2½ years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazel Del Manor 285
d. STREET ADDRESS (If rural, give location): 809 9th Avenue North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	F.	KRAL	Sept.	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 22, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Agriculture	Czechoslovokia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Kral	Czechoslovokia	Anna Kline	Czechosolvokia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-18-7395	[signature] RED # 4	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Heart Failure due to	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10 yrs
DUE TO (c)	Amyotrophic Lat. Sclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1969, 19__, *to* Sept 27, 1972, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 7:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern Henderson, MD	Buhl Idaho	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/2/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
oct. 4, 1972	Maria D. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 5 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4577
Local Reg. No. D-294
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Twin Falls 420	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls	c. LENGTH OF STAY (In this place): 5 Weeks			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital 143				d. STREET ADDRESS (If rural, give location): R.F.D. # 1		
3. NAME OF DECEASED (Type or Print) a. (First): ROBERT	b. (Middle): DAVID	c. (Last): STOVALL		4. DATE OF DEATH (Month) (Day) (Year): Sept. 28, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 20, 1906	9. AGE (In years last birthday): 66	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture		11. BIRTHPLACE (State or foreign country): Silver Valley, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Jackson Howard Stovall	BIRTHPLACE: Unknown		14. MOTHER'S MAIDEN NAME: Betty Leonard Daniels	BIRTHPLACE: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 454-12-6912		17. INFORMANT'S OWN SIGNATURE: Jimmie J. Stovall	ADDRESS: Twin Falls, Idaho		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiopulmonary Arrest 1621	few min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fibrosis, Atelectasis + Tumor (R) lung	few wks
DUE TO (c)	- Ca - Oat cell - (R) lung	appx 9 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 1/72, 19__, *to* 9/27/72 19__, *that I last saw the deceased alive on* 9/27/72, *and that death occurred at* 12:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	9-26 (Degree or title)	23b. ADDRESS: Buhl Ida	23c. DATE SIGNED: 9/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/2/72	24c. NAME OF CEMETERY OR CREMATORY: Buhl	24d. LOCATION (City, town, or county): Buhl,	(State): Idaho
DATE REC'D BY LOCAL REG.: 10-3-72	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: George Farmer		LICENSE NO.: M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 16 1972

JUN 10 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4578
Local Reg. No. 33
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 12 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Valley County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California 05
b. COUNTY: Los Angeles 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Monte
d. STREET ADDRESS (If rural, give location): 12502 Poinsettia

3. NAME OF DECEASED (Type or Print): a. (First) PHILLIPP aka PHILIP b. (Middle) MILFORD c. (Last) FORBUSH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married	June 10, 1917	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman, Pac. Bell Telecommunications
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodore M. Forbush — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Viola Woodford — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W W 2
16. SOCIAL SECURITY NO.: 395-03-5181
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: by B. Walker, McCall Idaho — Lucienne Crance, El Monte, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	undetermined natural causes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

7963

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): natural
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cascade Valley Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 3, 1972 1:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: victim collapsed while on vacation

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

INVESTIGATION ONLY

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Burton E Walker 583 (Degree or title) Coroner	McCall, Idaho	9/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 7, 1972	Queen of Heaven Cem.	La Puente Co. California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 6 1972	Virginia Hill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-6302

SEP 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4579
Local Reg. No. 37
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Valley 430	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall c. LENGTH OF STAY (In this place) 3 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Lakes Nursing Home 324	d. STREET ADDRESS (If rural, give location) Payette Lakes Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First) ARNOLD	b. (Middle)	c. (Last) REINHARDT	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 12, 1882	9. AGE (In years last birthday) 90 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no record	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Switzerland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME no record	BIRTHPLACE	14. MOTHER'S MAIDEN NAME no record	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 517-16-4819-A	17. INFORMANT'S OWN SIGNATURE Nursing Home records	ADDRESS by Bette J. Walker McCall	

887X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute pneumonia	4
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Post operative hip pinning	
DUE TO (c)	Fracture of hip	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Urinary tract infection	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT / SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 08	21c. (CITY, TOWN, OR TOWNSHIP) 13-430 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21-, 1972, *to* 9-4-, 1972, *that I last saw the deceased alive on* 9-3-, 1972, *and that death occurred at* 10:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Wayne F. Allen MD 006 (Degree or title) 1	23b. ADDRESS McCall, Idaho	23c. DATE SIGNED 9-15-72
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 7,1972	24c. NAME OF CEMETERY OR CREMATORY Lewistown
24d. LOCATION (City, town, or county) Lewistown,	(State) Montana	
DATE REC'D BY LOCAL REG. 9-19-72	REGISTRAR'S SIGNATURE Maryanne Hill	25. EMBALMER Burton E. Walker
LICENSE NO. M-386		

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4580
Local Reg. No. 36
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Lakes Nursing Home 324

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAISY	M.	LADY	Sept. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Apr. 4, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Oretown, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert W. Fletcher	unknown	Clara C. Bloxum	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-36-1173-A	Pete C. Fritchle	Meadows, Idaho

1538

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic carcinoma, colon — INTERVAL BETWEEN ONSET AND DEATH: 4y.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-1, 1969, to 9-5, 1972, that I last saw the deceased alive on 9-3, 1972, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Allen MD	McCall Idaho	9-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 8, 1972	Meadows Valley Cemetery	Meadows, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-19-72	Maryanne Gill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-A 1021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4581
Local Reg. No. 35
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Memorial Hospital 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Meadows
d. STREET ADDRESS (If rural, give location) Box 94

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KNUTE	KLAUSEN	WHITE	Sept. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 29, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith & Logger	Lumber	Voss, Norway	Norway

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Claus Grimastad	Norway	Anna K. Vethe	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-07-5832-A	Claus White	New Meadows, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4589

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive blood loss — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-6, 1972, to 8-6, 1972, that I last saw the deceased alive on 8-6, 1972, and that death occurred at 10:15 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald S Baker MD	391	McCall, Ida	9-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
burial	Sept. 9, 1972	Meadows Valley	Meadows Idaho	Burton E Walker	M-386

DATE REC'D BY LOCAL REG. Sept. 13 1972 — REGISTRAR'S SIGNATURE Maryanne Hill

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4582
Local Reg. No. 38
Reg. Dist. No. 310

BIRTH NO.

RECEIVED SEP 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
c. LENGTH OF STAY (In this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
d. STREET ADDRESS (If rural, give location) Box 503

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AUSTIN	G.	PATTAN	September 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	widowed	May 26, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cemetery Sexton, retired	City of Cascade	Bradshaw, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Pattan	Knox Co, Illinois	Stella Shaw	Temple Co, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-36-4376-A	Violet Holst	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2049

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lymphoid Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Anemia — 2yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1962, to Sept, 1972, that I last saw the deceased alive on Sept 16, 1972, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stewart	MD	Cascade Idaho	9-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 20, 1972	Margaret Cemetery	Cascade Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-72	Maryanne Hill	Burton E. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 22 1972
SEP 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4583
Local Reg. No. 39
Reg. Dist. No. 100

BIRTH NO.

OCT 18 1972

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Payette Lakes Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5000 Mt'N. View Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARA	E	HIRT	9-22-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White		8-18-88	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	--	Aspen, Colorado	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Falconer	unk.	Louise Shultz	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. SIGNATURE	ADDRESS
No	519-12-9895T	Mortuary Records	Box 7212-Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac arrest	seconds
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASCVD	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Advanced Rheumatoid Arthritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug., 1969, to Sept. 22, 1972, that I last saw the deceased alive on Sept. 9, 1972, and that death occurred at 1 A.M., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Eddie J. Droge, M.D. 931 (Degree or title)	McCall Idaho	9-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Cremation	9-22-72	Mt'n. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 11 1972	Maryanne Hill		M-527

Federal Security Agency
United States Public Health Service
FORM DH-63021

FIRM NAME: Mountain View Funeral Home
Box 7212 Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-2053

BIRTH NO.

RECEIVED SEP 19 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4584
Local Reg. No. 16
Reg. Dist. No. 320

1. PLACE OF DEATH a. COUNTY Washington 441	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Dr. Wheeler's office	d. STREET ADDRESS (If rural, give location) Globe Apt. #11

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	TRACY	ANN	FOSTER	9	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	caucasian	never married	2/27/72		6	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant 9	infant	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tim Bret Foster	Weiser, Ida.	Carol A. Davis	Twin Falls, Id

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
infant			Tim Bret Foster	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/2X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Possible Force in Body aspiration (medication)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Pleuritis, Right (gross only)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1	01	13-441

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 655 (Degree or title)	Pathologist - Boise, Idaho	9-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/14/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-13-72	R. Lee Thomason	Marshall S. Dickerson	M 464

FIRM NAME Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4585
Local Reg. No. 18
Reg. Dist. No. 32C

BIRTH NO.

RECEIVED SEP 20 1972 1140 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROSIE	BELLE	GIBSON	9 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	10/29/ 72	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Enid, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Thornhill	--	Martha Belle	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		x Ella Langsle	ambridge

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) unknown. Due to religious belief, subject was not under a doctor's care. There were no external evidences of foul play.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Considering her advanced age, to the best of my knowledge and belief, subject died of
DUE TO (c) natural causes.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Coroner's investigation *, 19____, to* approx. 6 p *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	583 (Degree or title) 4	23b. ADDRESS	23c. DATE SIGNED
T. Lee Thomason	Wash. Co. Coroner	Weiser, Idaho	9/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/19/72	Cambridge Cemetery	Cambridge Washingto Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-17-72	T. Lee Thomason	Marshall L Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4586
Local Reg. No. 17
Reg. Dist. No. 320

BIRTH NO.

RECEIVED SEP 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 440
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser (rural)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. 1 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 440
a. STATE: Idaho b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser (rural)
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	TSIDORS	VALLEY	9	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	widowed	10/28/1885	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming 7	agriculture	Belle Prairie, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Valley	Canada	Josephine Bisson	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Lorraine M. Moore	Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subject had been under a physicians care intermittently. There was no evidence of foul play. To the best of my knowledge and belief, subject died of natural causes.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Coroner's investigation appr. *, 19, to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Lee Thomson	583 Wash. Co. Coroner 4	Weiser, Idaho	9/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	9/18/72	Little Falls Cemetery	Little Falls, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-17-72	R. Lee Thomson	Marshall L. Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4587
Local Reg. No. 19
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 3 - 1972 441 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser c. LENGTH OF STAY (If this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital 153	d. STREET ADDRESS (If rural, give location) 942 W. 4

3. NAME OF DECEASED (Type or Print)	a. (First) HUGO	b. (Middle) --	c. (Last) HAHN	4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/12/1902	9. AGE (In years last birthday) 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rancher	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Fredrick Ludwig Hahn	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Dorothea Diess	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Dorothy L. Hahn	ADDRESS Weiser, Ida.

188X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma of bladder	years.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonia - Terminally	2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1971, *to* Sep 22, 1972, *that I last saw the deceased alive on* Sept 22, 1972, *and that death occurred at* 7:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Dr Wheeler 907 (Degree or title)	23b. ADDRESS Weiser, Idaho	23c. DATE SIGNED 9-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/26/72	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemtery	24d. LOCATION (City, town, or county) (State) Weiser Washington Idaho
DATE REC'D BY LOCAL REG. 9-26-72	REGISTRAR'S SIGNATURE R. Dale Thomason	25. EMBALMER R. Dale Thomason	LICENSE NO. M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 4 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4588
Local Reg. No. 20
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MYRTA	ELLEN	LEWIS	9	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	6/14/1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Rush Center, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Cooley	---	Sara Butler	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			George W Lewis	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Gen. Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21st, 19 72 to Sept 27th, 19 72, that I last saw the deceased alive on Sept 27th, 19 72 and that death occurred at 10:35 PM from the causes and on the date stated above.

23a. SIGNATURE: M.D. McGrath (Degree or title) | 23b. ADDRESS: Weiser Idaho | 23c. DATE SIGNED: 9-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/30/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-30-72	K Lee Thomson	Marshall E Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4589
Local Reg. No. 705
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: OREGON 38
b. COUNTY: MALHEUR 535
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JORDAN VALLEY,
d. STREET ADDRESS (If rural, give location): BOX 92

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
STEVEN	L.	POPE	SEPT. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	SEPT. 19, 1956	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT		WARREN, PENNSYLVANIA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CHARLES L. POPE	WARREN, PENN.	BARBARA HENNESSY	OIL CITY, PENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	208-24-6457	Charles L. Pope	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8169

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture dislocation C-3-4
Basilar Skull Fracture - Trauma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
X	06	Apparently 1 car accident-truck roll over

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward [illegible] M.D. 281		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 23, 1972	Jordan Valley Cemetery	Jordan Valley, Ore.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 31, 1972	Myrtle Palmer	L. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4590
Local Reg. No. 686
Reg. Dist. No. 370

72-5520
BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2617 W. Bannock

3. NAME OF DECEASED (Type or Print): a. (First) Roche b. (Middle) Ray c. (Last) Montgomery

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 17, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 3 Days 8; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Montgomery BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Sandra Taylor BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Thomas R. Montgomery ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sudden Unexplained Death Syndrome — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17, 1972, to 9-25, 1972, that I last saw the deceased alive on 7-28-72, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Michael Slocum 801 (Degree or title) MD

23b. ADDRESS: 100 Warm Springs Boise

23c. DATE SIGNED: 10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-27-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 25 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4591
Local Reg. No. 687
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 4½ Months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Health Care Center 292
d. STREET ADDRESS (If rural, give location) 1118 N. 13th

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) A. c. (Last) WHITESIDE
4. DATE OF DEATH (Month) (Day) (Year) September 30, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 23, 1903
9. AGE (Use years last birthday) 69
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper 3
10b. KIND OF BUSINESS OR INDUSTRY C. C. Anderson
11. BIRTHPLACE (State or foreign country) Grand Meadow, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin Skaran BIRTHPLACE Grand Meadow, Minnisota
14. MOTHER'S MAIDEN NAME Ida Sorben BIRTHPLACE Grand Meadow, Minnisota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-07-1139
17. INFORMANT'S OWN SIGNATURE X Mrs. J. Allen Skogerberg ADDRESS Tujunga, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1744

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer Breast — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 April, 1972 to 30 Sept, 1972, that I last saw the deceased alive on 30 Sept, 1972, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE Dean E Sorensen (Degree or title) 1013 MD
23b. ADDRESS 312 W. IDAHO Boise
23c. DATE SIGNED 10/23/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-3-72
24c. NAME OF CEMETERY OR CREMATORY Terrace Lawn Memorial Gardens
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Oct. 25 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER G. W. Waters
LICENSE NO. M-461
FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972
APR 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4592

State File No.
Local Reg. No. 649
Reg. Dist. No. 370

BIRTH NO.

RECEIVED

Certificate of Death
STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada — OCT 13 1972 — cll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho — b. COUNTY: Ada — cll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 909 N. 16th

3. NAME OF DECEASED (Type or Print): a. (First) ARMAND — b. (Middle) G. — c. (Last) MAYSE

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1894

9. AGE (Last birthday): 77 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Postal Carrier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Mail

11. BIRTHPLACE (State or foreign country): St. Genevieve, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Mayse — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 518-46-6150

17. INFORMANT'S OWN SIGNATURE: X Velma L. Mayse — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Stroke + Pendid

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tumor
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 72 to Oct 1, 19 72, that I last saw the deceased alive on ____ 19 ____ and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Cll H Jenkall 7-04 (Degree or title) — 23b. ADDRESS: 401 Idaho — 23c. DATE SIGNED: 10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-4-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 13, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters — LICENSE NO.: M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 13 1972
JAN 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 24 1985
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAY 25 1988
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4593
Local Reg. No. 652
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): Star Route B-Box 226,

3. NAME OF DECEASED (Type or Print) a. (First): DONALD	b. (Middle):	c. (Last): BENZIE	4. DATE OF DEATH (Month) (Day) (Year): October 1, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 3 1899	9. AGE (In years last birthday): 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Aberdeenshire, Scotland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Benzie	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: No Record	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-24-5436	17. INFORMANT'S OWN SIGNATURE: Jack Benzie	ADDRESS: Grandview, Idaho	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	emphysema	10 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive heart failure	1 yr

19a. DATE OF OPERATION: N.A.	19b. MAJOR FINDINGS OF OPERATION: N.A.	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify): N.A.	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): N.A. m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR? N.A.

22. *I hereby certify that I attended the deceased from* Aug, 1972 *to* Sept, 1972, *that I last saw the deceased alive on* Sept 30, 1972, *and that death occurred at* 3:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph J. Collins M.D. 1814 (Degree or title)	23b. ADDRESS: 100 Warm springs	23c. DATE SIGNED: 10-4-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/4/72	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho		
DATE REC'D BY LOCAL REG.: Oct. 10 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Marion R. Hutchins LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4594
Local Reg. No. 643
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): Few minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA c/l
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1630 MARTHA

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) L. c. (Last) DOUGLAS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 1, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 17, 1919

9. AGE (In years last birthday): 53
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Career Coast Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard

11. BIRTHPLACE (State or foreign country): RED BLUFF, CALIF.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wm. C. Douglas
BIRTHPLACE: Calif.

14. MOTHER'S MAIDEN NAME: Henrietta Lee
BIRTHPLACE: Jackson Hole, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes Vietnam WWII, Korea.

16. SOCIAL SECURITY NO.: 245 60 7394

17. INFORMANT'S OWN SIGNATURE: Corinne Douglas
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [✓] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1972, to Oct 1, 1972, that I last saw the deceased alive on Oct 1, 1972 and that death occurred at 7:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD 654

23b. ADDRESS: Boise Id. 83702 425 W. Bannock St

23c. DATE SIGNED: 10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 10-6-72

24c. NAME OF CEMETERY OR CREMATORY: OAK HILLS

24d. LOCATION (City, town, or county) (State): RED BLUFF CALIF

DATE REC'D BY LOCAL REG.: Oct. 10, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: L. Conway Grant M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 11 1972

FEB 28 1974

JUL 11 1974

NOV 19 1986

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4595
Local Reg. No. 635
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle (rural)
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elvina		Ellis	Oct. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 26, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Clay County, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas B. Patterson	Texas	Elvina Cooper	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			x Sadie M Barker	Rt. # 1 Eagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:47 a., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J Holden 236 MD	201 W State St	30 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 3, 1972	Cloverdale Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6, 1972	Myrtle Palmer	Mary A. Cowser	M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service
FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4596
Local Reg. No. 706
Reg. Dist. No. 370

BIRTH NO. 12-10069

RECEIVED BUREAU OF VITAL STATISTICS NOV 3 10 51 AM '72

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): Moments	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes	d. STREET ADDRESS (If rural, give location): 8340 Wyndham Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CINDY	LILLIAN	MELANDER	10- 2 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White		10-2- 1972			1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
?		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Vernon Lloyd Melander	Boise, Idaho	Ida Elnona Spencer	Annis, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
---		---	Vernon L. Melander CH	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7430

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Meningocele

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Herniation of brain stem thru foramen magnum.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-2, 1972, to 10-2-72, 19____, that I last saw the deceased alive on 10-2-72, 19____, and that death occurred at 8:43 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold B. Hulse MD	Boise, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-3-72	Syringa	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 31, 1972	Myrtle Palmer	A. Conway Grant	M478

Federal Security Agency
United States Public Health Service FORM DR-63021

FIRM NAME: RELYEA MORTUARY

FEB 0 5 2014

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4597

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 637
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 6 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) 32 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location) Shoshone, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First) SNOW	b. (Middle)	c. (Last) COFFIN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 19, 1891	9. AGE (In years last birthday) 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Spivey	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Jennie Karnahan	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-65-1716	17. INFORMANT'S OWN SIGNATURE Elizabeth Ferdaver	ADDRESS 611 Reserve St. Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

191X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Glioblastoma Multiforme brain	?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Carotid artery, renal and Coronary artery arteriosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25, 1972, *to* Oct 2, 1972, *that I last saw the deceased alive on* Oct 1, 1972, *and that death occurred at* 1 *m., from the causes and on the date stated above.*

23a. SIGNATURE C C Johnson 261 (Degree or title) MD	23b. ADDRESS Boise Idaho	23c. DATE SIGNED 10-4-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 5, 1972	24c. NAME OF CEMETERY OR CREMATORY Morris Hill	24d. LOCATION (City, town, or county) Boise (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 6, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Norwell Demaray	LICENSE NO. M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4598
Local Reg. No. 476
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2114 N. 33rd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RENA	BELL	LEWIS	October 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 21, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Meridian, Mississippi	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard McDonald	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Bill B. Lewis	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4 0 9 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetic Nephrosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1965, to October 2, 1972, that I last saw the deceased alive on Oct 2, 1972, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 333	808 La Casa Dr. Boise Idaho	10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-5-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	LICENSE NO.
Oct. 25, 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

~~OCT 25 1972~~

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4599
Local Reg. No. 653
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location): 4905 Outlook Avenue

3. NAME OF DECEASED (Type or Print) a. (First): Iva	b. (Middle): M.	c. (Last): Olmsted	4. DATE OF DEATH (Month) (Day) (Year): October 2,1972.	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: April 1,1896.	9. AGE (In years last birthday): 76 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Carthage, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joel Sturtevant	BIRTHPLACE: Fayette, Iowa.	14. MOTHER'S MAIDEN NAME: Margaret Crane	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 519-34-5537 503-03-3108D.	17. INFORMANT'S OWN SIGNATURE: Beatrice E. Mills	ADDRESS: Boise, Idaho	

582X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypercalcemia	2 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Renal disease	some years
	accompanying Arteriolosclerosis	— —
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Previous myocardial infarction	3-6 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* Oct 2, 1972, *that I last saw the deceased alive on* Oct 2, 1972, *and that death occurred at* 11:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Frazier MD 176 (Degree or title)	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED: 10-4-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 5,1972	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Idaho
DATE REC'D BY LOCAL REG.: Oct. 10 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Marvin R. Heikkila	LICENSE NO.: M-515

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4600
Local Reg. No. 656
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 1½ mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location): 4901 Camas Street

3. NAME OF DECEASED (Type or Print)	a. (First) LOLA	b. (Middle) ESTHER	c. (Last) GULLINGS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 12, 1904	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store	11. BIRTHPLACE (State or foreign country): Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Sule E. Christian	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Helena Berthlott	BIRTHPLACE: Montana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 517-01-5726	17. INFORMANT'S OWN SIGNATURE: Lawrence E. Gullings	ADDRESS: 4901 Camas Boise, Idaho	

1830

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Ovarian Cancer — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25-72, 19__, *to* Oct 2, 1972, *that I last saw the deceased alive on* Oct. 2, 1972, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature], M.D. 071 (Degree or title)	23b. ADDRESS: 848 La Cassia, Boise, Ida	23c. DATE SIGNED: 10/10/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 6, 1972	24c. NAME OF CEMETERY OR CREMATORY: Polson Cemetery	24d. LOCATION (City, town, or county) (State): Polson, Montana
DATE REC'D BY LOCAL REG.: Oct. 12, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4601

Certificate of Death
STATE OF IDAHO

State File No. 4601
Local Reg. No. 642
Reg. Dist. No. 370

RECEIVED OCT 10 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (In this place): 14 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 404 East Pine Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Earl	b. (Middle): J.	c. (Last): Everist	4. DATE OF DEATH (Month) (Day) (Year): October 2, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 11, 1900	9. AGE (In years last birthday): 72 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Contractor 2	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Marshalltown, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Oph Everist	BIRTHPLACE: Indiana	14. MOTHER'S MAIDEN NAME: Hattie Clemons	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-07-9026A	17. INFORMANT'S OWN SIGNATURE: Wallace Everist	ADDRESS: 1615 W. First Meridian, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Parkinsonism	10 yrs
DUE TO (c)	Cerebral artery sclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1972 *to* death, 19____, *that I last saw the deceased alive on* Oct 1, 1972 *and that death occurred at* 12:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 046 (Degree or title)	23b. ADDRESS: Boise Ida	23c. DATE SIGNED: 5 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 5, 1972	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county): Meridian (State): Idaho
DATE REC'D BY LOCAL REG.: Oct. 10, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Gary C. Cowger	LICENSE NO.: M-526

FIRM NAME: Robison Chapel of The Chi

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. W. Johnson
1015 N. 9th St.

RECEIVED
OCT 10 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

343-4281

State File No. 4602
Local Reg. No. 641
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1006 N. 9th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Edward	Dolan	Oct. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 20, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining Gold & Silver	Louisville, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dolan	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-4051	Mary Ann Smith	1318 Hartman Apt. E-2 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture L Hip
DUE TO (c) General arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-28-72	Hypostatic Lung	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9	19	72	? m.		fell at home

22. I hereby certify that I attended the deceased from Nov. 1961, to 10-2, 1972, that I last saw the deceased alive on 10-2, 1972, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	1015 N 8th Boise Idaho	10-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/5/1972	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6, 1972	Myrtle Palmer	[signature]	E549

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4603
Local Reg. No. 648
Reg. Dist. No. 570

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (In this place) 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SAINT ALPHONSUS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 1729 MERRILL ST.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN		McCLELLAN	10	2	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	5-7-1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy duty mechanic	Tractor	LAVA HOT SPRINGS, IDAHO	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WASHINGTON McCLELLAN	ECCELSHILL YORKS, ENG.	SARA MELVINA QUIGLEY	CLARKSTON, UT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		x George D. McClellan	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

411X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic stenosis, diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	~~Aortic stenosis~~, ~~Diabetes Mellitus~~	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-67 *19* , *to* 10-2 , 19 72 , *that I last saw the deceased alive on* 9-27 , 19 72 , *and that death occurred at* 2P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner M.D.	1333 W. Jefferson St. Boise, Idaho 83702	10/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Oct. 5, 1972	Cloverdale	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 12, 1972	Myrtle Palmer	Conway Craig	M478

FIRM NAME RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 12 1972
NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 2 3 1994
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4604
Local Reg. No. 167
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada (010)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence, Rt.3, Boise (DOA)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada (010)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 3 Boise
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOMER	B	BEAUCHAMP	10	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	11-23-1880	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Bedford, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES W. BEAUCHAMP	Indiana	ALICE JANUARY	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519 24 3682	X Carol B. Jones	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (No post examination)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10	3	72	10 P.M.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Name and Title)	23b. ADDRESS	23c. DATE SIGNED
Steve Jablonski Deputy Coroner	1214 Ada-Boise Idho	10-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-7-72	Buhl	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Myrtle Palmer	H. Conway Grant	M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

e.

OCT 12 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4605
Local Reg. No. 707
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 6 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SUNSET NURSING HOME 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 504 E. 44th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMERY	VERNON	LLOYD	10-3-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	5-23-1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7		Vincennes, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 03 3309A	Viola B Hunt	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Renal insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 14 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Urinary Tract - Infection — 4 Yrs
DUE TO (c) Cor. A. / Rt. sense

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Gen

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-4-19 64 *to* 10-1- 19 72 *that I last saw the deceased alive on* 9-25 19 72 *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B. Smithson M.D.	Boise Idaho	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-72	Joplin	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 2, 1972	Myrtle Palmer	L. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DR-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 6 1978

cord on file

ES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4606
Local Reg. No. 644
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 1520 HAMPTON RD.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEWIS	CLIFFORD	SMITH	10	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	12-31-1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 3		CINCINNATI, OHIO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clifford Joseph Smith	Clinton, Iowa	Mary Verona Beeks	Salesville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			+Annabelle Smith	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 9 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 13, 1972, to Oct 2, 1972, that I last saw the deceased alive on Oct 2, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James K Luce M.D	151 E. Bannock	10/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-72	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT. 10, 1972	Myrtle Palmer	Conway Grant ed	M476

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 10 1972

AUG 30 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. AUG 30 1985
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4607
Local Reg. No. 638
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2511 Heron Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2511 Heron Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDGAR	L.	WHITE	Oct. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Aug. 13, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman & Meat Cutter		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edgar White	Missouri	Ella Parker	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-07-4106	Mary D. White	2511 Heron Boise, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4709

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occulsion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes		Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-3-72 4:30Pm.		Natural Causes

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Deputy Coroner	1214 Ada, Boise Idaho	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1972	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6, 1972	Myrtle Palmer	[illegible] McMeekin	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4608
Local Reg. No. 170
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 20 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STAR
d. STREET ADDRESS (If rural, give location): BOX 102

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	B.	ATTEBERY	OCTOBER 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	7-13-94	78	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MAINTENANCE	STATE HIGHWAY	MISSOURI	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CHARLES ATTEBERY	MISSOURI	SADIE COX	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	571-22-2708	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma - bronchogenic, left — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease with congestive failure.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I, [redacted], attended the deceased from SEPTEMBER 14, 1972, to OCTOBER 4, 1972 [redacted] and that death occurred at 9:20p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MURRAY G. STROMBERG, M.D.	M.D.	VA HOSPITAL, BOISE, IDAHO	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct. 9, 1972	Star Cemetery	Star,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Myrtle Palmer	[signature]	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 10/13/72

RECEIVED OCT 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4609
Local Reg. No. 645
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Jukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise-
d. STREET ADDRESS (If rural, give location): 2116 N. 19th Street

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) (Johannes Nielsen) c. (Last) NELSON

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 4, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Nielsen) Adam Nelson — BIRTHPLACE: Misingefym, Denmark

14. MOTHER'S MAIDEN NAME: Sina (Unknown) — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 519-40-3791

17. INFORMANT'S OWN SIGNATURE: Miller HB Power — ADDRESS: Boise 1312 N. 20th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1551 Thrombosis & Extensive Hepatic artery & branches — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broncho Pneumonia — 72 hrs.
DUE TO (c) Carcinoma, Extensive with hepatic probable

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bile duct in origin — 18 Mo

19a. DATE OF OPERATION: 7/29/72

19b. MAJOR FINDINGS OF OPERATION: Liver Carcinomatosis

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29/72, 19__, to 10/4, 1972, that I last saw the deceased alive on 10/4, 19__, and that death occurred at 2:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Ed Jones M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 10/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/5/72

24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery

24d. LOCATION (City, town, or county) (State): Parker Idaho

DATE REC'D BY LOCAL REG.: Oct. 11, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Lowell Kemaray

LICENSE NO.: E-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 3 1972

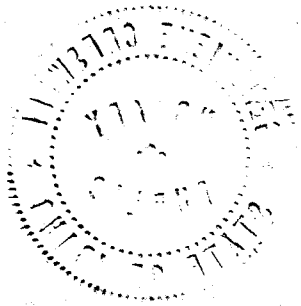

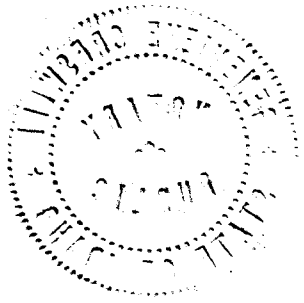

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4610
Local Reg. No. 661
Reg. Dist. No. 390

BIRTH NO. 72-10083

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6312 Lion St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MICHELLE	FAY	LENON	Oct. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	Oct. 5, 1972			3 / 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Steven Lenon	Idaho	Marilyn Aikens	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Marilyn Fay Lenon	6312 Lion St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	7720 Subdural, subarachnoid, basilar and intraventricular hemorrhage	birth
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severe prematurity (24-25 wks)	birth
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Neonatal atelectasis	birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5 October, 1972, to 5 October, 1972, that I last saw the deceased alive on 5 October, 1972, and that death occurred at 9:15 PM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mobile MD	945-1	620 W. Hays St. Boise, Idaho 83702	12 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 10, 1972	Syringa Gardens	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4611
Local Reg. No. 660
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): Minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alley behind 517 Main St.	d. STREET ADDRESS (If rural, give location): 1520½ No. 6th. St.

3. NAME OF DECEASED (Type or Print) a. (First): HARRY	b. (Middle): J.	c. (Last): TOWNSEND	4. DATE OF DEATH (Month) (Day) (Year): October 5, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: April 25, 1916	9. AGE (In years last birthday): 56 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 4	10b. KIND OF BUSINESS OR INDUSTRY: Electrical Work	11. BIRTHPLACE (State or foreign country): Unknown	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Unknown	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): ------	16. SOCIAL SECURITY NO.: 481 16 4287	17. INFORMANT'S OWN SIGNATURE: Ronald R. Wattmer	ADDRESS: Boise, Idaho Information found in Personal Effects	

517X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe Hemmorage, caused by an unknown inflamatory respiratory disease, which had perforated a major vesse

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): causeing massive bleeding. & arrest.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Brief

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not see Alive *, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* I PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Paris	583 (Degree or title) 4 Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise.	23c. DATE SIGNED: 10-11-72.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-10-1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Oct. 13, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde Vassar	LICENSE NO.: M-530

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4612
Local Reg. No. 655
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location) 108 W. 38th St.

3. NAME OF DECEASED (Type or Print)	a. (First) Hazel	b. (Middle) Jean	c. (Last) Verheek	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 5, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 22, 1907	9. AGE (In years last birthday) 64	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Hamilton, Montana	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME David Wagner	BIRTHPLACE Bentonville, Ark.	14. MOTHER'S MAIDEN NAME Willie Ann Long Blue	BIRTHPLACE Mound, Kan.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 517-05-3009	17. INFORMANT'S OWN SIGNATURE Thelma Mae Needle	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ovarian Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1972, *to* Oct 5, 1972, *that I last saw the deceased alive on* Oct 5, 1972, *and that death occurred at* 11 30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE M. M. Burkholder, M.D. 071 (Degree or title)	23b. ADDRESS 848 La Cassia, Boise, Idaho	23c. DATE SIGNED 10/6/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burail	24b. DATE 10-10-72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens
24d. LOCATION (City, town, or county) (State) Missoula, Montana		
DATE REC'D BY LOCAL REG. Oct. 11, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Alesley Scantlin
LICENSE NO. M-549		

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972
OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 17 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

AUG 10 1976

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4613
Local Reg. No. 716
Reg. Dist. No. 270

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 31 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 1310 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) MICHAEL b. (Middle) BENTON c. (Last) KNIGHT

4. DATE OF DEATH (Month) (Day) (Year): October 5, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov. 17, 1950

9. AGE (In years last birthday): 21
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bogalusa, Louisana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clyde L. Knight
BIRTHPLACE: Louisana

14. MOTHER'S MAIDEN NAME: Bonnie Tullos
BIRTHPLACE: Louisana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 436-70-4772

17. INFORMANT'S (SIGNATURE): Clyde L. Knight
ADDRESS: Louisana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Viral Hepatitis with adult yellow atrophy Liver
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Stress ulcers stomach
DUE TO (c): Post operative Back surgery

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4th, 1972 to 10-5, 1972, that I last saw the deceased alive on 10-5, 1972 and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 1015 N 8th Boise
23c. DATE SIGNED: 10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-72
24c. NAME OF CEMETERY OR CREMATORY: Poole Funeral Home Ebenezer Cemetery
24d. LOCATION (City, town, or county) (State): Franklinton, Louisana Jonesboro, Louisana

DATE REC'D BY LOCAL REG.: Nov. 3, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clyde J. Vassar
LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4614
Local Reg. No. 717
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1718 S. Curtis

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DOLORES	E.	MOORE	October 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 10, 1923	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Sheldon		Grace M. Larson	Geneva, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		X Evelyn Moore	1718 So Curtis Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from OCTOBER 6, 1972, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David Awtrey M.D.	Boise Idaho	27 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-9-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 4 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 2 2 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4615
Local Reg. No. 169
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 39 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GARDEN CITY
d. STREET ADDRESS (If rural, give location): 600 EAST 44TH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WESLEY	K.	HUTCHISON	OCTOBER 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	11-25-06	65	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	FARMING	NEBRASKA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ALBERT HUTCHISON	MISSOURI	MYRTLE BENSON	IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	504-01-1497	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

4389

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute pulmonary embolism	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombosis, left femoral vein	4 weeks
DUE TO (c)	Chronic AS brain syndrome	several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I, [redacted], attended the deceased from AUGUST 28, 19 72, to OCTOBER 6, 19 72 [redacted], and that death occurred at 7:55a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O. G. RIML, M.D. [signature] (Degree or title)	VA HOSPITAL, BOISE, IDAHO	10-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-10-72	Syringa	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Myrtle Palmer	L. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4616
Local Reg. No. 666
Reg. Dist. No. 370

BIRTH NO.

Filed OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 628 3rd Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frances	Victoria	BANES	October 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 10, 1905	67	– / –	– / –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Des Moines, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Victor E. Hall	Illinois	Adaline E. Roberts	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	– –	518-38-2346	Patricia Frates	Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Systemic Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Extensive triple vessel Coronary Atherosclerosis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-25-72, 19__, *to* 10-6, 19 72, *that I last saw the deceased alive on* 10-6, 19 72 *and that death occurred at* 1:35A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodney H Hern	M.D.	123 E Idaho St	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Oct. 10, 1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 17 1972	Myrtle Palmer	Keith M Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4617
Local Reg. No. 165
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle Rt. 1
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle Rt. 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frances		Sweeney	Oct. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 7, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		La Jolla, Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earle Simpson		Sarah Thomas	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		295-24-5755	Harold Sweeney	Rt. 1 Eagle

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	3720 Meadow Drive, Boise,	10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-72	Winnemucca Cemetery	Winnemucca, Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10 1972	Myrtle Palmer	Geo Jerread	M-366

FIRM NAME: Robison Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4618
Local Reg. No. 647
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 905 N. 7th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS		ROMICH, SR.	Oct. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 9, 1914	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Head Custodian	School System	Spokane, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marko Romich	Yugoslavia	Katherine Ducavac	Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	518-18-0623	Jane M. Romich	905 N. 7th. Boise, Idaho

5718

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bleeding esophageal varices	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cirrhosis of liver Post necrotic	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Duodenal ulcer	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 6, 1972, to Oct 7, 1972, *that I last saw the deceased alive on* Oct 7, 1972, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray Bump MD	Boise, Idaho	10/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-72	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 12, 1972	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 12 1972
MAR 15 1983
SEP 18 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 13 1972 Bureau of Vital Statistics

State File No. 4619
Local Reg. No. 168
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boise	c. LENGTH OF STAY (In this place): in transit
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Glenwood Road near Highway 20	d. STREET ADDRESS (If rural, give location): 6777 Poplar St.

3. NAME OF DECEASED (Type or Print) a. (First): JOYCE	b. (Middle): REA	c. (Last): CROCKETT	4. DATE OF DEATH (Month) (Day) (Year): October 8, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: January 27, 1943	9. AGE (In years last birthday): 29 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary	10b. KIND OF BUSINESS OR INDUSTRY: Accounting	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Sterling F. Sutton	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Annabell Doramus	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 518 50 8281	17. INFORMANT'S OWN SIGNATURE: X Ann Drutt	ADDRESS: Alicel, Ore.	

8161

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Massive Head & Internal Injuries. Inst;

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Auto skidded, & rolled over. The driver. Joanne R, Bronson, Crital Injured.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 425PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise,	23c. DATE SIGNED: 10-11-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-12-1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Oct. 13, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972

OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 25 1972

OCT 17 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4620
Local Reg. No. 681
Reg. Dist. No. 370

RECEIVED OCT 27 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 5 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 235	d. STREET ADDRESS (If rural, give location): 209 E 36th

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): JAMES MADISON DIXON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	9-3-1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 5	Boise-Payette	Pearley, Wis.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David E. Dixon		Minnie Judd	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW I	518-18-4854	X James M. Dixon Jr.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 250.9 Cerebral & Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: progressive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes M.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 318 (Degree or title) 1	401 NO [illegible], Boise, Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-72	Canyon Hill	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Myrtle Palmer	G Conway Grant	M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4621
Local Reg. No. 166
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 11 1972

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 14 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Garden City)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 W 42nd. St.	d. STREET ADDRESS (If rural, give location): 210 W. 42 nd. St.

3. NAME OF DECEASED (Type or Print) a. (First): Kenneth	b. (Middle): J	c. (Last): Brown	4. DATE OF DEATH (Month) (Day) (Year): 10-9-72	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 3, 1909	9. AGE (In years last birthday): 63; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic ret.	10b. KIND OF BUSINESS OR INDUSTRY: Heavy duty	11. BIRTHPLACE (State or foreign country): Mt. Idaho, Idaho	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Franklin Brown	BIRTHPLACE: Ill.	14. MOTHER'S MAIDEN NAME: Ida Hobson	BIRTHPLACE: Ill.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-05-0844	17. INFORMANT'S OWN SIGNATURE: Mrs K J Brown	ADDRESS: 210 W. 42. nd.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Organic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10-, 1972, *to* 9-30-, 1972, *that I last saw the deceased alive on* 9-30-, 1972, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Hollingsworth (Degree or title) M.D	23b. ADDRESS: Boise, Idaho	23c. DATE SIGNED: Oct 11-1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-13-72	24c. NAME OF CEMETERY OR CREMATORY: Mt. Idaho Cemetery	24d. LOCATION (City, town, or county) (State): Mt. Idaho, Idaho
DATE REC'D BY LOCAL REG.: Oct. 11, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4622
Local Reg. No. 663
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 wk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 515 E. State St.

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Treasure Valley Nursing Home 293

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret		Nunnally	Oct. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 10. 1876	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Carrollton, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Raines	Kent.	Allie Spear	Kent.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-74-3320	Lora Letty	Meridian

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* December 24, 1971, *to* October 2, 1972, *that I last saw the deceased alive on* October 2, 1972, *and that death occurred at* 3:53 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. C. Root M.D.	6003 Overland Road	10/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-11-72	Goldenrod Cemetery	Tekoa, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Myrtle Palmer	Jerreod	M-366

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 27 2006
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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313 478

Certificate of Death
STATE OF IDAHO

State File No. 4623
Local Reg. No. 662
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6225 Randolph Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6225 Randolph Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charlotte		McEwen	Oct. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 24, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Kirkland	Sullivan Co., Ill.	Nellie M. O'Neil	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	540-07-9186 D	Eleanor Cutler	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3957

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Stenosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-10, 1967, *to* Oct 9, 1972, *that I last saw the deceased alive on* ____, 19____ *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	425 W. Bannock	10-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/12/1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Myrtle Palmer	[signature]	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4624
Local Reg. No. 688
Reg. Dist. No. 370

BIRTH NO.

OCT 27 1972

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 12 Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital	d. STREET ADDRESS (If rural, give location): 2805 Palouse

3. NAME OF DECEASED (Type or Print) a. (First): H.	b. (Middle): RALPH	c. (Last): NEVINS	4. DATE OF DEATH (Month) (Day) (Year): October 9, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: January 3, 1914	9. AGE (In years last birthday): 58 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Dept. Manager 2	10b. KIND OF BUSINESS OR INDUSTRY: Sears	11. BIRTHPLACE (State or foreign country): Corder, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ben Nevins	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Elsie Miller	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-03-3409	17. INFORMANT'S OWN SIGNATURE: X Vera Nevins	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Lactic Acidosis	12-24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes mellitus	Several yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocardial infarction	12-24 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Oct *, 19*72 *, to* Same *, 19*____ *, that I last saw the deceased alive on* 9 Oct *, 19*72 *, and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: George B. Fourner MD (Degree or title)	23b. ADDRESS: 6003 Overland Rd	23c. DATE SIGNED: 20 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-13-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 25 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde J. Vassar	LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972
DEC 15 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4625

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 673
Reg. Dist. No. 370

RECEIVED OCT 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location) 602 W. Washington

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) H.	c. (Last) Beardsley	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Sept. 15, 1885	9. AGE (In years last birthday) 87 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 5	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 543-18-8821	17. INFORMANT'S OWN SIGNATURE Adalene McMurtrey	ADDRESS 1205 W. Bannock St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 8, 1972, *to* October 9, 1972, *that I last saw the deceased alive on* October 8, 1972, *and that death occurred at* 6:45 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE G. M. Noble 1141-1	(Degree or title) M.D.	23b. ADDRESS 6003 Overland Rd. Boise, Id.	23c. DATE SIGNED 10/16/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 14, 1972	24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens	24d. LOCATION (City, town, or county) Ada (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 20 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Howell McMaray	LICENSE NO. M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4626
Local Reg. No. 667
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 26 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's 002	d. STREET ADDRESS (If rural, give location): 4316 Hoover

3. NAME OF DECEASED (Type or Print) a. (First) MARK	b. (Middle) DAVID	c. (Last) HARTLEY	4. DATE OF DEATH (Month) (Day) (Year)	10-10-72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -----	8. DATE OF BIRTH: 9-13-1972	9. AGE (In years last birthday): --- IF UNDER 1 YR. Months: -- Days: 26 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Mark Abner Hartley	BIRTHPLACE: Boise, Idaho	14. MOTHER'S MAIDEN NAME: Joni Noland	BIRTHPLACE: Boise, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mark A. Hartley	ADDRESS	

18. CAUSE OF DEATH 486X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	26 dy
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Aspiration of Meconium	
DUE TO (c)	Atelectasis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diaphragmatic hernia	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Repair of Australian hernia Diaphragm

20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-13, 1972, *to* 10-10, 1972, *that I last saw the deceased alive on* 10-10-72, 19__, *and that death occurred at* 2:24 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl M. Johnston MD (Degree or title) 264-1	23b. ADDRESS: 848 Ha Cossa Dr.	23c. DATE SIGNED: 10/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-12-72	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek	24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Oct. 18 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Conway Grant	LICENSE NO.: M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4627
Local Reg. No. 669
Reg. Dist. No. 370

BIRTH NO.

OCT 24 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 611
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) MYRTLE b. (Middle) T c. (Last) COATES

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 72

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10, 1900

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Looking Glass, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Kinkade BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-54-7853

17. INFORMANT'S OWN SIGNATURE: x Glenn Coates ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1729

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 MO

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant melanoma — 16 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1972, *to* 10-10, 1972, *that I last saw the deceased alive on* 10-10, 1972, *and that death occurred at* 5:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James H Luce, M.D. (Degree or title) 1044-1
23b. ADDRESS: 151 E. Bannock St
23c. DATE SIGNED: 10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/14/72
24c. NAME OF CEMETERY OR CREMATORY: Homedale-Marsing
24d. LOCATION (City, town, or county) (State): Near Marsing, Idaho

DATE REC'D BY LOCAL REG.: Oct. 20 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: M-481
FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 3 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4628
Local Reg. No. 678
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Indiana 15 b. COUNTY: Grant 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (In this place): 3 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marion
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3015 Hillway Drive 000	d. STREET ADDRESS (If rural, give location): 923 West Sixth

3. NAME OF DECEASED (Type or Print) a. (First): CARRIE	b. (Middle):	c. (Last): OSBORN	4. DATE OF DEATH (Month) (Day) (Year): October 10, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: March 12, 1892	9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY: Clothing	11. BIRTHPLACE (State or foreign country): Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Weil	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Sophie Meyer	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x Calvin Osborn	ADDRESS: Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Apparent Acute Myocarditis	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Infarction Vascular Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1972, *to* Oct 10, 1972, *that I last saw the deceased alive on* Oct 10, 1972, *and that death occurred at* 9 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 516-1	23b. ADDRESS: 1703 Hillhead, Penn	23c. DATE SIGNED: 10/23/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Oct. 11 1972	24c. NAME OF CEMETERY OR CREMATORY: Jewish Cemetery	24d. LOCATION (City, town, or county): Wabash (State): Indiana
DATE REC'D BY LOCAL REG.: Oct. 25 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde Vassar	LICENSE NO.: M-530

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 9 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to JUN 29 1976

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4629
Local Reg. No. 658
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 8100 Wesley

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) T. c. (Last) Brunn Jr.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 28, 1916

9. AGE (In years last birthday): 55
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Brunn
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Nannette Mc Knight
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-18-7608

17. INFORMANT'S OWN SIGNATURE: Jeannie Brunn
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular Accident — Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Adkins (Degree or title): M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-72
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Oct. 16, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerread
LICENSE NO.: M-366
FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972
NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 14 1984

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4630
Local Reg. No. 171
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: LEMHI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SALMON
d. STREET ADDRESS (If rural, give location): GENERAL DELIVERY

3. NAME OF DECEASED (Type or Print): a. (First) WINFIELD b. (Middle) H. c. (Last) ADAMS

4. DATE OF DEATH: (Month) (Day) (Year): OCTOBER 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	12-28-19	52	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TRUCK DRIVER	TRUCKING	MONTANA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES ADAMS	MONTANA	NELLIE JARRETT	WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
YES	WWII	516-14-8617	VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4419

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aortic Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Aortic Aneurism — 24 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-11-72	Ruptured Aortic Aneurism.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from OCTOBER 11, 1972, to OCTOBER 11, 1972, and that death occurred at 11:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
RAYMOND J. BUNGARD, M.D.	VA HOSPITAL, BOISE, IDAHO	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-11-72		Livingston, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Myrtle Palmer		M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4631
Local Reg. No. 664
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Convalescent Center 332

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 808 N. Curtis Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	William	Steneck	Oct. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	June 12, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Hoboken, New Jersey	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Steneck		Maria Matthews	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519-40-1313A	Clarence Steneck	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Emphysema-Severe — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 13, 1964, *to* Oct 12, 1972, *that I last saw the deceased alive on* Oct 11, 1972 *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. G. Thuson	MD	Boise Ida	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16, 1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 17 1972	Myrtle Palmer	Wesley Beantlin	M-549

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972
OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4632
Local Reg. No. 665
Reg. Dist. No. 370

RECEIVED OCT 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place) 2 wks.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location) 2730 Sunrise Rim Rd.

3. NAME OF DECEASED (Type or Print)	a. (First) ANTHONY	b. (Middle) JAMES	c. (Last) EVANGELHO	4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 72
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-26-1912	9. AGE (In years last birthday) 60 — IF UNDER 1 YR. Months 3 Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Appliance & Heating	10b. KIND OF BUSINESS OR INDUSTRY Supply, Inc.	11. BIRTHPLACE (State or foreign country) Fresno, Calif.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME FRANK PERRY EVANGELHO	BIRTHPLACE Pico, Azores	14. MOTHER'S MAIDEN NAME Mary Pimentel	BIRTHPLACE Flores, Azores	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Mabel B Evangelho	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Aug *19*72 *to* 12 Oct *, 19*72 *that I last saw the deceased alive on* 12 Oct *, 19*72 *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J Hugh Atkinson 014 (Degree or title) MD	23b. ADDRESS 401 Idaho St Boise Ida	23c. DATE SIGNED 16 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-14-72	24c. NAME OF CEMETERY OR CREMATORY Dry Creek	24d. LOCATION (City, town, or county) Boise (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 18, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Russell A. Relyea	LICENSE NO. M-412

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972
OCT 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 13 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended November 10, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4633
Local Reg. No. 657
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 527 So. 14th St.

3. NAME OF DECEASED (Type or Print): a. (First) Tony; b. (Middle); c. (Last) Linton

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12 1972

5. SEX: Male

6. COLOR OR RACE: Black

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 3 1924

9. AGE (In years last birthday): 48
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Linton Darbin — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Leola Ford — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1943--1946

16. SOCIAL SECURITY NO.: 451-24-5004

17. INFORMANT'S OWN SIGNATURE: Dan Liban (Hospital Record) — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun Shot Wound in Head — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [*] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Undetermined

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise 13-011 Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? Shot with 22 Cal. Revolver

22. I hereby certify that I attended the deceased from Did not see, 19 alive to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 a.m. p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): Coroner

23b. ADDRESS: 3720 Meadow Drive, Boise

23c. DATE SIGNED: 10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10-17-72

24c. NAME OF CEMETERY OR CREMATORY: Montgomery Cemetery

24d. LOCATION (City, town, or county) (State): Montgomery Texas

DATE REC'D BY LOCAL REG.: Oct. 16, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

FIRM NAME: Gibson Funeral Home

LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 1 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Tony Linton (Name on Original Certificate) who died (Was Born or Died) on Oct. 12, 1972 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Line 15	No	Yes

Subscribed and sworn to before me this 1st day of November, 19 72
Florence Courtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Donald R. Watkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
507 Idaho St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November 19 72
Ruby Hamilton
Notary Public, residing at Boise Idaho
My commission expires Jan 10, 1974
(Seal)

Signed Clyde Vassar
(Signature of Any Credible Person)
1206 N. Cloverdale Road
(Street Address, City, State)

FORM DH 60-155

NOV 6 1972

NOV 9 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No.

Date Filed Oct 16,1 972

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Tony Linton (Name on Original Certificate) who died (Was Born or Died) on October 12, 1972 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#21a	Homicide	Unknown (Undetermined)
#21f	Shot with 22 Cal. Revolver by wife	Shot with 22 Cal. Revolver

Subscribed and sworn to before me this 10th day of November, 19 72

Notary Public, residing at Boise

My commission expires Sept 15, 1976

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

A & A Co Caskets (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires (Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

6 copies of Amended cert. issued NOV 10 1972

NOV 13 19

(2) NOV 24 1972

JAN 24 1973

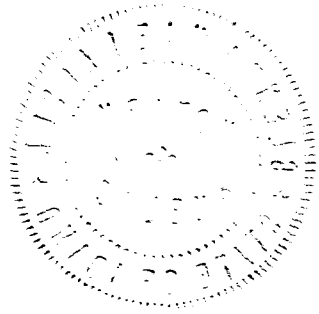

Amended 11-6-72

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 657
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 527 So. 14th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TONY		LINTON	October 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Black	Married	January 3, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Construction	Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Linton	Texas	Leola Ford	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	----------	451 24 5004	[illegible] (Hospital Records)	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): shot Gun Wound in Head. — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide.		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		Shot with 22 Cal; Revolver. by wife.

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] Coroner	3720 Meadow Drive, Boise.	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Removal	10-17-1972	Montgomery Cemetery	Montgomery Texas	[signature]	M-535

DATE REC'D BY LOCAL REG.: Oct. 16, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM GH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 27 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4634
Local Reg. No. 682
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3535 N. Cole Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3535 N. Cole Rd.

3. NAME OF DECEASED (Type or Print): a. (First) HAROLD b. (Middle) JOSEPH c. (Last) WILLIAMS

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 5-24-1925
9. AGE (In years last birthday): 47
IF UNDER 1 YR. Months: 5 Days: 11
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Male nurse
10b. KIND OF BUSINESS OR INDUSTRY: Mt. Zion's Hosp.
11. BIRTHPLACE (State or foreign country): Huntington, Ore.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Williams BIRTHPLACE: Dunklin Co., Mo.
14. MOTHER'S MAIDEN NAME: Edna Marie Hancock BIRTHPLACE: Nez Perce, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 363 20 7826
17. INFORMANT'S OWN SIGNATURE: x Norris W. Ostrander ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Head Injury — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Self Inflicted Gun Shot Wound.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise 13-01 Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-13-72 1 30 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Suicide

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Elmer C. Jaklonski, County Coroner 4
23b. ADDRESS: 1214 Ada - Boise Idaho
23c. DATE SIGNED: 10-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-17-72
24c. NAME OF CEMETERY OR CREMATORY: Syringa
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Oct. 24 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Kenneth Grant
LICENSE NO.: M478
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4635
Local Reg. No. 668
Reg. Dist. No. 370

BIRTH NO.

Registered OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): residence
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7701 Ustick Road # 75

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7701 Ustick Road # 75

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	Cecelia	Heilbrun	October 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	November 10, 1915	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Restaurant	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Grant Campbell	Idaho	Stella Mary Potter	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	520 20 2306	X Mary E DeGrange	Mountain Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial Sclerotic Heart Disease. — Mos;
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
S83 (Degree or title) 4 Coroner	3720 Meadow Drive, Boise,	10-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-17-1972	Lava Hot Springs Cemetery	Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 19 1972	Myrtle Palmer		M-461

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4636

Certificate of Death
STATE OF IDAHO

State File No. 4636
Local Reg. No. 172
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2026 SOUTH OWYHEE STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THOMAS	CHAPMAN	KELTNER	OCTOBER 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	1-27-96	76	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MANAGER 2	ICE CREAM PLANT	KENTUCKY	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CORNELIUS KELTNER	KENTUCKY	MARY ROGERS	KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	518-10-7829	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary embolism	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombophlebitis	1 week
DUE TO (c)	Atherosclerotic heart disease	7 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of the prostate	11 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from OCTOBER 10, 19 72, to OCTOBER 14, 19 72, and that death occurred at 7:40a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. G. RIML, M.D. 592-1	VA HOSPITAL, BOISE, IDAHO	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-17-1972	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20 1972	Myrtle Palmer	[signature]	M-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: OCT 1 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4637
Local Reg. No. 690
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 27 1972

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 413 East 51st Street

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS; b. (Middle) ALVIN; c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1906

9. AGE (In years last birthday): 66
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: School Dist.

11. BIRTHPLACE (State or foreign country): Sycamore, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Tom Williams
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Izetta Clark
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-18-3182

17. INFORMANT'S OWN SIGNATURE: Mabel M. Williams
ADDRESS: 413 E. 51st St. Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3950

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Inactive Aortic rheumatic valvulitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/7/72

19b. MAJOR FINDINGS OF OPERATION: Bilateral Inguinal Hernia

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1956, 19__, *to* Oct 14, 1972, *that I last saw the deceased alive on* Oct 13, 1972, *and that death occurred at* 11:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Max F. Bell, M.D. (Degree or title)

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 10/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-17-72

24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-27-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Edward Summers

LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

OCT 30 1972

FEB 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BIRTH NO. 001 20 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4638
Local Reg. No. 671
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3920 Mountain View Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3920 Mountain View Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	NICHOLS	POTTS	Oct. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 6, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner-Mgr.	Statewide Stores	Coeur d'Alene, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Claude H. Potts	Unknown	Helen Nichols	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-03-1532	James V. Hawkins	1019 N. 17th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4423

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Vascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 28, 1956, to Oct. 15, 1972, that I last saw the deceased alive on July 27, 1972, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George L. Balden	MD	121 E. Idaho St.	10-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-18-72	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20, 1972	Myrtle Palmer	Dale M. Martinez	

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

AUG 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 27 1972 Bureau of Vital Statistics

State File No. 4639
Local Reg. No. 683
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 24 hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS 003	d. STREET ADDRESS (If rural, give location): 1115 N. 15th

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) CARL c. (Last) BLACKBURN

4. DATE OF DEATH (Month) 10 (Day) ;15 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	4-25-1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Loa, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Blackburn	Wayne Co., Utah	Juliette Maxfield	Wayne Co. ,Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 28 7378	Nina E. Blackburn	

185X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bowel Obstruction and Neurosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Prostate	4 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebrovascular disease	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) N.A.

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1972, *to* Oct 15, 1972, *that I last saw the deceased alive on* Oct 15, 1972, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
L. Gillman 1014 (Degree or title) M.D.	100 Warm Springs	10-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	10-18-1972	Dry Creek	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Myrtle Palmer	H. Conway Grant	M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4640
Local Reg. No. 684
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1041 No. 8th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHRYN	DOROTHY	NINEMIRE	OCT 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	DEC. 1, 1915	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER	HOMEMAKING	ASOTIN, WASHINGTON	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRED AUSMAN	WISCONSIN	GUSSIE MARY KIDDER	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	518-18-3318	Myrtle Ausman	1041 8th St Payette

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchogenic Carcinoma	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	at lung	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1621

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H Baldwin M.D.	201 W State St	18 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	OCT. 18, 1972	Rosedale Memorial Gdns	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Myrtle Palmer		M-461

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 26 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 20 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4641
Local Reg. No. 670
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 511 Avenue H, Apt. #605

3. NAME OF DECEASED (Type or Print)
a. (First): GUY
b. (Middle): H.
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 3, 1887
9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (State or foreign country): Stewart, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert G. Jones
BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Nina M. Pelton
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I & II
16. SOCIAL SECURITY NO.: 519-44-8440
17. INFORMANT'S OWN SIGNATURE: Dorothy W. Jones
ADDRESS: 511 Ave. H. #605 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

188X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of Bladder
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Oct 15, 1972, *that I last saw the deceased alive on* Oct 15, 1972 *and that death occurred at* 2:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 259 (Degree or title) MD
23b. ADDRESS: 724 State Boise
23c. DATE SIGNED: 10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-19-72
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Las Vegas, New Mexico

DATE REC'D BY LOCAL REG.: Oct. 20, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-509

Federal Security Agency
United States Public Health Service FORM DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

NOV 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 15 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 27 1972 Bureau of Vital Statistics

State File No. 4642
Local Reg. No. 689
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital	d. STREET ADDRESS (If rural, give location): 415 S. 12th. St.

3. NAME OF DECEASED (Type or Print) a. (First): Wilber	b. (Middle): S	c. (Last): Clarr	4. DATE OF DEATH (Month) (Day) (Year): 10-16-72	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 7-25-72	9. AGE (In years last birthday): 60; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: general	11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: John N. Clarr	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Etta Rae	BIRTHPLACE: Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-07-9903	17. INFORMANT'S OWN SIGNATURE: Nera D. Putzier	ADDRESS: 310 East 4th Emmett Idaho	

5719

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hepatic Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: year

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): with

DUE TO (c): Severe Emphysema and

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Bronchiectasis — Year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Aug, 1972, *to* Oct 16, 1972, *that I last saw the deceased alive on* Oct 16, 1972, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Draper MD (Degree or title)	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED: Oct 18, 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 10-18-72	24c. NAME OF CEMETERY OR CREMATORY: Mt'N. View	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 25 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. 4643
Local Reg. No. 677
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada OCT 25 1972 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 6422 Robertson Dr.

3. NAME OF DECEASED (Type or Print)	a. (First) Howard	b. (Middle) E	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) 10-16-72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 2-13-14	9. AGE (In years last birthday): 58 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY: Internal	11. BIRTHPLACE (State or foreign country): Raton, New Mexico	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Larry E. Allen	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Lucy Johnson	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 2	16. SOCIAL SECURITY NO.: 529-09-2659	17. INFORMANT'S OWN SIGNATURE: Cora C. Allen	ADDRESS: 6422 Robertson Dr. 6422 Robertson Dr	

911X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral anoxia	18 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Asphyxiation	18 hrs
DUE TO (c)	Aspiration of meat in larynx	18 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 10	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-011	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 10-15, 1972 *to* 10-16, 1972, *that I last saw the deceased alive on* 10-16, 1972, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner MD. (Degree or title)	23b. ADDRESS: 1333 W. Jefferson St Boise, Idaho 83702	23c. DATE SIGNED: 10/21/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 10-19-72	24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 25, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home
Box 7212-83707-375-4212

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

NOV 3 1972

SEP 17 1973

APR 10 1978

APR 20 1978

JUN 11 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4644

Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. _____
Local Reg. No. 672
Reg. Dist. No. 370

BIRTH NO.

OCT 20 1972

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (In this place): 48 days
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 332	d. STREET ADDRESS (If rural, give location): 6101 Northview

3. NAME OF DECEASED (Type or Print)	a. (First) HAZEL	b. (Middle)	c. (Last) FITE	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 16, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Apr.10,1891	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 2	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): Newkirk, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Jesse White	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Hattie Van Riper	BIRTHPLACE: Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W.W.1	16. SOCIAL SECURITY NO.: 518-07-6406	17. INFORMANT'S OWN SIGNATURE: Robert M. Sprague	ADDRESS: Mt. Pleasant, Utah	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Stroke	1 hour.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Cerain syndrome	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* any, 1972, *to* death, 19____, *that I last saw the deceased alive on* Oct 14, 1972, *and that death occurred at* 5 am *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 040 (Degree or title)	23b. ADDRESS: Boise City	23c. DATE SIGNED: 23 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/18/72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 20, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: E-497

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IVA

Certificate of Death
STATE OF IDAHO

State File No. 4645
Local Reg. No. 702
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2417 N. 31st

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARENCE	ARTEMUS	MILLET	10	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	2-12-1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 7	Farm & Construction	Provo, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Nelson Millet	Spring Valley Nev.	Caroline Ann Jarmon	Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518 14 2881	X Mrs Orval Douglas	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Thrombosed Coronary Artery	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Chronic
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10	16	72	2:50 P m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonske 593 Deputy Coroner 4	1314 Ada-Boise Idaho	10-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	10-19-72	Jerome	Jerome	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 1 1972	Myrtle Palmer	H. Conway Grant	478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 - 1972
NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate
October 25, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4646
Local Reg. No. 674
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS OCT 25 9 25 AM '72

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6608 FAIRVIEW

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1716 NORTH 29TH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JACK	EVERETT	STRICKLAND	OCTOBER 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JAN. 29, 1926	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Night Watchman	STATE OF IDAHO	BOISE, ADA, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BION JAMES STRICKLAND	WINDSOR, OHIO	FRANCES ELIZABETH LINN	BURGETS TOWN, PA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	NAVY & MARINES	518-20-2063	Elma Lou Strickland	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fatty Metamorphosis of Liver, Marked

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Alcholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute ethanol and barbituates intoxication, mild

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes		Boise, Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
10-17-72 1:00P m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski	Deputy Coroner	1214 Ada, Boise, Idaho	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	10-21-72	MORRIS HILL CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 24, 1972	Myrtle Palmer	Eldon T. Pearson	M 512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 674
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6608 FAIRVIEW

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1716 NORTH 29th.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JACK	EVERETT	STRICKLAND	OCT. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JAN. 29, 1926	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NITE WATCHMAN	STATE OF IDAHO	BOISE, ADA, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BION JAMES STRICKLAND	WINDSOR, OHIO	FRANCES ELIZABETH LINN BURGETS	TOWN, PEN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	NAVY & MARINES	518-20-2063	Elma Lou Strickland	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Elevated Barbituate Concentration	3 hours -
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Elevated Alcohol Concentration	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Non-Functioning Liver Condition	Chronic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Undetermined Cause		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
10/A m.		Undetermined Causes of Over Ingestion

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski Deputy Coroner	1214 Ada-Boise Idaho	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	10-21-72	MORRIS HILL CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Myrtle Palmer	Elden T. Pearson	M-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

~~OCT 20 1972~~ OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 1 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4647
Local Reg. No. 174
Reg. Dist. No. 371

RECEIVED BUREAU OF VITAL STATISTICS OCT 25 3 08 PM '72

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 5 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 009	d. STREET ADDRESS (If rural, give location): ROUTE 3

3. NAME OF DECEASED (Type or Print) a. (First): ODER	b. (Middle): W.	c. (Last): RAY	4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 18, 1972	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: 4-5-90	9. AGE (In years last birthday): 82 — IF UNDER 1 YR. Months: -- Days: -- — IF UNDER 24 HRS. Hours: -- Min.: --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED LABORER 8	10b. KIND OF BUSINESS OR INDUSTRY: LABOR	11. BIRTHPLACE (State or foreign country): IOWA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: JOHN RAY	BIRTHPLACE: IOWA	14. MOTHER'S MAIDEN NAME: ANN KIKENDALL	BIRTHPLACE: IOWA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 484-09-5966	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO	

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I [illegible] attended the deceased from OCTOBER 13, 19 72, to OCTOBER 18, 19 72, [illegible] and that death occurred at 7:25p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MURRAY G. STROMBERG, M.D. 597 (Degree or title)	23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO	23c. DATE SIGNED: 10-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 10-19-72	24c. NAME OF CEMETERY OR CREMATORY: Indianapolis Cemetery	24d. LOCATION (City, town, or county) (State): What Cheer, Iowa
DATE REC'D BY LOCAL REG.: Oct. 25, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4848
Local Reg. No. 675
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) few hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE S Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital
d. STREET ADDRESS (If rural, give location) 1214 N. 7th

3. NAME OF DECEASED (Type or Print) a. (First) VERNE b. (Middle) c. (Last) CADY

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 7-25-1900
9. AGE (In years last birthday) 71
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Porter BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Gass BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Wm D. Cady ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4189 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17- , 19 72 *to* 10-18- , 19 72 *, that I last saw the deceased alive on* 10-17- , 19 72 *, and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Donnie Cathy M.D.
23b. ADDRESS 125 E Idaho
23c. DATE SIGNED 10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-20-72
24c. NAME OF CEMETERY OR CREMATORY Hagerman
24d. LOCATION (City, town, or county) Hagerman (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 24 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Eldon T. Pearson
LICENSE NO. M-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972
NOV 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4649
Local Reg. No. 173
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 25 1972

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 84 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1812 NORTH 15TH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PHILLIP	D.	MORRIS	OCTOBER 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	9-20-09	63	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK 3	RETAILING	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRANK MORRIS	ILLINOIS	HANNAH SORENSON	DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	518-14-8661	Clarice Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: (sudden death

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rheumatoid arthritis, chronic.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I last attended the deceased from JULY 26, 1972, to OCTOBER 18, 1972 and that death occurred at 9:45p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
FRED B. HINE, M.D. (Degree or title)	VA HOSPITAL, BOISE, IDAHO	10-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-21-1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 25 1972	Myrtle Palmer		4050

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

OCT 25 1972
DEC 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. DEC 26 1972
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4650
Local Reg. No. 695
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 3 Box 76

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	Alfred	Puser	Oct. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Aug. 31, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farm	Billion, Wisc.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Puser	Hungary	Thersa Moser	Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-40-0532	Eles M. Adams	R13 Box 76 Emmett

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1972, to Oct 19, 1972, that I last saw the deceased alive on Oct 19, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Johnson	MD	Boise Ida	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10-21-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27 1972	Myrtle Palmer	Walter Potter	M-445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 4 1972

APR 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4651
Local Reg. No. 685
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 5500 EMERALD

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUCILLE	JANE	THORSON	OCT. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	MARCH 23, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		YOST, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
EPHRIAM WHITTAKER	WILLARD, UTAH	LUCY PAULINE REID	STONE, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-01-5872	+ Thos. Thorson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occulsion — Interval between onset and death: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Interval between onset and death: Chronic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes		Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-20-72 - 1 30 p m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thos Jablonski Deputy Coroner	1214 Ada-Boise Idaho	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	OCT. 25, 1972	MT. VIEW CEMETERY,	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24 1972	Myrtle Palmer	Elden T. Pearson	M-512

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4652
Local Reg. No. 175
Reg. Dist. No. 271

BIRTH NO.

RECEIVED
OCT 30 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ADA			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE	c. LENGTH OF STAY (In this place): 7 days		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION: V. A. HOSPITAL, BOISE, IDAHO			d. STREET ADDRESS (If rural, give location): 2055 BROADWAY,

3. NAME OF DECEASED (Type or Print)	a. (First) CLAUDE	b. (Middle) H.	c. (Last) HOOBING	4. DATE OF DEATH (Month) (Day) (Year)	OCTOBER 21, 1972	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: OCT. 29, 1897	9. AGE (In years last birthday): 74	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY: SAME	11. BIRTHPLACE (State or foreign country): HERICOLA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: WILLIAM HOOBING		BIRTHPLACE: OHIO	14. MOTHER'S MAIDEN NAME: JENNIE KLINE		BIRTHPLACE: KANSAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-38-5509	17. INFORMANT'S OWN SIGNATURE: Christine Hall		ADDRESS: V. A. HOSPITAL RECORDS, BOISE, IDAHO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) *This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185 X Carcinoma Prostate Gland with metastases. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH 4 - 5 years plus
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. ~~[illegible]~~ attended the deceased from October 14, 1972, to October 21, 1972 ~~(Hour last saw the deceased alive)~~ ~~[illegible]~~, and that death occurred at 8:50p.m., from the causes and on the date stated above.

23a. SIGNATURE: W. G. CROUGHTON, M.D. (Degree or title)	23b. ADDRESS: VAC, BOISE, IDAHO	23c. DATE SIGNED: 10-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek	24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Oct. 27 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: A. E. Alden	LICENSE NO.: 299

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972
NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1 COPY

Certificate of Death
STATE OF IDAHO

State File No. 4653
Local Reg. No. 698
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 6 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Ho sp. 003	d. STREET ADDRESS (If rural, give location): 1019 S. Hays

3. NAME OF DECEASED (Type or Print) a. (First): Charles	b. (Middle): James	c. (Last): Couts	4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Nov. 25, 1889	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer & cafe owner 7	10b. KIND OF BUSINESS OR INDUSTRY: food	11. BIRTHPLACE (State or foreign country): Edgerton, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Mack Couts	BIRTHPLACE: unknown	14. MOTHER'S MAIDEN NAME: unknown	BIRTHPLACE: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 478-32-5829	17. INFORMANT'S OWN SIGNATURE: Margaret Couts	ADDRESS	

5310

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gastric ulcer c̄ hemorrhage	4 WKS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Postoperative pancreatic fistula.	2 WKS.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Gastric ulceration

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 1970-1	23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 10-24-72	24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery	24d. LOCATION (City, town, or county) (State): Emmett, Idaho
DATE REC'D BY LOCAL REG.: Oct. 30 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Walter F Potter	LICENSE NO.: M-445

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 1972

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 19 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 25 1972 Bureau of Vital Statistics

State File No. 4654
Local Reg. No. 679
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): few min
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7701 Ustick Road # 149

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL	H.	PRATHER	Oct. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 3, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Salesman	Insurance	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dick Prather	Unknown	Lenora Jackson	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	527-50-5192	Mrs Ruth Prather	7701 Ustick Boise,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 1, 1970, *to* October 20, 1972, *that I last saw the deceased alive on* Oct 20, 1972, *and that death occurred at* 12:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 333-1	808 Columbia Dr Boise	10/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1972	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 25 1972	Myrtle Palmer	Robert G. Poe	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4655
Local Reg. No. 703
Reg. Dist. No. 370

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE 000	d. STREET ADDRESS (If rural, give location): 2239 BROADWAY

3. NAME OF DECEASED (Type or Print) a. (First): DELBERT b. (Middle): c. (Last): KIRBY			4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 21, 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: FEB. 27, 1894
9. AGE (In years last birthday): 78	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): FRANKLIN, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: EDWARD KIRBY — BIRTHPLACE: HYDE PARK, UTAH		14. MOTHER'S MAIDEN NAME: LUCY LUELLA PACKER — BIRTHPLACE: PANACA, NEVADA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-09-2379	17. INFORMANT'S OWN SIGNATURE: X Julia B Kirby	ADDRESS

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Thrombosed Coronary Artery	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Occulsion	Chronic
DUE TO (c)	Arteriosclerotic Heart Disease	Chronic
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-21-72 10:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Natural Causes

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Steve Jablonski Deputy Coroner (Degree or title) 383-4	23b. ADDRESS: 1214 Ada - Boise Idaho	23c. DATE SIGNED: 10-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: OCT. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: ROSEHILL CEMETERY	24d. LOCATION (City, town, or county) (State): IDAHO FALLS, IDAHO
DATE REC'D BY LOCAL REG.: Nov. 1 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. Conway Grant	LICENSE NO.: M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 - 1972

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Dr. Jeppesen
129 [illegible]

RECEIVED
OCT 31 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

342-4281

State File No. 4656
Local Reg. No. 696
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Baker 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Baker
d. STREET ADDRESS (If rural, give location): Route #1, Box 39

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGIA
b. (Middle): L.
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 31, 1885
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pryor Goff — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Amanda Davis — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 565-26-5988 A
17. INFORMANT'S OWN SIGNATURE: Henry Lennigan — ADDRESS: Route #1, Baker, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

180X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1972 *to* Oct 22, 1972 *that I last saw the deceased alive on* Oct 22, 1972 *and that death occurred at* 4:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F B Jeppesen (Degree or title): M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 26, 1972
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery White's Mortuary, Inc.
24d. LOCATION (City, town, or county) (State): Santa Cruz, California

DATE REC'D BY LOCAL REG.: Oct. 27 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Thad P. Beatty — Thad P. Beatty
LICENSE NO.: M-311

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4657
Local Reg. No. 699
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Harney 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hines
d. STREET ADDRESS (If rural, give location): 213 North Hines Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Patricia
b. (Middle): Louise
c. (Last): Hogan

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1927
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Burns, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur M. Heinz — BIRTHPLACE: ---------
14. MOTHER'S MAIDEN NAME: Wvalyne G. Helt — BIRTHPLACE: ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: John W. Hogan — ADDRESS: Hines, Ore.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5609

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small bowel perforation c̄ abscess + small bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS ① Empyema ② Inanition — 3wks.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 31, 1972 *to* Oct 22, 1972 *that I last saw the deceased alive on* Oct. 22, 1972 *and that death occurred at* 2:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 125 E. Idaho Boise
23c. DATE SIGNED: 10/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oc.t 22, 1972
24c. NAME OF CEMETERY OR CREMATORY: Burns Cemetery
24d. LOCATION (City, town, or county) (State): Burns, Oregon

DATE REC'D BY LOCAL REG.: Oct. 30, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert G. Ross
LICENSE NO.: M-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 22 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED OCT 27 1972 Bureau of Vital Statistics

State File No. 4658
Local Reg. No. 691
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 11131 Franklin Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EUGENE	H.	ANDERSON	Oct. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 17, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney at Law	Law	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Anderson	Wanship, Utah	Charlotte Hughes	Samaria, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-44-4271	Rodney H. Anderson	3105 Crescent Rim

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4279

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular arrhythmia, etiology undetermined — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-11-72	Intermittent ventricular bigeminy	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-11, 1972 to 10-22, 1972, that I last saw the deceased alive on 10-18, 1972, and that death occurred at 730 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodney H. Anderson M.D.	123 E Idaho St.	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Oct. 26, 1972	Mountain View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-27-72	Myrtle Palmer	Robert G. Rose	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DEC 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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DR. WALTERS 342-3641
401 W. IDAHO

Certificate of Death
STATE OF IDAHO

343-4221

State File No. 4659
Local Reg. No. 692
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 30 1972
Bureau of Vi...

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Treasure Valley Manor 293	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Alexander	b. (Middle)	c. (Last) Black	4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1972	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July, , 1913	9. AGE (In years last birthday) 59 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 6	10b. KIND OF BUSINESS OR INDUSTRY Food	11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-09-8866	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS	

3032

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	LIVER FAILURE	2 MO.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CHRONIC ALCOHOLISM	UNKNOWN
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1972, *to* 10-22, 1972, *that I last saw the deceased alive on* 10-6, 1972, *and that death occurred at* 1205 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] MD (Degree or title)	23b. ADDRESS 999 No. Curtis Rd.	23c. DATE SIGNED 10-26-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-28-72	24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho		
DATE REC'D BY LOCAL REG. Oct. 27 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER [signature]
LICENSE NO. M-549		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

NOV 7 1972

FEB 13 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4660
Local Reg. No. 694
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 17 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6520 Randolph Dr.	d. STREET ADDRESS (If rural, give location): 6520 Randolph Dr.

3. NAME OF DECEASED (Type or Print)	a. (First): Vera	b. (Middle): Redfield	c. (Last): Frazier	4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 31, 1915	9. AGE (In years last birthday): 57 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Jay Redfield	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Elise Ireta Jones	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 529-10-7915	17. INFORMANT'S OWN SIGNATURE: Robert [illegible]	ADDRESS: Boise, Idaho 6520 Randolph Dr.	

4121

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Edema	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	HYPERTENSIVE and Arteriosclerotic Heart Disease	
DUE TO (c)		5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-67, 19__, *to* 10-23, 1972, *that I last saw the deceased alive on* 10/15, 1972 *and that death occurred at* 11:10 pm *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)	23b. ADDRESS: 848 La Cassia, Boise	23c. DATE SIGNED: 10/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Ada Idaho
DATE REC'D BY LOCAL REG.: Oct. 30 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Lowell [illegible]	LICENSE NO.: M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4661
Local Reg. No. 700
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Convalescent Center 352

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1009½ Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Harvey; b. (Middle); c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 20, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nora Springs, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elmer Adams
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Alice Bunny
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519-20-6456

17. INFORMANT'S OWN SIGNATURE: C. E. Alden
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Heart attack — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A. S. H. D. — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Chronic bronchitis — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never seen *to* before, taken from records *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. K. Blackburn M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 30 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 28, 1972

24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 30, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Paul Waggoner

LICENSE NO.: M- 422

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 20 1972 Bureau of Vital Statistics

State File No. 4662
Local Reg. No. 746
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 372 Caldwell Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PAUL	M.	MARQUARDT	Oct. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 13, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Well Driller	Well Drilling	Deering, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Marquardt	No Record	Myrtle Smith	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	441-05-6070	Beatrice Marquardt	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 23, 1972 to at time of death, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David Curtis M.D.	Boise Idaho	11/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/26/72	Hominy Cemetery	Hominy, Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Myrtle Palmer	Richard W. Mesenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1977
NOV 8 1973
AUG 14 1981
NOV 17 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4663
Local Reg. No. 730
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 15 Min.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 332	d. STREET ADDRESS (If rural, give location): 5909 Randolph Drive

3. NAME OF DECEASED (Type or Print)	a. (First) SCOTT	b. (Middle) ROBERT	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never-married	8. DATE OF BIRTH: Aug. 10, 1956	9. AGE (In years last birthday): 16 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student	10b. KIND OF BUSINESS OR INDUSTRY: school	11. BIRTHPLACE (State or foreign country): Caldwell, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Robert F. Jones BIRTHPLACE: South Dakota		14. MOTHER'S MAIDEN NAME: Elaine Ward BIRTHPLACE: Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x K. Elaine Wolfe ADDRESS: 5909 Randolph Dr. Boise, Idaho		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Internal Hydrocephalus

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Subdural Hematoma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1972, *to* Oct 24, 1972, *that I last saw the deceased alive on* Oct 24, 1972, *and that death occurred at* 2:35 PM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: 401 Idaho, Boise, Idaho	23c. DATE SIGNED: 11-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-27-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Nov. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 2 2 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4664
Local Reg. No. 708
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada C/C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (In this place):		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002			d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First): Otis	b. (Middle): Orland	c. (Last): Morris	4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1972		
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Oct. 30, 1885	9. AGE (In years last birthday): 86	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Unknown	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-22-6751T	17. INFORMANT'S OWN SIGNATURE: A. E. Alden	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral & Coronary Arterio Sclerosis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Degenerative Disease of Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Elevated Uric Acid —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1972, *to* 10-24, 1972, *that I last saw the deceased alive on* 10-23, 1972 *and that death occurred at* 10:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson (Degree or title) MD	23b. ADDRESS: Boise Ida	23c. DATE SIGNED: 10-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-27-72	24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery	24d. LOCATION (City, town, or county) (State): Star, Idaho
DATE REC'D BY LOCAL REG.: Nov. 3, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Earl Waggoner	LICENSE NO.: M-422

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

APR 2 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4665
Local Reg. No. 701
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 242 Taylor Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	Lee	Bowman	Oct. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 14, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Cicero, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Bowman	Unknown	Rosetta Graham	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-4182A	Earl Waggoner	419 N. 9th. Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Rupture	24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Myocardial Infarction	3 days
DUE TO (c)	Coronary Thrombosis	3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 12, 1971, *to* Oct. 24, 1972, *that I last saw the deceased alive on* Oct. 24, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph A. Palmer, MD	121 E. Jesus St.	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/27/1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30 1972	Myrtle Palmer	Earl Waggoner	M-422

FIRM NAME: REYNOLDS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 1972
JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4666
Local Reg. No. 704
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA C11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA D1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1115 VERMONT

3. NAME OF DECEASED (Type or Print): a. (First) H A L b. (Middle) c. (Last) B A K E R

4. DATE OF DEATH (Month) (Day) (Year): OCT. 25, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 24, 1895

9. AGE (In years last birthday): 76 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): HALFWAY, OREGON

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY J. BAKER BIRTHPLACE: BAKERS POINT, IOWA

14. MOTHER'S MAIDEN NAME: HESTER ANN SHOEMAKER BIRTHPLACE: COVE, OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 542-05-6694

17. INFORMANT'S OWN SIGNATURE: Myrtle Baker ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Quadraparesis — 22 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19___, *to* 10-25, 1972, *that I last saw the deceased alive on* 10-25-72, 19___, *and that death occurred at* 11 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)

23b. ADDRESS: 848 La Cassia Road

23c. DATE SIGNED: 10/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: OCT. 27, 1972

24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE CEMETERY

24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 1 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: L. Conway Grant LICENSE NO.: M476

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 - 1972

AUG 2 7 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4667
Local Reg. No. 726
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY IN THIS PLACE: 5 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 3134 Treasure Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	A.	ROBERTSON	Oct. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never-Married	Dec. 3, 1908	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Same	Elwood, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William John Robertson	Indiana	Myrtle Garis	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-12-8884	[signature]	1940 Miller Ave. Burley, Idaho

4109

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	acute myocardial infarction	5 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	coronary heart disease	unknown
DUE TO (c)	arteriosclerotic heart disease	unkn
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-21-72, 19___, *to* 10-25-72, 19___, *that I last saw the deceased alive on* 10/25, 19___, *and that death occurred at* 3:25 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 1018-1	220 North First Boise, Id.	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Burial	10-28-72	Sunset Memorial Gardens,	Twin Falls, Idaho	Nov. 8 1972	Myrtle Palmer	[signature]	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 8 1972

MAY 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4668
Local Reg. No. 697
Reg. Dist. No. 370

BIRTH NO.

RECD OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucile
d. STREET ADDRESS (If rural, give location): Box 303

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	D	Axtell	Oct. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12-02-03	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Mgr. Ret.	Same	Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Axtell	Pennsylvania		Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
	518-05-4023-a	[signature]	Neal Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1460

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Squamous Cancinoma, Tonsular fossa — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Jan 1972 to Oct 25, 1972, that I last saw the deceased alive on Oct 25, 1972 and that death occurred at 345 p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald Koons	MD	MST 1	10/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	10-27-72	Mt'n. View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Myrtle Palmer	Andrew P. Dembowski	M-527

FIRM NAME: Mountain View Funeral Home 375-4212-Box 7212-83707

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4669
Local Reg. No. 693
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 30 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1215 Beacon Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	VINA	MAY	JOHNSON	Oct. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 13, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Pitcher	Indiana	Louise Gibbs	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		508-80-7890	Earl Waggoner	419 N 9th Boise.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebrovascular Thrombosis — 3yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 5, 1972 *to* Oct 25, 1972, *that I last saw the deceased alive on* Oct 24, 1972, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robt Mason M.D. 333-1	808 La Cassia Dr. Boise.	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/27/1972	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30 1972	Myrtle Palmer	Earl Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

NOV 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4670
Local Reg. No. 720
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 15 Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293	d. STREET ADDRESS (If rural, give location): 2219 West Jefferson Street

3. NAME OF DECEASED (Type or Print)	a. (First): ROBERT	b. (Middle): LEE	c. (Last): WOOD	4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 30, 1890	9. AGE (In years last birthday): 82; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Ranching	11. BIRTHPLACE (State or foreign country): Clay Co., No. Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jeptha R. Wood	BIRTHPLACE: North Carolina	14. MOTHER'S MAIDEN NAME: Mary Ann Dickerson	BIRTHPLACE: North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-40-0299	17. INFORMANT'S OWN SIGNATURE: Cherrie M. Tankersley	ADDRESS: Moscow, Idaho

486X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Civilized arteriosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1972, *to* 10-26, 1972, *that I last saw the deceased alive on* 10-26, 1972, *and that death occurred at* 9:40 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Peter Walter (Degree or title) MD	23b. ADDRESS: 999 N. Custer Road, Boise, Idaho	23c. DATE SIGNED: 11-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-30-72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Nov. 6, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4671
Local Reg. No. 709
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 3 - 1972 Department of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7650 Stratford Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Jean b. (Middle) Leroy c. (Last) Clark
4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11, 1927
9. AGE (In years last birthday): 45 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 3
10b. KIND OF BUSINESS OR INDUSTRY: Mobil Homes
11. BIRTHPLACE (State or foreign country): Kimball, Nebr.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Zinnie Clark BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Ruby Gardner BIRTHPLACE: Unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 540-28-2438
17. INFORMANT'S OWN SIGNATURE: Pat & Martin P.O. 365 ADDRESS: Helix, Ore.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	myocardial ischemia	hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	coronary heart disease	-
DUE TO (c)	Generalized arteriosclerosis	-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25-72 19__ to 10-26-72 19__ that I last saw the deceased alive on 10-26-72 19__ and that death occurred at 10 PM m. from the causes and on the date stated above.

23a. SIGNATURE: John C. Hyden (Degree or title) M.D.
23b. ADDRESS: 220 North First Boise, Idaho
23c. DATE SIGNED: 11/2/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 27, 1972
24c. NAME OF CEMETERY OR CREMATORY: ----------
24d. LOCATION (City, town, or county) (State): Milton-Freewater, Ore.
DATE REC'D BY LOCAL REG.: Nov. 3, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl Waggoner
LICENSE NO.: M 422
FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972
SEP 1 1976
MAR -4 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4672
Local Reg. No. 176
Reg. Dist. No. 321

BIRTH NO. REC'D OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: OREGON
b. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEWPORT
d. STREET ADDRESS (If rural, give location): 539 PARK STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HERBERT		GOETZ	OCTOBER 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	8-31-07	65	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		NORTH DAKOTA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN GOETZ	GERMANY	KATHERINE TABERT	SOUTH DAKOTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
YES	WWII	555-03-5758A	Clarence Hale	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable myocardial infarction	around 12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from OCTOBER 26, 19 72, to OCTOBER 26, 19 72 and that death occurred at 11:50a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Daniel Klein M.D. DANIEL KLEIN, M.D.	VA HOSPITAL, BOISE, IDAHO	10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/26/1972	Newport, Oregon	Newport, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30 1972	Myrtle Palmer	Lowell Waggoner	M-42

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4673
Local Reg. No. 710
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon b. COUNTY: Baker
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 2250 15th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	LEE	GANGLER	October 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	October 27, 1955	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	High School	Redmond, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Gangler	Unknown	Iola Daisy Jones	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	541 70 1095	Roger L. Sears	Baker, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Depressed Skull Fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
/		13-310

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Accident

22. *I hereby certify that I attended the deceased from* Sept, 1972, *to* Oct 26, 1972, *that I last saw the deceased alive on* Oct 26, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 204-1	401 W. Idaho St. Boise, Idaho	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-30-1972	Prairie City Cemetery	Prairie City, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4674

RECEIVED NOV 10 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4674
Local Reg. No. 181
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 21 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3029 N. Maple Grove Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3029 N. Maple Grove Road

3. NAME OF DECEASED (Type or Print): a. (First) NADINE b. (Middle) STEWART c. (Last) BROOKSHIRE GAIUS

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1917

9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Food Services

10b. KIND OF BUSINESS OR INDUSTRY: Capital High School

11. BIRTHPLACE (State or foreign country): Post Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Brookshire
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Sadie Stewart
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 537-16-0740

17. INFORMANT'S OWN SIGNATURE? X Anton A Gaius
ADDRESS: Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction - Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Disease.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Aug 21, 1972, that I last saw the deceased alive on Aug 21, 1972, and that death occurred at 6:30 a m., from the causes and on the date stated above.

23a. SIGNATURE: Mary L Bell, M.D. (Degree or title)

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 11/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 31, 1972

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-10-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4675
Local Reg. No. 711
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place) residence	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3911 Greebrier Drive 000	d. STREET ADDRESS (If rural, give location) 3911 Greenbrier Drive

3. NAME OF DECEASED (Type or Print) a. (First) SUSAN	b. (Middle) KATHLEEN	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) October 27, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH September 19, 1939	9. AGE (In years last birthday) 33; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse 2	10b. KIND OF BUSINESS OR INDUSTRY Hospital Idaho State School	11. BIRTHPLACE (State or foreign country) Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edwin L. Smith	BIRTHPLACE Boise, Idaho	14. MOTHER'S MAIDEN NAME Juanita Yturri	BIRTHPLACE Delamar, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ----	16. SOCIAL SECURITY NO. 518 44 9444	17. INFORMANT'S OWN SIGNATURE Larry Smith	ADDRESS Boise

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Thrombosis.	Brief.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Had a History of upper respiratory infection. no medication.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at* 545P *m., from the causes and on the date stated above.*

23a. SIGNATURE D. Paris	586 (Degree or title) 4 Coroner	23b. ADDRESS 3720 Meadow Drive, Boise,	23c. DATE SIGNED 10-31-72.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-31-1972	24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	24d. LOCATION (City, town, or county) Boise (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 3. 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Clyde Vassar	LICENSE NO. M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 15 2011

NOV 3 1972

NOV 28 1972
DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4676
Local Reg. No. 712
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Residence
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1008 No. 7th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1008 No. 7th. St.

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) McCANN c. (Last) CHAUSSEE

4. DATE OF DEATH (Month) (Day) (Year): October 29, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 4, 1886

9. AGE (In years last birthday): 86
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael McCANN
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Mary McCann
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 56 6469

17. INFORMANT'S OWN SIGNATURE: Orlean Chaussee
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4339 Cerebral arterial thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic kidney disease many yrs
Arthritis many yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 7, 19 58, *to* Oct 29, 19 72, *that I last saw the deceased alive on* Aug 21, 19 72, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner MD
23b. ADDRESS: 1333 W. Jefferson St Boise, Idaho 83702
23c. DATE SIGNED: 11/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-2-1972
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Nov. 3, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clyde Vassar
LICENSE NO.: M-535
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 17 1973
MAY 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 22 1977
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. APR 6 1977
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4677
Local Reg. No. 177
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 41 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1815 POTTER DRIVE

3. NAME OF DECEASED (Type or Print): a. (First) JOE; b. (Middle) NMN; c. (Last) ANACABE

4. DATE OF DEATH: (Month) OCTOBER (Day) 30, (Year) 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 6-5-97

9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months ___ Days ___
IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: SELLING

11. BIRTHPLACE (State or foreign country): OREGON

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CIPRIANA ANACABE
BIRTHPLACE: SPAIN

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 518-07-6842A

17. INFORMANT'S SIGNATURE: Clarence Rose Hall
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

4367

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease with atrial fibrillation — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) VA (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I attended the deceased from SEPTEMBER 19, 19 72, to OCTOBER 30, 19 72 and that death occurred at 3:30a m., from the causes and on the date stated above.

23a. SIGNATURE: Murray G. Stromberg (Degree or title) MD
MURRAY G. STROMBERG, M.D.

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-2-1972

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Nov. 3, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Donald L. Gibson

LICENSE NO.: 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4678
Local Reg. No. 718
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 211 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Ella	JOHNSON	October 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	February 29, 1884	88	– / –	– / –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Boscobel, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Gates	Unknown	Margaret Gilbert	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
–	–	518-09-8138D	Loyd E. Johnson	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia 887X	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured Hip	20 Days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Uremia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
XX	Retirement Home	Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-9-72 m.		Patient turned, fell, did not stumble on any object.

22. *I hereby certify that I attended the deceased from* Sept. 22, 1972, *to* Oct. 30, 1972, *that I last saw the deceased alive on* Oct. 30, 1972, *and that death occurred at* 8:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R. Baker	M.D.	121 E. Idaho St. Boise, Idaho	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 1, 1972	Riverside Cemetery	Payette	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Myrtle Palmer	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1 1972
MAY 1 5 2001

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

State File No. 4679
Local Reg. No. 727
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1923 Bob's Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBBIE	E.	McQUEEN	Oct. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 15, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Program Director	Radio	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert B. Wilson	Pennsylvania	Louisa Bacon	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE +	ADDRESS
No	---	550-34-3859	R. Wade McQueen	1923 Bob's Dr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4279

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ------ , 19____ , to ------ , 19____ , that I last saw the deceased alive on ------ , 19____ , and that death occurred at 4:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James B Luce, M.D	151 E. Bannock, Boise, Idaho	11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-2-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 8, 1972	Myrtle Palmer	Robert L. Ross	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 8 1972

NOV 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4680
Local Reg. No. 182
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 14 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): BOX 667

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	D.	INGLE	OCTOBER 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	3-26-92	80	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED RANCHER	RANCHING	TEXAS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES D. INGLE	ARKANSAS	UJEAN FINLEY	ARKANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
YES	WWI	519-42-4332	Christine Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct. 27, 1972	Hernia, right, inguinal indirect.	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I attended the deceased from OCTOBER 17, 1972, to OCTOBER 31, 1972, and that death occurred at 1:25p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Wayne G. Crookston (Degree or title) M.D. 511-1	VA HOSPITAL, BOISE, IDAHO	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 4, 1972	Mountain View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 14, 1972	Myrtle Palmer	W. Neal Humphreys	M-502

FIRM NAME: SMITH MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972
JUL 20 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4681
Local Reg. No. 732
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Boise
LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 409 North Garden

3. NAME OF DECEASED (Type or Print): a. (First) Glenn b. (Middle) E. c. (Last) Mc Carty

4. DATE OF DEATH (Month) (Day) (Year): October 31, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8, 1907

9. AGE (In years last birthday): 65
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 4

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray Mc Carty
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Skiles
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 700-16-8285

17. INFORMANT'S OWN SIGNATURE: Robert E. McCarty ADDRESS: 4513 Collister Dr. Boise, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary heart disease — unknown
DUE TO (c): arteriosclerotic heart disease — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-7-72

19b. MAJOR FINDINGS OF OPERATION: aortocoronary vein bypass graft

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22-72, 19____, to 10-31-72, 19____, that I last saw the deceased alive on 10-31-72, 19____, and that death occurred at 11:20a m., from the causes and on the date stated above.

23a. SIGNATURE: John C. Hyler (Degree or title): MD

23b. ADDRESS: 220 N. First Boise, Id

23c. DATE SIGNED: 11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 3, 1972

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county): Meridian (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 8 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Mary A. Cowger

LICENSE NO.: M-526

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

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NOV 1 6 1972

APR 3 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4682
Local Reg. No. 728
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 - 1972

1. PLACE OF DEATH a. COUNTY: Ada		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY IN THIS PLACE: DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location): Route #3, Lake Hazel Road	

3. NAME OF DECEASED (Type or Print)	a. (First) MAUDE	b. (Middle) F.	c. (Last) HAMILTON	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 31, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 18, 1902	9. AGE (In years last birthday): 70	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Reedsburg, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: William Randall	BIRTHPLACE: Wisconsin	14. MOTHER'S MAIDEN NAME: Rose Stackman	BIRTHPLACE: Germany			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-01-8410B	17. INFORMANT'S OWN SIGNATURE: Gerald A. Greenman	ADDRESS: Route #3, Boise, Idaho		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12, 1968, to 7/28, 1972, that I last saw the deceased alive on 7/28, 1972, and that death occurred at 12:35 AM., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 095 (Degree or title) M.D.	23b. ADDRESS: Boise, Ida	23c. DATE SIGNED: 11/3/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-3-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Nov. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 7 - 1972
Bureau of Vital Statistics

RECEIVED
OCT 12 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4683
Local Reg. No. 300
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA St.Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) Shady Lane Trailer Court

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) SCOTT c. (Last) AMUNDSEN

4. DATE OF DEATH (Month) (Day) (Year) May 26. 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Aug.30, 1969
9. AGE (In years last birthday) 2 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 9
10b. KIND OF BUSINESS OR INDUSTRY XXX
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Scott Amundsen BIRTHPLACE
14. MOTHER'S MAIDEN NAME Phyllis Millward BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX
16. SOCIAL SECURITY NO. XXXX
17. INFORMANT'S OWN SIGNATURE Scott Amundsen ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 912X Strangulation, Foreign body (Aspirin tablet)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Physician refused to sign this Certificate

INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Parents refused Autopsy permission
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home 01
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello 13-031 (COUNTY) Bannock. (STATE) Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-26-72 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Allegedly choked on Aspirin

22. I hereby certify that I attended the deceased from Not Seen by Coroner, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Burton H John 583 (Degree or title) Coroner 4
23b. ADDRESS Bannock Co. Ida.
23c. DATE SIGNED 11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 30,1972
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. OCT 11 1972
REGISTRAR'S SIGNATURE Gloria Dopita
25. EMBALMER Theron Miller
LICENSE NO. M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4684
Local Reg. No. 325
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics 031

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 041
a. STATE: Idaho
b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location): 230 So. 9th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Janet	Wixom	Skinner	Sept.	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 30, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Liberty, Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Wixom — BIRTHPLACE: Brigham City, Utah
14. MOTHER'S MAIDEN NAME: May Hymas — BIRTHPLACE: Liberty, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-70-7881
17. INFORMANT'S OWN SIGNATURE: Edith D. Haddock — ADDRESS: BigPiney, Wyo.

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured left ribs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT X / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 36
21c. (CITY, TOWN, OR TOWNSHIP) McCammon (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from 8 September, 19 72, to 13 September, 19 72, that I last saw the deceased alive on 12 September, 19 72, and that death occurred at 9:15 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 167 (Degree or title) M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Oct. 18, 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 13, 1972
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county): Montpelier (State): Idaho

DATE REC'D BY LOCAL REG.: OCT 24 1972
REGISTRAR'S SIGNATURE: Elona Capita
25. EMBALMER: Theron Miller
LICENSE NO.: M-524
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 17 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4685
Local Reg. No. 327
Reg. Dist. No. 511

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALFRED	PAUL (DICK)	FAGNANT	Sept. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 23, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer and Highway Dept.		Carbon, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Desire Fagnant	Belguim	Eugenie Redding	Belguim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	518 05 9052	Pauline Hobson	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease.
DUE TO (c) Generalized arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from September 17, 19 72 to September 18, 19 72, that I last saw the deceased alive on September 18, 19 72, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jay P. Merkley, M.D. 354-1	P.O.Box 4064 Pocatello, Idaho 83201	10/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 22, 1972	Lava Hot Springs Cemetery	Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 3 1972	Gloria Dopita	Theron Miller	M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
FEB 20 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 17 1972 Bureau of Vital Statistics

State File No. 4686
Local Reg. No. 3/0
Reg. Dist. No. 5/0

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bannock 03			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	c. LENGTH OF STAY (In this place): 2 wks		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018			d. STREET ADDRESS (If rural, give location): 646 W. Young	

3. NAME OF DECEASED (Type or Print) a. (First): GLADYS	b. (Middle): GAY	c. (Last): BROWN	4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1972		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 5, 1895	9. AGE (In years last birthday): 77	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): New Mexico	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Franklin Thrower	BIRTHPLACE: Missouri		14. MOTHER'S MAIDEN NAME: Missouri Mc'Farland	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT'S OWN SIGNATURE: T. W. Williams Jr.	ADDRESS: El Cajon, Calif.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral vascular accident	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease with atrial fibrillation	chronic
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Sept. 20, 1960, *to* Oct. 3, 1972, *that I last saw the deceased alive on* Oct. 3, 1972, *and that death occurred at* 12:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Call, M.D.	23b. ADDRESS: Box 852, Pocatello, Id.	23c. DATE SIGNED: 10/13/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6 Oct 72	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: OCT 16 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knopp	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 17 1972
APR 13 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4687
Local Reg. No. 343
Reg. Dist. No. 511

RECEIVED NOV 21 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arimo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) J. c. (Last) MYLER			4. DATE OF DEATH (Month) (Day) (Year) October 4, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 3, 1972
9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days 1	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 9	10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (State or foreign country) Downey, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gordon L. Myler	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Jackie Hadley	BIRTHPLACE California
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXX	16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S OWN SIGNATURE Gordon L Myler	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7762

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Prematurity (7 weeks)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Respiratory Distress

DUE TO (c) Probably Cerebral Pressure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 4, 1972 *to* Oct 4, 1972, *that I last saw the deceased alive on* Oct 4, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Geo G Burkett Jr 020 (Degree or title)		23b. ADDRESS Downey Id	23c. DATE SIGNED 10.6.72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7, 1972	24c. NAME OF CEMETERY OR CREMATORY Arimo Cemetery	24d. LOCATION (City, town, or county) (State) Arimo, Bannock, Idaho
DATE REC'D BY LOCAL REG. 10-27-72	REGISTRAR'S SIGNATURE Ila Mae Cunningham	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4688
Local Reg. No. 306
Reg. Dist. No. 510

RECEIVED OCT 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): Bannock Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First): GALITON	b. (Middle): WAYNE	c. (Last): HARRELL	4. DATE OF DEATH (Month) (Day) (Year): Oct., 5, 1972	
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 27, 1890	9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee 8	10b. KIND OF BUSINESS OR INDUSTRY: Laborer	11. BIRTHPLACE (State or foreign country): Catawaba, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Harrell	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Honora Noblith	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs. J. A. Primm	ADDRESS: Arimo, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1971, *to* 10-12, 1972, *that I last saw the deceased alive on* 10-12, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 113 (Degree or title) MD	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 10-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9 Oct 72	24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery	24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#2, Idaho
DATE REC'D BY LOCAL REG.: OCT 1 6 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knoff	LICENSE NO.: M-409

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4689
Local Reg. No. 326
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 445 N. Johnson Ave.

3. NAME OF DECEASED (Type or Print): a. (First) BERTHA b. (Middle) c. (Last) HIPKE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 2, 1882

9. AGE (In years last birthday): 90 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country): Bellville, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Oshy — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Bertha Serini — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-54-3633

17. INFORMANT'S OWN SIGNATURE: Jean Hipke — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 5, 1972, *to* Oct. 6, 19 72, *that I last saw the deceased alive on* Oct. 6, 19 72, *and that death occurred at* 3:05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. 009-1

23b. ADDRESS: 1448 E Center, Pocatello

23c. DATE SIGNED: 10-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 10, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 31 1972

REGISTRAR'S SIGNATURE: Gloria Dopita

25. EMBALMER: Don A. Turner

LICENSE NO.: M-560

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4690
Local Reg. No. 315
Reg. Dist. No. 511

BIRTH NO. 72-10191

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 060 a. STATE: Idaho b. COUNTY: Bingham ~~030~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): Route #2, Box 60

3. NAME OF DECEASED (Type or Print)	a. (First): DENNIS	b. (Middle): OSCAR	c. (Last): LE FEVRE	4. DATE OF DEATH (Month) (Day) (Year): October 6, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: Oct. 6, 1972	9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9	10b. KIND OF BUSINESS OR INDUSTRY: xxxx	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Dennis Le Fevre	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Sandra McPherson	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xxxx	16. SOCIAL SECURITY NO.: xxxx	17. INFORMANT'S OWN SIGNATURE: Dennis Le Fevre	ADDRESS	

7761

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hyaline Membrane Disease	3 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Premature birth	3 hours
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Oct, 1972, *to* 6 Oct, 1972, *that I last saw the deceased alive on* 6 Oct, 1972, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1023 (Degree or title)	23b. ADDRESS: 527 So 12th Pocatello	23c. DATE SIGNED: 16 Oct 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho		
DATE REC'D BY LOCAL REG.: OCT 24 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller
LICENSE NO.: M-324		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4691
Local Reg. No. 303
Reg. Dist. No. 510

RECEIVED OCT 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 147 So. Garfield Ave.	d. STREET ADDRESS (If rural, give location): 147 So. Garfield Ave.

3. NAME OF DECEASED (Type or Print) a. (First): Thomas	b. (Middle): Harper	c. (Last): Uhland	4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 13, 1894	9. AGE (In years last birthday): 78	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant 2	10b. KIND OF BUSINESS OR INDUSTRY: Int. Revenue	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Frank A. Uhland	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Jennie Dolley	BIRTHPLACE: Illinois		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 518-09-8981	17. INFORMANT'S OWN SIGNATURE: Thomas H. Uhland Sick	ADDRESS: Salt Lake City, Ut.		

4299

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Heart Attack

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 19 , to — , 19 , that I last saw the deceased alive dead on 10-7-72, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE: Burton H. John	583 (Degree or title) Coroner 4	23b. ADDRESS: Bannock Co. Ida.	23c. DATE SIGNED: 10-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10 Oct 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: OCT 10 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: George W. Knoll	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-208 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 22 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 18 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4692
Local Reg. No. 301
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 111 S. 14th Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 111 S. 14th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Everett		Myler	Oct. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 3, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad	Union Pacific	Clarkston, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Myler	Utah	Martha Griffin	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-05-8940	Laura Myler	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

4299

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Heart condition for
DUE TO (c): several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible] *, that I last saw the deceased alive* [illegible] *dead on* October 7, 1972, *and that death occurred* [illegible] *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 533 (Degree or title) 4	Bannock County Coroner Pocatello, Idaho	Oct. 9, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 10, 1972	Mountainview Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 11 1972	Gloria Apetta	Dale A. Turner	M-560

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 17 1972
MAR 27 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4693
Local Reg. No. 376
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 25 1972 031

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3774 Hawthorne Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JULIAN	J.	THOMAS	October 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 9, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman—Bannock County	Highway Dept.	Malad, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Walter Thomas		Mary Jones	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Rebecca S. Thomas	Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease with acute pulmonary edema. — INTERVAL BETWEEN ONSET AND DEATH: Many yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 14, 1960, *to* October 7, 1972, *that I last saw the deceased alive on* Oct. 7, 1972, *and that death occurred at* 3:33a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D. 101-1	Kasiska Bldg.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 10, 1972	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 24 1972	Gloria Dopita	Leon L. Manning	537

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4694
Local Reg. No. 305
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Idaho b. COUNTY Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Interstate #15 000	d. STREET ADDRESS (If rural, give location) 325½ 7th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First) RONALD	b. (Middle) REX	c. (Last) JOHNSTON	4. DATE OF DEATH (Month) Oct. (Day) 8 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1951	9. AGE (In years last birthday) 21	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 6	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Theodore Lyman Johnston	BIRTHPLACE Bruneau, Idaho	14. MOTHER'S MAIDEN NAME Maxine Palmer	BIRTHPLACE Buhl, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nat'l Guard (If yes, give war or dates of service) since 1/9/70	16. SOCIAL SECURITY NO. 519-66-5989	17. INFORMANT'S OWN SIGNATURE Paula Johnston	ADDRESS 325½ 7th Ave. S. Buhl, Idaho		

8/29

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fract. Dislocation Cerv. Vert.	Immed.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fract. Skull	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Highway 00	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-030 Bannock, Idaho.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-8-72 3:45 A m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Two Semi Collision	

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~last~~ saw the deceased ~~alive~~ dead on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H John	583 (Degree or title) Coroner 4	23b. ADDRESS Bannock Co. Ida	23c. DATE SIGNED 10-13-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/72	24c. NAME OF CEMETERY OR CREMATORY Buhl	24d. LOCATION (City, town, or county) (State) Buhl, Idaho
DATE REC'D BY LOCAL REG. OCT 13 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME MANNING FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

NOV 8 1972

FEB 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4695
Local Reg. No. 308
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: 221 Taft Avenue 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello d. STREET ADDRESS (If rural, give location): 221 Taft Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HENRY	ERNEST	FINGERLOS	October 9 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 9, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Swithhman - Union	Pacific R. R.	Chicago, Illinois	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Fingerlos		No data	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	712-05-6169	Mrs Ruth Fingerlos	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart attack — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) natural causes - incident to age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* XXXX

OCT 17 1972

NOV 28 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 6 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4696
Local Reg. No. 315
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 19 1972 031 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 014

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1156 No. Arthur

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MARY	K	WEBB	Oct.	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 10, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saleswoman	Retail	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence McEvoy	Iowa	Mary Ellen Garraty	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-9594	Glenn Webb [illegible]	Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1451

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Squamous cell carcinoma or hard palate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9 September, 1972, *to* 9 October, 1972, *that I last saw the deceased alive on* 9 October, 1972, *and that death occurred at* 10:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Pocatello Idaho	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 Oct 1972	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 20 1972	Gloria Dopita	George W. Knoth	409

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Social Security Administration
United States Public Health Service FORM DH-63021

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4697
Local Reg. No. 317
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 13 mi. south of Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 15	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): Charles	b. (Middle): William	c. (Last): Piggott	4. DATE OF DEATH (Month) (Day) (Year): Oct. 9 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Dec. 13, 1943	9. AGE (In years last birthday): 28 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child Development	10b. KIND OF BUSINESS OR INDUSTRY: Social Science	11. BIRTHPLACE (State or foreign country): Montpelier, Idaho	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME: Thomas T. Piggott	BIRTHPLACE: Bloomington, Id	14. MOTHER'S MAIDEN NAME: LaRue Thornock	BIRTHPLACE: Bloomington, Id	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): 1967 - 1969	16. SOCIAL SECURITY NO.: 528-62-8417	17. INFORMANT'S OWN SIGNATURE: Thomas T Piggott	ADDRESS: Bloomington Ida.

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Fract. Disloc. Cervical Vert. — INTERVAL BETWEEN ONSET AND DEATH: 1 mmed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fract. Skull

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 30	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-030 Bannock, Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-9-72 5:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car out of Control	

22. *I hereby certify that I attended the deceased from* — *, 19* — *to* — *, 19* — *, that I ~~last~~ saw the deceased ~~alive~~ dead on* 10-9-72 *, 19* — *, and that death occurred at* 5:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H John	(Degree or title): Coroner	23b. ADDRESS: Bannock Co. Ida.	23c. DATE SIGNED: 10-18-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Oct. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Bloomington Cemetery	24d. LOCATION (City, town, or county) (State): Bloomington Idaho
DATE REC'D BY LOCAL REG.: OCT 24 1972	REGISTRAR'S SIGNATURE: Gloria Dopeta	25. EMBALMER: Theron Miller	LICENSE NO.: M-534

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972
OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 30 1972
DEC 22 1972
APR 10 1973
JUL 23 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4698
Local Reg. No. 312
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tyhee
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First): HANS	b. (Middle):	c. (Last): SORENSEN	4. DATE OF DEATH (Month) (Day) (Year): October 10, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 23, 1882	9. AGE (In years last birthday): 90 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm	11. BIRTHPLACE (State or foreign country): West Millville, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Hans Sorensen	BIRTHPLACE: Denmark	14. MOTHER'S MAIDEN NAME: Sophia Gregerson	BIRTHPLACE: Denmark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): xxx	16. SOCIAL SECURITY NO.: 519 40 4590	17. INFORMANT'S OWN SIGNATURE: Leda Porter	ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral thrombosis	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1972 *to* 10-10, 1972, *that I last saw the deceased alive on* 10-10, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 113-1	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 10-13-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho		
DATE REC'D BY LOCAL REG.: OCT 17 1972	REGISTRAR'S SIGNATURE: Gloria Dopito	25. EMBALMER: Theron Miller
LICENSE NO.: M-534		

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 17 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4699
Local Reg. No. 309
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 45 min's.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Community Hospital 019	d. STREET ADDRESS (If rural, give location): Grandview

3. NAME OF DECEASED (Type or Print)	a. (First): Vanadius	b. (Middle): "Vee"	c. (Last): Corbridge	4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Apr. 19, 1925	9. AGE (In years last birthday): 47 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper & Merchant	10b. KIND OF BUSINESS OR INDUSTRY: Corbridge Market	11. BIRTHPLACE (State or foreign country): Dell, Montana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Edward W. Godfrey	BIRTHPLACE: Dell, Montana	14. MOTHER'S MAIDEN NAME: Thelma Flynn	BIRTHPLACE: Lima, Montana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 535-22-4240	17. INFORMANT'S OWN SIGNATURE: Debra Renée Johnson	ADDRESS: Pocatello, Ida	

4510

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute, Bilateral, Pulmonary embolus	1-2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombo plebitis H. thigh	1-2 wks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma Rt. Breast with Lymph node metastases	months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 10-10-, 1972, *that I last saw the deceased alive on* 10-10-, 1972, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Daniel C. Miller	23b. (Degree or title): M.D.	23b. ADDRESS: 1448 E. Center St. Pocatello, Idaho	23c. DATE SIGNED: 10-13-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-13-72	24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery	24d. LOCATION (City, town, or county) (State): Springfield, Bingham, Idaho
DATE REC'D BY LOCAL REG.: OCT 1	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Howard Packham	LICENSE NO.: M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4700
Local Reg. No. 3/8
Reg. Dist. No. 5/0

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 645 No. Main St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOSEPH	E	BRESEE	Oct.	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 20, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dentist	Dentistry	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen A. Bresee	Utah	Martha Andrews	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-16-6845	Mildred Bresee	Pocatello, Idaho

4123

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): ASHD with congestive failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cirrhosis, liver, severe
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Peritonitis; nephrosclerosis, severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/28/72	Diverticulosis Sigmoid	Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/27/72, 19__, to 10/11/72, 19__, that I last saw the deceased alive on 10/10/72, 19__, and that death occurred at 2:55 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	1541 E. Clark St. Pocatello, Idaho	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	13 Oct 72	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 24 1972	Gloria Dopita	Dougal Kraft	409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972
NOV 7 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4701
Local Reg. No. 319
Reg. Dist. No. 5 12

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Community Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 165 Jackson Place

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dorothy	Ann	Airhart	Oct. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct. 5, 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Homemaker	Rexburg, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gilman Fletcher	St. Anthony, Idaho	Phyliss Fisher	St. Anthony, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-34-7534	Ben L. Airhart	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1747 Adenocarcinoma of Right breast-metastatic to lungs and liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* September 26, 19__, *to* October 12, 19 72, *that I last saw the deceased alive on* October 12, 19 72 *and that death occurred at* 6:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Pocatello, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16, 1972	Restlawn Memorial Garden	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 24 1972	Gloria Dopita	Dale A. Turner	M-560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

APR 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 28 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4702

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 328
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 03/
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 North 8th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 409 North 8th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAXINE	ROOS	SWAFFORD	October 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White		Sept. 3, 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress and cook	Restaurant	Preston, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence C. Ames		Sophrona	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Charlotte Roos	Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia 486X	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Yellow atrophy of liver	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY Ooccur?
m.		

22. I hereby certify that I attended the deceased from —— ?, 19____, to ——, 19____, that I last saw the deceased alive on 10-13-72 19____, and that death occurred at ?m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton M. John 533 Coroner 4	Bannock Co. Ida.	10-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 17, 1972	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 3 1972	Gloria Dopita	Theron Miller	M-554

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4703
Local Reg. No. 313
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location) 1033 North Harrison

3. NAME OF DECEASED (Type or Print)	a. (First) DONNELLY	b. (Middle) ALBERT	c. (Last) MORGAN	4. DATE OF DEATH (Month) (Day) (Year) October 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 4, 1915	9. AGE (In years last birthday) 57 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Union Pacific Railroad	10b. KIND OF BUSINESS OR INDUSTRY Company		11. BIRTHPLACE (State or foreign country) LaBalle, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gerwin Shirtliff Morgan	BIRTHPLACE Utah		14. MOTHER'S MAIDEN NAME Pearl Gallup	BIRTHPLACE Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) xxx	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Don L. Morgan	ADDRESS Pocatello, Ida

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cor Pulmonale	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chr Pulmonary emphysema	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1968, *to* 10-13, 1972, *that I last saw the deceased alive on* 10-13, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 113 (Degree or title) MD	23b. ADDRESS Pocatello Ida	23c. DATE SIGNED 10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 16, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery	24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG. OCT 17 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4704

Certificate of Death
STATE OF IDAHO

RECEIVED OCT 25 1972 Bureau of Vital Statistics

State File No. 4704
Local Reg. No. 323
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Convalescent Center 294	d. STREET ADDRESS (If rural, give location) Hillcrest Haven Convalescent Center

3. NAME OF DECEASED (Type or Print)	a. (First) Ann	b. (Middle)	c. (Last) Cruse	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 26, 1885	9. AGE (In years last birthday) 86 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (State or foreign country) Downieville, California	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Esterbrook	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Minnie Sailor	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-52-1909	17. INFORMANT'S OWN SIGNATURE Virginia E. Spongberg	ADDRESS Orinda, Calif.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Senility — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1966, 19__, *to* Oct 13, 1972, *that I last saw the deceased alive on* Aug, 1972 *and that death occurred at* 5:45a. *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Howard MD (Degree or title)	23b. ADDRESS Pocatello, Idaho	23c. DATE SIGNED 10-24-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 25, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Dale A. Turner	LICENSE NO. M-560

OCT 24 1972

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4705
Local Reg. No. 320
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 25 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello (Rural)
c. LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Interstate Highway #15 west

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth (Rural)
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) ELLIS b. (Middle) c. (Last) PETERSON
4. DATE OF DEATH: (Month) (Day) (Year) October 14, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 19, 1915
9. AGE (In years last birthday): 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick mason 4
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Joseph, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James L. Peterson BIRTHPLACE: Richfield, Utah
14. MOTHER'S MAIDEN NAME: Geneva Carter BIRTHPLACE: Joseph, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-10-1521
17. INFORMANT'S OWN SIGNATURE: Mrs Ellis Peterson ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture-Disloc. Cervical Vert — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Skull

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Highway 86
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Bannock. (STATE) Ida-ho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-14-72 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car out of Control. Rollover

22. *I hereby certify that I attended the deceased* ~~from~~ October 14, 1972, to ~~[illegible]~~ 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton J. John (Degree or title) Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct 17, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 18, 1972
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho
DATE REC'D BY LOCAL REG.: 10-18-72
REGISTRAR'S SIGNATURE: Gloria Dopstad
25. EMBALMER: Dean Hill
LICENSE NO.: M-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4706
Local Reg. No. 329
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 438 W. Custer

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PETER	BASIL	DOKOS	Oct.	14	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 14, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Restaurant	Argos, Greece	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Basil Dokos	Greece	Anastasia Rutsios	Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		530-01-9304A	Thea Servino	Pocatello, I

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Inanition	sev. mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease with atrial fibrillation and congestive heart failure	sev. yrs.
DUE TO (c)	Recurrent aspiration pneumonia	sev. mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Previous cerebral vascular accident with left hemiparesis	sev. yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 26, 1970, *to* Oct. 14, 1972, *that I last saw the deceased alive on* Oct. 14, 1972, *and that death occurred at* 9:12p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D.	Box 852, Pocatello, Id.	10/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct 17, 72	Mountainview Cem.	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 31 1972	Gloria Dopita	Georgea Knopp	409

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 1 1972

JAN 2 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4707

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 321
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics 031

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 5555 Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BENJAMIN	FRANKLIN	SYKES	October 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 18, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker 5		Whitehall, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Sykes		Pearl Yates	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II		Verda E. Sykes	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Lung Cancer — months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiogenic Carcinoma — 8 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/13/72, 19__, *to* 10/15, 1972, *that I last saw the deceased alive on* 10/18/72, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas M. Mann MD	Box 852, Pocatello, Ida.	10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 18, 1972	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 24 1972	Gloria Dopita	Thos L. Mann	537

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 3 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 4 1987

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4708
Local Reg. No. 322
Reg. Dist. No. 510

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock c 31
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 5 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bannock Nursing Home 018
d. STREET ADDRESS (If rural, give location): Bannock Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ARCHIE	V	LEWIS	Oct.	17	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Jun 18, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 4	Construction	Pocatello, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C.A. Lewis	Nebraska	Sarah Stowe	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-05-8676A	William V Lewis Jr	Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic pulmonary emphysema — 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3 Aug, 19 71, to 10-17, 19 72, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.L. Howard MD	Pocatello Idaho	10-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	20 Oct 72	Mountainview	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 24 1972	Gloria Dopita	George W. Knobb	409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

MAY 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4709
Local Reg. No. 324
Reg. Dist. No. 511

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics 031

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lazy Dutchman Motel, 679 Zener	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): Melvin	b. (Middle): E.	c. (Last): O'Dell	4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: April 8, 1934	9. AGE (In years last birthday): 38 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Norman, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas F. O'Dell	BIRTHPLACE: Alabama	14. MOTHER'S MAIDEN NAME: Marie Lamb	BIRTHPLACE: Oklahoma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun-Shot Wound, Head. — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello 13-031 Bannock. Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~saw~~ saw the deceased ~~alive~~ dead on* 10-17-72 *, and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H John	583 (Degree or title) 4 Coroner	23b. ADDRESS: Bannock Co. Ida.	23c. DATE SIGNED: 10-18-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 10-17-72	24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: OCT 24 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4710
Local Reg. No. 330
Reg. Dist. No. 511

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock C 31
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Nursing Home 244

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Utah 45 b. COUNTY Salt Lake 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salt Lake City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DORA	EDGINGTON		October 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 8, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Holiday, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Preston King Lewis	Kentucky	Sarah Coleman	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Mrs. T. J. Hanson	Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	5 d.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Age.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

486X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from viii.01, 19 69, to Present, that I last saw the deceased alive on 21-X, 1972, and that death occurred at 10:40A m., from the causes and on the date stated above. 1972.x.22.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. J. Sharp, M.D.	5th Ave. @ Center	1972.x.27

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 25, 1972	Salt Lake City Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 1 1972	Gloria Dopita	Theron Spiller	M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 5 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4711
Local Reg. No. 334
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home 294

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 227 West Eldredge Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NEPHI	HAROLD	TIMPSON	October 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 13, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper 3		Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nephi Smith Timpson	England	Maggie Wilding	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		George U. Timpson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac arrest	momentary
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease with A-V block	sev. yrs.
DUE TO (c)	Diabetes mellitus	" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 21, 1964, *to* Oct. 24, 1972, *that I last saw the deceased alive on* Oct. 24, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D.	Box 852, Pocatello, Id.	10/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1972	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 8 1972	Elona Depeta	Theron Spiller	M-524

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4712
Local Reg. No. 331
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 454 East Fremont Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 454 East Fremont Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRISON		STEWART	October 27 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Black	Divorced	May 14, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	Brundidge Alabama	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No data		No data	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	422-14-0793	Personal records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparrent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible], *that I last saw the deceased alive* dea
on October 27, 19 72, *and that death occurred at* [illegible], *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	583 4	Bannock County Coroner Pocatello, Idaho	Oct. 31, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1972	Mountainview Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 1 1972	Gloria Dopita	Dale A. Turner	M - 560

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4713
Local Reg. No. 333
Reg. Dist. No. 511

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital 014

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Nebraska 28 b. COUNTY Douglas 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Omaha
d. STREET ADDRESS (If rural, give location) 6903 South 78th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DOUGLAS	LYLE	PETERSEN	October 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 22, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designing Engineer
10b. KIND OF BUSINESS OR INDUSTRY Union Pacific Railroad Co.
11. BIRTHPLACE (State or foreign country) Magna, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Otto Petersen		Johanna Bell Williams	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lucy Petersen ADDRESS Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1972 to Oct 28, 1972, that I last saw the deceased alive on Oct 28, 1972, and that death occurred at 2 H m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title) MD	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Pocatello Idaho	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct. 28, 1972	Larkin Mortuary	Salt Lake City, Utah

DATE REC'D BY LOCAL REG. NOV 3 1972
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. EM-537

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 4714
Local Reg. No. 335
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1017 Renee

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTA		GARGUL	Oct. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 28, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Austria	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Josef Stachowicz	Austria	Unkown	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-60-4986J	Edward Garry	Houston, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 486X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 3, 1971, *to* Oct 28, 1972, *that I last saw the deceased alive on* Oct 25, 1972, *and that death occurred at* 8:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Pocatello Idaho	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-2-1972	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 3 1972	Gloria Dopita	John P. Downard	M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

APR 1 4 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Woronne

Certificate of Death
STATE OF IDAHO

State File No. 4715
Local Reg. No. 336
Reg. Dist. No. 510

RECEIVED NOV 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location) 122 So. Main

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle)	c. (Last) HANNA	4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1908	9. AGE (In years last birthday) 64 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Boxer 2	10b. KIND OF BUSINESS OR INDUSTRY Sports	11. BIRTHPLACE (State or foreign country) Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Hanna	BIRTHPLACE Syria	14. MOTHER'S MAIDEN NAME Sadie Hadad	BIRTHPLACE Lebanon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-14-2053	17. INFORMANT'S OWN SIGNATURE Vivian Hanna	ADDRESS Pocatello, Idaho	

5933

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probable chronic ureteral Stenosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11-72, 19__, *to* 10-28, 1972, *that I last saw the deceased alive on* 10-28, 1972, *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE M Woronne (Degree or title) 774-1	23b. ADDRESS Rosedale Bld	23c. DATE SIGNED 11-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 1-72	24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem.	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. NOV 5 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gowan	LICENSE NO. M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4716
Local Reg. No. 332
Reg. Dist. No. 511

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 032	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 032
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) SHARP	c. (Last) PACKER	4. DATE OF DEATH (Month) (Day) (Year) October 28, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 24, 1894	9. AGE (In years last birthday): 78 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician - - Union 4	10b. KIND OF BUSINESS OR INDUSTRY: Pacific Railroad Co.	11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Isaac Alma Packer	BIRTHPLACE: California	14. MOTHER'S MAIDEN NAME: Lucy Ellen Sharp	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): XXXX	16. SOCIAL SECURITY NO.: 519 18 6980A	17. INFORMANT'S OWN SIGNATURE: Mrs Elmer S. Packer	ADDRESS: Chubbuck, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__ *, to* — *, 19*__ *, that I saw the deceased dead on* 10-28-72 *, and that death occurred at* 6:A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton John 503	(Degree or title) Coroner 4	23b. ADDRESS: Bannock Co. Ida.	23c. DATE SIGNED: 11-2-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 30, 1972	24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery	24d. LOCATION (City, town, or county) (State): Iona, Idaho
DATE REC'D BY LOCAL REG.: 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4717
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED OCT 19 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 856 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location): 740 Adams

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Allen	John	Koford	Oct.	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 14, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Koford Furniture and	Koford Motel	Ronne, Barnholm, Denmark	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A. Jorgen Koford	Denmark	Kristine Pedersen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-5895-A	Mrs Laura Koford	Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 4, 1971, to Oct 3, 1972, that I last saw the deceased alive on Oct 1 - [illegible], 19 72, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jonathan H. Davies	M.D.	Montpelier Ida	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1972	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-16-72	Ruby Gotcinsky	Leonard H. Matthews	M-542

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972

JUN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4718
Local Reg. No.
Reg. Dist. No. 553

BIRTH NO.

RECEIVED OCT 19 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital 024

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location): 804 Lincoln St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		LaMott	Oct.	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 24, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Anderson	Sweden	Eva Anderson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 508-40-7127
17. INFORMANT'S OWN SIGNATURE: Beverly R Mann ADDRESS: Montpelier

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 3-4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-16 19 70 *to* 10-3 19 72 *that I last saw the deceased alive on* 10-3 19 72 *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leonard H. Matthews M.D.	Montpelier, Idaho	10-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1972	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-16-72	Ruby Gotcinsky	Leonard H. Matthews	M-542

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 19 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4719
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bear Lake	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier; c. LENGTH OF STAY (In this place): 16 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 Crescent Drive	d. STREET ADDRESS (If rural, give location): 418 Crescent Drive

3. NAME OF DECEASED (Type or Print)	a. (First) Merele	b. (Middle) Woodson	c. (Last) LeGrand	4. DATE OF DEATH	(Month) Oct	(Day) 6 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 20, 1925	9. AGE (In years last birthday): 47	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crew Dispatcher 3	10b. KIND OF BUSINESS OR INDUSTRY: U P Railroad	11. BIRTHPLACE (State or foreign country): Oklahoma	12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME: Mathew Woodson LeGrand	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Iva Myrtle Linfoot	BIRTHPLACE: St. John, Kansas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W W II	16. SOCIAL SECURITY NO.: 514-16-7579	17. INFORMANT'S OWN SIGNATURE: Laird Le Grand	ADDRESS: Montpelier		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9220

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) penetrating gunshot wound of the chest.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Montpelier Bear Lake Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 Oct 72 2p m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? cleaning gun, pistol

22. I hereby certify that I attended the deceased from [illegible], 19 65, to [illegible], 19 72, that I last saw the deceased alive on [illegible] and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE: G W Schroper M.D.	23b. ADDRESS: Montpelier Idaho	23c. DATE SIGNED: 10/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Oct. 10, 1972	24c. NAME OF CEMETERY OR CREMATORY: Kemmerer Cemetery	24d. LOCATION (City, town, or county) (State): Kemmerer Wyoming
DATE REC'D BY LOCAL REG.: 10/18/72	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M-542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SDH AUG 2 5 2017 OCT 1 9 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4720
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming
b. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Merl		Case	Oct.	7	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 27, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Banker	1st Natl. Bank	Spearfish, So. Dakota	U S A

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
Sidney E. Case	Rose Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	520-05-0779	Merl B. Case Soda Springs, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	myocardial infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	generalized arteriosclerosis	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Conversion of Prostate	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 7, 1966 *to* Oct. 7, 1972, *that I last saw the deceased alive on* Oct. 7, 1972, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. W. Thompson MD	Montpelier Idaho	10/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct. 11, 1972	Cokeville Cemetery	Cokeville Wyoming

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/18/72	Ruby Gotcinsky	Leonard H. Matthews	M-542

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 19 1972 Bureau of Vital Statistics

State File No. 4721
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital 024

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Geneva
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rosetta	Messerli	Teuscher	Oct.	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Apr. 4, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Berne, Switzerland	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Messerli	Switzerland	Rosina Ruchte	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Grant J Teuscher	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolus — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 26, 19 72, to Oct 11, 19 72, that I last saw the deceased alive on Oct 11, 19 72 and that death occurred at 7:45 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leonard H. Thomas 675	MD.	Montpelier Idaho	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Oct. 14, 1972	Geneva Cemetery	Geneva	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-16-72	Ruby Gotcinsky	Leonard H. Matthews	M-542

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-6301

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 12 1980
JAN 16 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4722
Local Reg. No.
Reg. Dist. No. 552

RECEIVED OCT 31 1972

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bear Lake 041	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital 024	d. STREET ADDRESS (If rural, give location): 744 Lincoln

3. NAME OF DECEASED (Type or Print)	a. (First): Harry	b. (Middle): G.	c. (Last): Nuckols	4. DATE OF DEATH	(Month): Oct	(Day): 24 (Year): 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 18, 1889	9. AGE (In years last birthday): 82	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co-Owner & Manager Store 2	10b. KIND OF BUSINESS OR INDUSTRY: Coal & Lumber Co.	11. BIRTHPLACE (State or foreign country): Danfield, Kentucky	12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME: William Henry Nuckols	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Jane Haggin	BIRTHPLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W W 1	16. SOCIAL SECURITY NO.: 518-09-4281	17. INFORMANT'S OWN SIGNATURE: William H Nuckols	ADDRESS: 12076 Deerwood Lane Sunnymead Idaho		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Cardiac Decompensation	6 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Prostatic Hypertrophy	3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 10-24, 1972, *that I last saw the deceased alive on* 10-24, 1972, *and that death occurred at* 12:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reed Rich MD	439 (Degree or title)	23b. ADDRESS: Montpelier Idaho	23c. DATE SIGNED: 10-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery	24d. LOCATION (City, town, or county): Montpelier (State): Idaho
DATE REC'D BY LOCAL REG.: 10-30-72	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M542

Federal Security Agency
United States Public Health Service FORM DH-68021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972
NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4723
Local Reg. No. 49
Reg. Dist. No. 130

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Benewah		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries	c. LENGTH OF STAY (In this place): 35 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1011 3rd St. (Residence)		d. STREET ADDRESS (If rural, give location): 1011 3rd Street	

3. NAME OF DECEASED (Type or Print)	a. (First): James	b. (Middle): O.	c. (Last): Sweeney	4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 12-11-1913	9. AGE (In years last birthday): 58	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Body & Fender Man	10b. KIND OF BUSINESS OR INDUSTRY: S&S Body Shop	11. BIRTHPLACE (State or foreign country): Sheridan Wyoming	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Grant Sweeney	BIRTHPLACE: Kentucky	14. MOTHER'S MAIDEN NAME: Mina Talbert	BIRTHPLACE: Wyoming			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): -----	16. SOCIAL SECURITY NO.: 520-10-8968	17. INFORMANT'S OWN SIGNATURE: x Rose Baldock	ADDRESS: St. Maries, Id.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Vascular Accident	Est 15 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* May 10 1968, *to* 19 Oct, 1972, *that I last saw the deceased alive on* Oct., 19____, *and that death occurred at* 17 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. J. Thurston M.D.	23b. ADDRESS: St Maries, Idaho	23c. DATE SIGNED: 10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-23-1972	24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State): St. Maries, Idaho	
DATE REC'D BY LOCAL REG.: Oct. 24, 1972	REGISTRAR'S SIGNATURE: Donna Brown	25. EMBALMER: [illegible]		LICENSE NO.: M-543

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 25 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4724
Local Reg. No. 50
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 4 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. FULL NAME OF HOSPITAL OR INSTITUTION: Benewah Community Hosp. 025
d. STREET ADDRESS (If rural, give location): 244 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) John W. b. (Middle) c. (Last) Heilmeyer
4. DATE OF DEATH: (Month) Oct. (Day) 20, (Year) 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-20-1889
9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker 6
10b. KIND OF BUSINESS OR INDUSTRY: City Park Payette
11. BIRTHPLACE (State or foreign country): Cresswell, Ore.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Heilmeyer BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Gemima Culver BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 543-03-6479
17. INFORMANT'S OWN SIGNATURE: X Richie K. Heilmeyer ADDRESS: St. Maries, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASHD — INTERVAL BETWEEN ONSET AND DEATH: many yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic obst. lung disease
DUE TO (c) CHF, Polycythemia vera

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: N/A
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): N/A
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): N/A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Oct, 1972 *to* 20 Oct, 1972, *that I last saw the deceased alive on* 20 Oct, 1972, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D Heilmeyer M.D. (Degree or title)
23b. ADDRESS: St Maries, Ida
23c. DATE SIGNED: 21 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial
24b. DATE: 10-25-1972
24c. NAME OF CEMETERY OR CREMATORY: Chapel of Roses Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Oct. 24, 1972
REGISTRAR'S SIGNATURE: Donna Brown
25. EMBALMER: X
LICENSE NO.: M-543

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED 00125 1972 Vital Statistics

State File No. 4725
Local Reg. No. 51
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 05-0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - St. Maries Rt.4
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Wesley Eaklor Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 48 b. COUNTY: Pierce 053
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
d. STREET ADDRESS (If rural, give location): 4812 E. 76th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CECIL	CARL	EAKLOR	October 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 16, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane Operator 5	St. Regis Paper Co.	Arkansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wesley Eaklor	Unknown	Stella Reynolds	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-05-0095	Carol Worthington	4812 E. 76 Wash. Tacoma

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4709

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* DOA *, 19__, to __, 19__, that I last saw the deceased alive on* 10-22 *, 19*72 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. G. Rapp 428 M.D.	St. Maries, Idaho	10-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1972	Woodlawn	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Donna Brown	[signature]	M-543

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

APR 11 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4726
Local Reg. No. 52
Reg. Dist. No. 130

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Benewah 051	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Benewah 059
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries c. LENGTH OF STAY (If in this place) days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desmet
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley Vista Conv. Center 352	d. STREET ADDRESS (If rural, give location) Gen. Del.

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel	b. (Middle) Aloysius	c. (Last) Cherrapkin	4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1972
5. SEX Male	6. COLOR OR RACE Indian American	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 4, 1904	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 7	10b. KIND OF BUSINESS OR INDUSTRY Diversified	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Cherrapkin	BIRTHPLACE Washington	14. MOTHER'S MAIDEN NAME Mary John	BIRTHPLACE Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 538-14-4297	17. INFORMANT'S OWN SIGNATURE Lucy George (Sister)	ADDRESS Tensed Idaho

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Vascular Accident	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Subdural Hematoma (Injury)	2 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Oct *19*72 *to* 27 Oct *, 19*72 *, that I last saw the deceased alive on* 27 Oct *, 19*72 *, and that death occurred at* 11:55 p *m., from the causes and on the date stated above.*

23a. SIGNATURE W. J. Thurston MD (Degree or title) 338	23b. ADDRESS St Maries Ida	23c. DATE SIGNED 1 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Mission Cemetery	24d. LOCATION (City, town, or county) (State) Desmet Idaho
DATE REC'D BY LOCAL REG. Nov. 3, 1972	REGISTRAR'S SIGNATURE Donna Brown	25. EMBALMER Gerald E. Browning	LICENSE NO. M-411

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4727
Local Reg. No. 135
Reg. Dist. No. 600

BIRTH NO. 72-9132

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot, c. LENGTH OF STAY (In this place) 12 Hrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000	d. STREET ADDRESS (If rural, give location) R# 1 Box 264

3. NAME OF DECEASED (Type or Print)	a. (First) Teressa	b. (Middle) Kay	c. (Last) Trimble	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7 1972
5. SEX FM.	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Babe	8. DATE OF BIRTH Sept 6, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Flackfoot, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Kenneth Alva Tremble	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Elizabeth Burke	BIRTHPLACE Idaho Falls.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Mr. Kenneth Trimble	ADDRESS.	

486X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1972, *to* Sept 7, 1972, *that I last saw the deceased alive on* Sept 7, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J. D. Thueson, M.D. (Degree or title)	23b. ADDRESS 625 W Pacific Blackfoot	23c. DATE SIGNED 11-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Grove City,	24d. LOCATION (City, town, or county) Blackfoot, Bingham (State) Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Dorothy J. Jones	25. EMBALMER Lloyd M Malder	LICENSE NO. M 275

EIVED NOV 16 1972

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Malder Funeral

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4728
Local Reg. No. 118
Reg. Dist. No. 601

BIRTH NO.

RECEIVED OCT 16 1972 Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth R#1
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 062
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 490 W. Fir. Shelley, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Gregory b. (Middle) Reed c. (Last) Brinkman

4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 1972

5. SEX Male
6. COLOR OR RACE Cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug 24 1956
9. AGE (In years last birthday) 16 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School 9
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond Fay Brinkman BIRTHPLACE
14. MOTHER'S MAIDEN NAME Karma Reed BIRTHPLACE Ririe Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Raymond F. Brinkman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

928X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fell or pulled into potato combine
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Smiles W Shelley (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* I did not see victim alive *, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Staley 583 (Degree or title) Coroner 4
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3 Oct 72
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. OCT 10 1972
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER Gary L. Naeder
LICENSE NO. M-444

FIRM NAME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4729
Local Reg. No. 117
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics 061

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot c. LENGTH OF STAY (In this place): D.O.A. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSE	LUIS	AGUILAR	Oct. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Mexican	Married	Apr. 19, 1950	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer 7	Farming	Eagle Pass, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benito Aguilar	Kinnipe, Texas	Virginia Sanchez	Maxdall, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Benito Aguilar	Aberdeen, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stab wound into left Ventricle of heart — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorhage into lung cavity
DUE TO (c) 2400 ml blood

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
3 Domestic 10		Blackfoot 15-061 Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased* October 1, 1972 *and that death occurred at* 1:07a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Storey	Coroner	Blackfoot, Idaho	Oct. 2, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Oct 3, 1972	San Fernanda Cemetery	San Antonio Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 16 1972	Dorothy J. Jones	C. Dean Hill	M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

NOV 1 1972
NOV 7 1972
AUG 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4730
Local Reg. No. 122
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 19 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 588 South Meridian Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSE	MARTIN	THOMPSON	Oct. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Dec. 18, 1901	70	9 / 17	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Agent	Insurance	Mapleton, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Thompson	Denmark	Martha Williams	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-36-5848A	Eva Y. Thompson	Blackfoot

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia; pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 week +

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) COPD; generalized arteriosclerosis — years
DUE TO (c) Aortic aneurysim, abdominal gastrectomy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1963, *to* Oct. 5, 72, *that I last saw the deceased alive on* Oct. 5, 72, *and that death occurred at* 10:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Blackfoot, Idaho	Oct. 13, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-9-72	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
15 Oct. 72	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972

FEB 20 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 20 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 6 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 16 1972 Vital Statistics

State File No. 4731
Local Reg. No. 121
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham County Nursing Home 304

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location): 402 So. Pine P.O. Box 193

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LaRUE	PETREA	WALTON	Oct. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 23, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Millville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph R. Humphreys	Millville, Utah	Petrea Peterson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.			Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) generalized arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis — 9

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ~~Nov. 6~~ ~~Sept. 6~~, 19 ~~72~~ to ~~Oct. 5~~, 19 ~~72~~, that I last saw the deceased alive on October 5, 19 72, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Blackfoot, Idaho	Oct. 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 9, 1972	Groveland Cemetery	Groveland Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 16 1972	Dorothy J. Jensen	L. Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4732
Local Reg. No. 119
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 mo 21dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Nursing Home 304

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 325 South University

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louisanna	Beyer	Peterson	Oct. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	April 1, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife & bookkeeper	Home & Grocery	Swan Valley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Wilson Gaumer	Pennsylvania	Mary Madgalene Beyer	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-34-0758B	Robert R Peterson	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to seen at time of death, 19____, that I last saw the deceased alive on October 5, 19 72, and that death occurred at 6:15p. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Blackfoot, Idaho	10-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-10-72	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 12 1972	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4733
Local Reg. No. 120
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Nursing Home 304

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location): Pingree

3. NAME OF DECEASED (Type or Print): a. (First) S. b. (Middle) WADE c. (Last) QUISENBERRY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 5, 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 7

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Morgan County, Missouri

12. CITIZEN OF WHAT COUNTRY?: , U. S. A.

13. FATHER'S NAME: Jared T. Quisenberry
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Nannie Porter
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Ruth Young
ADDRESS: Long Beach, California.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 486 Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. , 19 70 , *to* Oct. 8, , 19 72 , *that I last saw the deceased alive on* Oct. 8, , 19 72 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Miller Jr 3-1

(Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Oct. 13, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 11, 1972

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: OCT 13 1972

REGISTRAR'S SIGNATURE: Dorothy Jo Jones

25. EMBALMER: C. Dean Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 2 7 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4734
Local Reg. No. 130
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham (067)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital (029)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Butte (120)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): 331 Louise Drive

3. NAME OF DECEASED (Type or Print): a. (First) LEONARD; b. (Middle) SCOUTEN; c. (Last) TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): October 16, 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 18, 1906

9. AGE (In years last birthday): 66
IF UNDER 1 YR. Months | Days:
IF UNDER 24 HRS. Hours | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Manager

10b. KIND OF BUSINESS OR INDUSTRY: State Liquor

11. BIRTHPLACE (State or foreign country): Monarch, Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Taylor — BIRTHPLACE: Whitehall, Wisc.

14. MOTHER'S MAIDEN NAME: Margaret Scouten — BIRTHPLACE: Lawrence, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-6506A

17. INFORMANT'S OWN SIGNATURE: X Bessie K Taylor — ADDRESS: Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 2059 Myeloc genous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 19 72 *to* Oct 16 72, *that I last saw the deceased alive on* Oct 16, 19 72 *and that death occurred at* 9:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Wales MD
23b. ADDRESS: Blackfoot, Ida.
23c. DATE SIGNED: 11-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-19-72
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: NOV 10 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: C. H. Marvel
LICENSE NO.: M-457
FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4735
Local Reg. No. 124
Reg. Dist. No. 600

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Broadway, Blkft River bridge	d. STREET ADDRESS (If rural, give location) 788 S. Broadway

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) John	c. (Last) Timbana	4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1972	
5. SEX Male	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 14, 1946	9. AGE (In years last birthday) 26	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 7	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Ft. Wasakie, Wyoming	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Charles Frederick Timbana	BIRTHPLACE Ft. Wasakie Wyoming	14. MOTHER'S MAIDEN NAME Lydia Edith Wagon	BIRTHPLACE Ft. Wasakie, Wyoming		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Matilda Timbana	ADDRESS Rt #2 Box 66A Pocatello, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Blow to trachea - (Severed)	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severed Carotid artery - Jugular vein	
DUE TO (c)	Car accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 06	21c. (CITY, TOWN, OR TOWNSHIP) Blackfoot 13-061	(COUNTY) Bingham (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* _____ *19*__, *to* _____ *19*__, *that I last saw the deceased alive on* _____ *I did not see victim alive*, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Haley	523 (Degree or title) 4 Coroner	23b. ADDRESS Blackfoot	23c. DATE SIGNED 10-24-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-23-72	24c. NAME OF CEMETERY OR CREMATORY Sacajawea Cemetery	24d. LOCATION (City, town, or county) (State) Ft. Wasakie, Fremont Wyoming
DATE REC'D BY LOCAL REG. 24 Oct. 72	REGISTRAR'S SIGNATURE Dorothy J. Jones	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4736
Local Reg. No. 125
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Broadway, Blkft River Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission.)
a. STATE Idaho
b. COUNTY ~~Bingham~~ Bannock 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Blackfoot~~ Rural Pocatello
d. STREET ADDRESS (If rural, give location) Rt#2 Box 66A

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank		Timbana	Oct	20	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Indian	married	Sept. 7, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired laborer		Ft. Wasakie, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Timbana	Ft. Wasakie, Wyoming	Maggie McAdams	Ft. Wasakie, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		520-24-9564	x Matilda Timbana	Rt#2 Box 66A Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Brain damage	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	severe blow on head	
DUE TO (c)	car accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	10	Blackfoot 13-061	Bingham	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. *I hereby certify that I attended the deceased from* Did not see victim alive , 19 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staley	Coroner	Blackfoot	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-23-72	Sacajawea Cemetery	Ft. Wasakie, Fremont Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
24 Oct. 72	Dorothy J. Sena	Theron Miller	[illegible]

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
NOV 7 1972
NOV 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4737
Local Reg. No. 123
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route 5, Box 216

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FOREST	W.	LARSEN	Oct. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	November 1, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Raised Sheep	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Myer Larsen	Sweden	Clara Binley	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	519-40-8145	Mrs. Forest Larsen	Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5192

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Pulmonary Insufficiency — Interval between onset and death: 15 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with acute pulmonary failure — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 12, 19 72, *to* Oct. 20, 19 72, *that I last saw the deceased alive on* Oct. 20, 19 72, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Blackfoot, Idaho	Oct. 21, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 23, 1972	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2 Nov 72	Dorothy E. Jones	C. Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4738
Local Reg. No. 126
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot c. LENGTH OF STAY (In this place): 1 Hour d. FULL NAME OF HOSPITAL OR INSTITUTION: 9 Airport Road	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot d. STREET ADDRESS (If rural, give location): 169 Doud

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle)	c. (Last) CHRISTENSEN	4. DATE OF DEATH (Month) Oct.	(Day) 24,	(Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug. 30, 1886	9. AGE (In years last birthday): 86	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Borup, Denmark		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Christen Christensen		BIRTHPLACE: Denmark	14. MOTHER'S MAIDEN NAME: Kirsten Jensen		BIRTHPLACE: Denmark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-30-4166	17. INFORMANT'S OWN SIGNATURE: Dana Christensen		ADDRESS: Blackfoot, Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD - Cardiac Decompensation — 6 weeks
Acute, severe Pneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* April 22, 1969, *to* October 24, 1972, *that I last saw the deceased alive on* October 24, 1972, *and that death occurred at* 2:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller (Degree or title) M.D.	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED: Oct. 25, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery	24d. LOCATION (City, town, or county): Blackfoot (State): Idaho
DATE REC'D BY LOCAL REG.: 2 Nov. 72	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: L. Dean Hill	LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4739
Local Reg. No. 131
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 062
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley,
d. STREET ADDRESS (If rural, give location) 209 So Park

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ruth	H. John	Hamilton	Oct	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauce	Widowed	6 Dec 1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Portage, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Josiah Hoskins	Iowa	Charlott Lish	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-28-8128	Edwin H. Johns	Box 73 CONDA Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4409 Generalized arteriosclerosis	5 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus. Senile psychosis	Not known 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from about 5 yr, 19__ to 5 yr, 19__, that I last saw the deceased alive on about Sept 1, 19 72, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	404 MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	26 Oct 72	Hill Crest	Shelley Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 8 1972	Dorothy J. Jones	Gary L. Nedder	M 444

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

State File No. 4740
Local Reg. No. 127
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot c. LENGTH OF STAY (In this place) 3 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033	d. STREET ADDRESS (If rural, give location) 2720 Woody Drive

3. NAME OF DECEASED (Type or Print)	a. (First) VERA	b. (Middle) T.	c. (Last) LAMB	4. DATE OF DEATH (Month) October (Day) 24 (Year) 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11 Aug. 1918	9. AGE (In years last birthday) 54 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary 3	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oregon	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Tentch	BIRTHPLACE Washington	14. MOTHER'S MAIDEN NAME Georgia Brown	BIRTHPLACE Oregon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-01-	17. INFORMANT'S OWN SIGNATURE Mary Payne	ADDRESS Med. Records-State Hospital South	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ACUTE CORONARY OCCLUSION	NO INTERVAL
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	NONE	
DUE TO (c)	NONE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	NONE	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE —	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 October, 19 72 *to* 24 October, 19 72, *that I last saw the deceased alive on* 24 October, 19 72, *and that death occurred at* 4:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard C Cowlishaw, MD 594 (Degree or title)	23b. ADDRESS State Hospital South-Blackfoot, Idaho	23c. DATE SIGNED 10-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-25-72	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) Boise, Ada, (State) Idaho
DATE REC'D BY LOCAL REG. NOV 1 1972	REGISTRAR'S SIGNATURE Dorathy J. Jones	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

MAR 2 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4741
Local Reg. No. 128
Reg. Dist. No. 60-1

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) Blackfoot
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route #5 Town&Country Trailer Ct.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRON	MAYNE	ADAMS	Oct. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 9, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Riverdale, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Adams		Lovina Bishop	Sandy, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	530-24-9771	Dean B. Adams	Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4119

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 27, 1972 *to* [illegible], *that I last saw the deceased alive* [illegible] *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Thorn	533 Coroner 4	Blackfoot, Idaho	Oct. 28, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1972	Brigham City Cemetery	Brigham City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2 Nov 1972	Dorothy J. Jones	C. Allan Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972
DEC 06 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4742

Certificate of Death
STATE OF IDAHO

State File No. 4742
Local Reg. No. 136
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 20 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BEN; b. (Middle); c. (Last) SHORTY

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 3, 1931

9. AGE (In years last birthday): 41
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tohatchi, New Mexico

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 7/20/53-10/4/54

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) collapsed lung with hemorrhage
DUE TO (c) left lung cavity putting pressure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. on heart

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06

21c. (CITY, TOWN, OR TOWNSHIP) 7 Miles W. old 85 26 (COUNTY) Morland, Bingham, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Haley 583 (Degree or title) Coroner 4

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Oct. 31, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. NOV 14 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: L. Dean Hill

LICENSE NO. M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

DEC 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 3 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4743
Local Reg. No. 129
Reg. Dist. No. 601

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

060

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
c. LENGTH OF STAY (In this place) 17 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt#1 Box 274

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 060
a. STATE Idaho
b. COUNTY ~~Ida~~ Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Rt#1 Box 274

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hazel		Scott	October 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed	Feb. 5, 1890	82	8	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gottfred Malm	Sweden	Selma Augusta Hoffman	Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-52-2160	Eldon E. Scott	Rt#1, Box 274 Blackfoot, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1955, 19__, to Death, 19__, that I last saw the deceased alive on Jan, 1972, and that death occurred at 5:30p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Moale	M.D.	625 W. Pacific Blackfoot, Idaho	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-2-72	Grove City Cemetery	Blackfoot, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 1 1972	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4744
Local Reg. No. 132
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) R. c. (Last) PARK

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 9, 1913
9. AGE (In years last birthday): 59
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Alexandria, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clyde L. Park — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Eva L. Carden — BIRTHPLACE: Marysville, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Clyde Park Jr. ADDRESS: Marsing Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 27, 19 72 *to* Death, *that I last saw the deceased alive on* Oct. 29, 19 72, *and that death occurred at* 4:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Sloate 183 (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Oct. 30, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: Nov. 2, 1972
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county): Caldwell (State): Idaho

DATE REC'D BY LOCAL REG.: NOV 10 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: L. Dean Hill
LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Dr. Coates

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4745
Local Reg. No. 133
Reg. Dist. No. 601

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Blackfoot
c. LENGTH OF STAY (In this place): Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Route #4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELWOOD	ELIAS	KEELE	Oct. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Agriculture	Blackfoot, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Keele	Payson, Utah	Naoma Hutchings	Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-2968	Earl J. Keele	Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 3960 Cardiac decompensation, severe — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) aortic + Mitral valve disease — years
DUE TO (c) Rheumatic fever

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1970, to Oct 30, 1972, that I last saw the deceased alive on Oct. 30, 1972, and that death occurred at 11:00a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. E. Miller 360	M.D.	Blackfoot, Idaho	Oct. 31, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	Nov. 3, 1972	Groveland Cemetery	Groveland Bingham County Idaho	A. Dean Miller	M-466

DATE REC'D BY LOCAL REG.: 10 Nov 72
REGISTRAR'S SIGNATURE: Dorothy J. Jones

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 8 1974

JUL 1 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4746
Local Reg. No. 23
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 3 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRISTIAN	N.	MAISCH	Oct. 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	June 3, 1891	81	4 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Mound City, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christoph Maisch	Russia	Kathryn Heer	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-7930	Phyllis M. Maisch	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive thrombosis auricle of heart	5 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary insufficiency	2 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteoarthritis	30+ years

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from October 20, 1972, 19__, to October 31, 1972, 19__, that I last saw the deceased alive on October 23, 1972, 19__, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
F. L. Harms 203 (Degree or title) M.D.	American Falls, Idaho 83211	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. &Burial	11-3-72	Aberdeen Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 7, 1972	Irene Dey	H. L. Davis	M-253

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972

DEC 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4747
Local Reg. No. 43
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Blaine 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley c. LENGTH OF STAY (In this place): 9days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mortez Memorial 036	d. STREET ADDRESS (If rural, give location): Rialto Hotel (Main Street)

3. NAME OF DECEASED (Type or Print) a. (First): Tomas	b. (Middle):	c. (Last): Batis	4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 72	
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Dec. 16,1899	9. AGE (In years last birthday): 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar tender 6	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Fruniz,Spain	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Juan Batis	BIRTHPLACE: Fruniz, Spain	14. MOTHER'S MAIDEN NAME: Paula Legarreta	BIRTHPLACE: Fruniz, Spain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 530-03-5197X	17. INFORMANT'S OWN SIGNATURE: Gloria Batis	ADDRESS:	

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolus	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis, gen., severe	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Obstructive Pulmonary Dis	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1970 *, 19___, to* 10/6/72 *, 19___, that I last saw the deceased alive on* 10/6/72 *, 19___, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn V. Ferguson 955 (Degree or title)	23b. ADDRESS: Sun Valley Ida	23c. DATE SIGNED: 10/7/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct.9,1972	24c. NAME OF CEMETERY OR CREMATORY: Ketchum City Cemetery	24d. LOCATION (City, town, or county) (State): Ketchum, Idaho
DATE REC'D BY LOCAL REG.: Oct-12-1972	REGISTRAR'S SIGNATURE: Cynthia B. Wright	25. EMBALMER: Bruce K. Rattle	LICENSE NO.: M-559

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 24 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4748
Local Reg. No. 45
Reg. Dist. No. 410

BIRTH NO.

RECEIVED OCT 30 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey, Ida. Hidden Hollow
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey, Ida., Hidden Hollow Develop
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ann	Randles	10	21	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 27, 1944	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		SanFrancisco, Calif.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert H. Carter	L. A. Calif.	Adell Reed	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	567-58-0669	[signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a) 955X Gun shot wound to head — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	13-220 Blaine, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from — , 19____ , to — , 19____ , that I last saw the deceased alive on — , 19____ , and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Swinnerton III 922	Box 637 Hailey	10/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Cremation	Oct. 25, 72	Mountian View	Boise, Idaho	Bruce K. Rathke	M-559

DATE REC'D BY LOCAL REG. Oct-26-72
REGISTRAR'S SIGNATURE Cynthia B. Wright

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 17 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4749
Local Reg. No. 46
Reg. Dist. No. 410

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Blaine 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037	d. STREET ADDRESS (If rural, give location): 302 3rd Ave. South

3. NAME OF DECEASED (Type or Print) a. (First): Joe	b. (Middle):	c. (Last): Cenarrusa	4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 72	
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 4, 1889	9. AGE (In years last birthday): 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed 2	10b. KIND OF BUSINESS OR INDUSTRY: Sheep Business	11. BIRTHPLACE (State or foreign country): Munitibar, Spain	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Leon Cenarrusa	BIRTHPLACE: Munitibar, Spain	14. MOTHER'S MAIDEN NAME: Ramona Mugira	BIRTHPLACE: Marquina, Spain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 518-42-5879	17. INFORMANT'S OWN SIGNATURE: Pat N Cenarrusa	ADDRESS: 2600 Cherry Lane Boise, Ida.	

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Rupture of right ventricle & superior vena cava

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 06	21c. (CITY, TOWN, OR TOWNSHIP): Hailey 13-070 (COUNTY): Blaine (STATE): Idaho	
21d. TIME OF INJURY (Month) 10 (Day) 27 (Year) 72 (Hour) 11:30 A m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Auto accident	

22. *I hereby certify that I attended the deceased from* Aug, 1969, *to* Oct, 1972, *that I last saw the deceased alive on* 10-26, 1972 *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Swinner 922 (Degree or title)	23b. ADDRESS: Box 637 Hailey	23c. DATE SIGNED: 10/30/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/31/72	24c. NAME OF CEMETERY OR CREMATORY: Bellevue City Cemetery	24d. LOCATION (City, town, or county): Bellevue (State): Idaho
DATE REC'D BY LOCAL REG.: Oct 31-1972	REGISTRAR'S SIGNATURE: Cynthia B. Wright	25. EMBALMER: Keith Bird	LICENSE NO.: M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 - 1972
JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4750
Local Reg. No. 102
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 330 Lavina

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ELIZABETH	MARSHALL	October 5 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Nov. 24, 1902	69	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L.P.N. 2	Health care	Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Loren J. Speck	unknown	Mark K. Show	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	538-28-7086	Paul F Heath	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Deabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 30 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		- - - -

22. *I hereby certify that I attended the deceased from* June, 1968, *to* October 5, 1972, *that I last saw the deceased alive on* October 5, 1972, *and that death occurred at* 1:22 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Doctor or title)	23b. ADDRESS	23c. DATE SIGNED
J.B. Marienau MD	Sandpoint Ida	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Oct. 11, 1972	Moon Crematory	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 13, 1972	Ramona Spickelmier	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4751
Local Reg. No. 103
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Careywood
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): LOIS
b. (Middle): INA
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): October 6 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 24, 1904
9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months - Days -
IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: education
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clifton McNeil
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Cora Bevard
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 519 26 8175
17. INFORMANT'S OWN SIGNATURE: Myron B Morris
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - -
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* Oct 6, 19__, *to* Oct 6, 1972, *that I last saw the deceased alive on* ~~Oct~~, 19__, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Jeanson MD 471 (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 10/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11, 1972
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Oct 13 1972
REGISTRAR'S SIGNATURE: Ramona Spickelmire
25. EMBALMER: Dale G. Coffelt
LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 19??

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 15 1972 Bureau of Vital Statistics

State File No. 4752
Local Reg. No. 112
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1411 Lake

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RUBY	SMITH	WILLIAN	October	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 28, 1902	70	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Beauty Operator 6	Beauty Parlor	Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Azmon Smith	unknown	Carrie Kimball	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	– – – – –	519-16-5455	Sandpoint Manor records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous CVA with right hemiplegia. Hiatal Hernia. — 9 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
–	–	–	–	–

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
–	–	–	m.	–	–

22. *I hereby certify that I attended the deceased from* June 5, 19 62 *to* October 8, 19 72 *that I last saw the deceased alive on* October 7, 19 72 *and that death occurred at* 8:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Sandpoint, Idaho	11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct. 11, 1972	Lakeview Cemetery	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Coffelt Funeral Service

JUN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4753
Local Reg. No. 104
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint — c. LENGTH OF STAY (In this place): 14 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262	d. STREET ADDRESS (If rural, give location): 405 S. 2nd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALVA	PINKNEY	REEVES	October 11 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	IF UNDER 1 YR. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
male	white	married	July 24, 1891	81	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
banker 2	finance	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Reeves	unknown	Mary Hood	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	518 05 5011	Maxine Reeves	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac - Respiratory arrest	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pneumonia - Congestive Heart Failure	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	parkinsonism	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- -	- - -	- - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - m.		- - - - - -

22. *I hereby certify that I attended the deceased from* 1966, 19__, *to* Oct 11, 1972, *that I last saw the deceased alive on* Sept 27 1972 *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 471 (Degree or title)	Sandpoint Idaho	13 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	October 14, 1972	Pinecrest Memorial	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 13 1972	Ramona Spickelmire	Dale=G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 19 1972
APR 30 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 10 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4754
Local Reg. No. 107
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: King 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039	d. STREET ADDRESS (If rural, give location): 397 N. 100th Street

3. NAME OF DECEASED (Type or Print) a. (First): INEZ	b. (Middle): NMN	c. (Last): SCOFIELD	4. DATE OF DEATH (Month) (Day) (Year): October 21 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Dec. 28, 1898	9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months - Days - IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Dudley Akridge	BIRTHPLACE: unknown	14. MOTHER'S MAIDEN NAME: Frankie Fergerson	BIRTHPLACE: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: 549-07-0045 D	17. INFORMANT'S OWN SIGNATURE: Mrs. Camilla Helseth	ADDRESS: Sagle, Idaho	

4310

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 60 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Essential hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) - -	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) - - -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? - - - -

22. *I hereby certify that I attended the deceased from* October 18, 1972, *to* October 21, 1972, *that I last saw the deceased alive on* October 20, 1972, *and that death occurred at* 5:54 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward A. Draperms (Degree or title)	23b. ADDRESS: 514 N. 3rd Ave Sandpoint	23c. DATE SIGNED: 10/25/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Oct. 21, 1972	24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Seattle	(State): Washington	
DATE REC'D BY LOCAL REG.: Nov 8, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt
LICENSE NO.: E-501		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

State File No. 4755
Local Reg. No. 105
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Lincoln Hotel - Sandpoint

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JARVISE	M.	REED	Oct. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	March 25, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 8	general	Prescoll, Maine	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	------	no record	-------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown -------	518 01 2098	Sandpoint Manor records	Sandpoint, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

404 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
-	-	

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
- - - m		-

22. I hereby certify that I attended the deceased from Jan, 1961, to Oct, 1972, that I last saw the deceased alive on Oct 19, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 382-1	Sandpoint, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 27, 1972	Bonner County Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 6, 1972	Ramona Spickelmire	Dale G. Coffelt	E 501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

72-16400 RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

State File No. 4756
Local Reg. No. 353
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print): a. (First) TODD b. (Middle) c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept.23,1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months: 1 Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wydell Johnson
BIRTHPLACE: Ririe, Idaho.

14. MOTHER'S MAIDEN NAME: Janet Kaye Blosch
BIRTHPLACE: Idaho Falls, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wydell Johnson
ADDRESS: Rte. #2 Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7761

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hyaline Membrane Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1972, to Sept. 23, 1972, that I last saw the deceased alive on Sept. 23, 1972, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho.

23c. DATE SIGNED: Oct 19 '72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept.26,1972

24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton

24d. LOCATION (City, town, or county) (State): Shelton Bonneville, Idaho.

DATE REC'D BY LOCAL REG.: Oct.30 72

REGISTRAR'S SIGNATURE: Lena Bridges

25. EMBALMER: Bruce A. Eckersell

LICENSE NO.: M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4757
Local Reg. No. 366
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 23 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location): 438 West 2nd North

3. NAME OF DECEASED (Type or Print) a. (First) LUERILLA b. (Middle) c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept.23,1893	9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Tooele, Utah.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Eli S. Lee BIRTHPLACE: Tooele, Utah.		14. MOTHER'S MAIDEN NAME: Grace Moss BIRTHPLACE: Salt Lake City,Ut.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-07-8538B	17. INFORMANT'S OWN SIGNATURE: Sharon Stather ADDRESS: Rigby, Idaho.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident 11 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4-73 *19*, *to* 9-27, 1972, *that I last saw the deceased alive on* 9-27, 1972, *and that death occurred at* 7:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1079 (Degree or title) M.D.	23b. ADDRESS: Idaho Falls, Idaho.	23c. DATE SIGNED: Nov.8,1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Sept.30,1972	24c. NAME OF CEMETERY OR CREMATORY: Pioneer	24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho.
DATE REC'D BY LOCAL REG.: Nov. 9-'72	REGISTRAR'S SIGNATURE: Anna Bridges	25. EMBALMER: Sidney B Purser	LICENSE NO.: M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4758
Local Reg. No. 348
Reg. Dist. No. 670

BIRTH NO.

RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 389 Lava

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 389 Lava

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Freda	Bertha	Roberts	Oct	1	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F M.	Cauc	Married	Nov 16 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Salem, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rudolph Rindlisbacher	Switzerland	Bertha Gross	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		519-01 7137	N. Lenn Roberts	389 Lava Idaho Falls, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1739 Squamous cell

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma skin with
DUE TO (c) Atelixy & Pulmonary Metastasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-9-, 1972, *to* 10-1, 1972, *that I last saw the deceased alive on* 9/30, 1972, *and that death occurred at* 10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 104-1		10-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 5, 72	Rexburg	Rexburg Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 25-72	Anna Rudge	Gary L. Nalder	M 444

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 17 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4759
Local Reg. No. 338
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 042	d. STREET ADDRESS (If rural, give location) 1305 Fremont

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) Leo	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) October 4 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 25, 1891	9. AGE (In years last birthday) 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator 2	10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaners	11. BIRTHPLACE (State or foreign country) Hastings, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank S. Moore	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME Mary C. O'Brian	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 568 44 2493A	17. INFORMANT'S OWN SIGNATURE Viola L. Moore	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

887X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Left femur

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home 01	21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls 13-101 (COUNTY) Bonneville (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-28-72 8:30 A.M. m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? He fell at home	

22. *I hereby certify that I attended the deceased from* June, 1968, *to* Oct 4, 1972, *that I last saw the deceased alive on* Oct 4, 1972, *and that death occurred at* 10:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Byron T Weeks M D 5561 (Degree or title)	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 10-9-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/7/72	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 13-72	REGISTRAR'S SIGNATURE Emma Bridges	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 2 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4760
Local Reg. No. 337
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 70 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 260
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print): a. (First) IRIS b. (Middle) c. (Last) SAXTON

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr.30,1921

9. AGE (In years last birthday): 51
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker X

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Emery, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernon Olsen
BIRTHPLACE: Sunnyside, Utah

14. MOTHER'S MAIDEN NAME: Goldie Irene Peacock
BIRTHPLACE: Emery, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Earl Saxton
ADDRESS: Route 2 Rigby, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Rheumatoid Arthritis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5/46 to October 4, 1972, that I last saw the deceased alive on October 3, 1972, and that death occurred at 6:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Eldon Hall 52 M.D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 10/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct.7,1972

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: Oct. 10 '72

REGISTRAR'S SIGNATURE: Anna Rudge

25. EMBALMER: Bruce A. Eckersell

LICENSE NO.: M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4761

Certificate of Death
STATE OF IDAHO

State File No. 4761
Local Reg. No. 340
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 12 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 042	d. STREET ADDRESS (If rural, give location) 1795 Brenthaven

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) Truman	c. (Last) Stoddart	4. DATE OF DEATH (Month) October (Day) 8 (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Ma rried	8. DATE OF BIRTH January 10,1900	9. AGE (In years last birthday) 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Contractor 2	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Canada	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Omar Stoddart	BIRTHPLACE Canada	14. MOTHER'S MAIDEN NAME Jessie Maude Macgregor	BIRTHPLACE Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 330 07 3849	17. INFORMANT'S OWN SIGNATURE Doris Stoddart	ADDRESS Idaho Falls, Idaho	

18. CAUSE OF DEATH 4370
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Essential Hypertension	2 years
~~DUE TO~~ (c)	Cerebral Arteriosclerosis	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 April, 1972 *to* 8 Oct, 1972, *that I last saw the deceased alive on* 8 Oct, 1972, *and that death occurred at* 4:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE W Stoddart 503 (Degree or title)	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 12 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/72	24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park	24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 18-72	REGISTRAR'S SIGNATURE Anna Bredjea	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 24 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4762
Local Reg. No. 346
Reg. Dist. No. 570

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana 27
b. COUNTY: Cascade 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Great Falls
d. STREET ADDRESS (If rural, give location): 14 30th St. North

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) MALCOLM c. (Last) McCOLE
4. DATE OF DEATH (Month) (Day) (Year): October 9, 1972
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 10, 1879
9. AGE (In years last birthday): 92 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician, Retired /
10b. KIND OF BUSINESS OR INDUSTRY: Osteopathic
11. BIRTHPLACE (State or foreign country): Noblesville, Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Cyrus Jackson McCole BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Elizabeth Metsker BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516-46-3829
17. INFORMANT'S OWN SIGNATURE: Julia McCole Fuller ADDRESS: Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5330
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated peptic ulcer — 36 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September 20, 1972, to October 8, 1972, *that I last saw the deceased alive on* October 8, 1972, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David P. Baumann M.D.
23b. ADDRESS: 2525 So. Blvd. Idaho Falls, Idaho 83401
23c. DATE SIGNED: 11 Oct. 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 9, 1972
24c. NAME OF CEMETERY OR CREMATORY: Great Falls, Cemetery
24d. LOCATION (City, town, or county) (State): Great Falls, Montana

DATE REC'D BY LOCAL REG.: Oct. 19-1972
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Buck-Sullivan Funeral Home
LICENSE NO.: [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 1972

JUL 07 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4763
Local Reg. No. 347
Reg. Dist. No. 8107

BIRTH NO.

RECEIVED OCT 24 1972 Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 258 "J" St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRIET	ADELINE	DENNIS	October 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	Dec. 1, 1977	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Rexburg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Bell	Utah	Adeline Rowberry	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-4754-B	Jean B Lake	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to 8-31, 19 72, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S McMillan MD 348-1	550 - 4th St, Idaho Falls Ida	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-12-72	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19 '72	Anna Bridgew	Sue Sullivan	M387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

72-10431

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4764
Local Reg. No. 343
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 701
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 276 Melbourne

3. NAME OF DECEASED (Type or Print): a. (First) PAUL; b. (Middle) MARVIN; c. (Last) YAMAMOTO

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1972

5. SEX: male
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: Oct. 7, 1972
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Marvin Yamamoto — BIRTHPLACE: Fresno, Calif.
14. MOTHER'S MAIDEN NAME: Germaine Puchi — BIRTHPLACE: Nogales, Arizona
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity with marked immaturity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 31 weeks gestation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 Oct, 1972, *to* 10 Oct, 1972, *that I last saw the deceased alive on* 10 Oct, 1972, *and that death occurred at* 11:25 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD — (Degree or title): 133-1
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 11 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem
24b. DATE: 10-12-72
24c. NAME OF CEMETERY OR CREMATORY: Nogales Cemetery
24d. LOCATION (City, town, or county) (State): Nogales, Arizona

DATE REC'D BY LOCAL REG.: Oct 16 72
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: M-319
Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-40021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 24 1972 Bureau of Vital Statistics

State File No. 4765
Local Reg. No. 342
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 465 Highland Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Franklin	Harris	October 10 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 26, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farming	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Franklin Harris	Tennessee	Georgia Bill	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	519 14 9856	Willie P Harris	Idaho Falls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2049

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lymphocytic leukemia. — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/9, 1962 to 10-10-, 1972, that I last saw the deceased alive on 10/10, 1972 and that death occurred at 8:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 244-1	798 So. Blvd., Idaho Falls	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/14/72	Ucon Cemetery	Ucon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18 '72	[signature]	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4766
Local Reg. No. 341
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 13 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 042	d. STREET ADDRESS (If rural, give location) Route # 3 Box 258 C

3. NAME OF DECEASED (Type or Print)	a. (First) Amy	b. (Middle)	c. (Last) Fielding	4. DATE OF DEATH (Month) (Day) (Year) October 10 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 2, 1882	9. AGE (In years last birthday) 90 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Hooper, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William A. Arave	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Ida Clark	BIRTHPLACE Colorado	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 60 6074T	17. INFORMANT'S OWN SIGNATURE X Mrs George Humble	ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of lung. — INTERVAL BETWEEN ONSET AND DEATH 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Feb, 1957, *to* 10-10-, 1972, *that I last saw the deceased alive on* 10/3, 1972, *and that death occurred at* 6:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE L. R. Franz (Degree or title) 294-1	23b. ADDRESS 798 S. Blvd IF Idaho	23c. DATE SIGNED 10/16/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/13/72	24c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery	24d. LOCATION (City, town, or county) Taylor (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 19-72	REGISTRAR'S SIGNATURE Anna Bredger	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

AUG 2 7 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4767
Local Reg. No. 345
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 24 1972

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg (Hibbard)
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) GENEVIEVE b. (Middle) PEARL c. (Last) ANDERSON SAUREY

4. DATE OF DEATH: (Month) (Day) (Year): October 11, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 30, 1909

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Independence, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilford C. Anderson BIRTHPLACE: Redmond, Utah

14. MOTHER'S MAIDEN NAME: Mary Pearl Bowen BIRTHPLACE: Deaver Dam, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-34-0520

17. INFORMANT'S OWN SIGNATURE: LeRoy Saurey ADDRESS: Rt. 2 Rexburg, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 2250 (brain tumor) foramin magnum meningeoma — INTERVAL BETWEEN ONSET AND DEATH: symptoms one year approximately

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: patient developed a disturbance in cardiac conduction following surgery followed by disturbance in circulation to medulla.

19a. DATE OF OPERATION: 9-26-72

19b. MAJOR FINDINGS OF OPERATION: brain tumor

20. AUTOPSY? Yes [ ] No [X] (autopsy was requested)

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25- *19*72, *to* 10-11- *19*72, *that I last saw the deceased alive on* 10-10-72, *and that death occurred at* 1:55 AM, 10-11-72 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George L. Barnard, M.D.

23b. ADDRESS: 444 Ronglyn Ave. Idaho Falls, Idaho

23c. DATE SIGNED: 10-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/14/72

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct 17 72

REGISTRAR'S SIGNATURE: Irma Rudge

25. EMBALMER: Kenneth A. Flamm

LICENSE NO.: M347

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4768
Local Reg. No. 344
Reg. Dist. No. [illegible]

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 000	d. STREET ADDRESS (If rural, give location) Route # 2 Box 82

3. NAME OF DECEASED (Type or Print)	a. (First) Lamont	b. (Middle)	c. (Last) Radford	4. DATE OF DEATH (Month) (Day) (Year) October 12 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 2,1927	9. AGE (In years last birthday) 45 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY Cabinet Work	11. BIRTHPLACE (State or foreign country) Ririe, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James William Radford	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Mary Jane Carpenter	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW 11	16. SOCIAL SECURITY NO. 519 24 2126	17. INFORMANT'S OWN SIGNATURE Barbara Radford	ADDRESS Route # 2 Box82

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Thrombosis	1/2 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	previous Coronary Thrombosis	
DUE TO (c)		6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerotic H.D.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 210 (Degree or title) M D	23b. ADDRESS Idaho Falls	23c. DATE SIGNED 10/16/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/16/72	24c. NAME OF CEMETERY OR CREMATORY Ririe Shelton Cemetery	24d. LOCATION (City, town, or county) Ririe (State) Idaho
DATE REC'D BY LOCAL REG. Oct. 18-72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER Ralph M. Wood [signature]	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1972
JUL 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4769
Local Reg. No. 351
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ammon
c. LENGTH OF STAY (In this place) 76 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home 3135 Owen 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ammon
d. STREET ADDRESS (If rural, give location) 3135 Owen

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ADA	EVELINE	CAMPBELL	October 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 11, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook 6	High School	Ammon, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Albert Owen	Utah	Rosa Ellingford	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Not Avail.	Hazel Elder	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	primary site in uterus - suspect	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 6, 19 72, to _____, 19_____, *that I last saw the deceased alive on* Oct 6, 19 72 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. J. Bingham 044 M.D.	Idaho Falls Idaho	10-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/16/72	Ammon Cemetery	Ammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	EMBALMER	LICENSE NO.
Oct. 24-72	Irma Bredjen	Jack R. Wood, Jr.	396

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4770
Local Reg. No. 372
Reg. Dist. No. 670

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 9 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION: LDS Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location): Box 133

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ZOIE		DENNING	October 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 21, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Post Master	Post Office	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Henry Telford	Utah	Maryette Whittle	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 40 7868	Wm T Denning	Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Arteriosclerosis 4379	Several yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus, ASHD	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov, 1972, to Oct 14, 1972, that I last saw the deceased alive on Oct 9, 1972, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	294-I	798 So. Blvd. Idaho Falls	11/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/17/72	Iona Cemetery	Iona, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 16-72	Anna Bridges	Jack R. Wood, Jr.	396

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4771
Local Reg. No. 349
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. HOSPITAL 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): Route 5

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) Beam c. (Last) Pieper

4. DATE OF DEATH (Month) (Day) (Year): Oct 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Dec. 6, 1897	74	10	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Swan Valley, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert Beam — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Elizabeth Bithell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jack Pieper — ADDRESS: ROUTE 5 BOX 354 IDAHO FALLS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vagina
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-29, 19 54, *to* 10-15, 19 72, *that I last saw the deceased alive on* 10-15, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 104-1
23b. ADDRESS: 798 So. Blvd., Idaho Falls
23c. DATE SIGNED: 10-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 18, 1972
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 25 -72
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: M-319
Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

ARBON

Certificate of Death

State File No. 4772
Local Reg. No. 355
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (If outside place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): 1015 Bannock

3. NAME OF DECEASED (Type or Print)
a. (First): HULDA
b. (Middle): LOUISA REINECK
c. (Last): DUTTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1972

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov 28, 1900
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montrose, Colorado
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John A. Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ruth Reineck — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-0741
17. INFORMANT'S OWN SIGNATURE: x Margie L. Montgomery — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): with Congestive Heart Failure

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Diabetes mellitus, Bronchopneumonia, Septicemia, Chronic Renal Disease 3 WKS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8-72 *to* 10-17-72, *that I last saw the deceased alive on* 10-16-72, *and that death occurred at* 3:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R K Arbon MD 1007-1
23b. ADDRESS: Idaho Falls, Idaho.
23c. DATE SIGNED: 10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 20, 1972
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov 2-72
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Leo A Williams — ADDRESS: M--319

Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4773
Local Reg. No. 356
Reg. Dist. No. 610

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROSETTA b. (Middle) (ROSE) HINES c. (Last) WINDER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	April 15, 1884	88	6	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Henry Hines — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Rosetta Neider — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-4868A
17. INFORMANT'S OWN SIGNATURE: Mrs Archie Halverson — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Oct, 19 72, *to* 17 Oct, 19 72, *that I last saw the deceased alive on* 17 Oct, 19 72, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph M Hatch MD 211-1	Idaho Falls Idaho	31 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 21, 1972	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 2-72
REGISTRAR'S SIGNATURE: Emma Bridges
25. FUNERAL DIRECTOR: Geo A. Williams — ADDRESS: M-319

Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 8 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
NOV 8 - 1972
Bureau of Vital Statistics

State File No. 4774
Local Reg. No. 357
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. STAY (In this place) 2 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location) 369 S Eastern Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) BARNABEE	c. (Last) BENNETT	4. DATE OF DEATH (Month) (Day) (Year) October 18,1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept.2,1887	9. AGE (In years last birthday) 85 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ephraim Bennett	BIRTHPLACE ?	14. MOTHER'S MAIDEN NAME Matilda Cutler	BIRTHPLACE ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 10-2612A	17. INFORMANT'S OWN SIGNATURE Letha H. Bennett	ADDRESS Idaho Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/23

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (1) Renal failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with Uremia — 2 Mos.

DUE TO (c) Secondary to Arteriosclerosis (years)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (2) Arteriosclerotic Heart disease c̄ failure (years)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION (3) Fracture Rt femur Inter trochanter

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1972, *to* 10-18, 1972, *that I last saw the deceased alive on* 10-18, 1972, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 104-1	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 10-27-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/20/72	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Nov. 4-1972	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Jack A. Wood, Jr. [signature]	LICENSE NO. 396

FIRM NAME: WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 9 1973

NOV 1 3 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 27 1972 Bureau of Vital Statistics

State File No. 4775
Local Reg. No. 350
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location) 464 "F" Street

3. NAME OF DECEASED (Type or Print)	a. (First) LESTER	b. (Middle) HAMILTON	c. (Last) JARDINE	4. DATE OF DEATH (Month) (Day) (Year) October 18, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.15,1892	9. AGE (In years last birthday) 80	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 3	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) Lewisville, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Richard Frank Jardine	BIRTHPLACE Scotland	14. MOTHER'S MAIDEN NAME Luna Caroline Ellsworth	BIRTHPLACE Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 519-09-2049	17. INFORMANT'S OWN SIGNATURE Kathleen J. Hoolf	ADDRESS Idaho Falls, Idaho.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4442

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Peritonitis, suspect.	2 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Mesenteric thrombosis, suspect.	4 days.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 17, 1972 *to* Oct 18, 1972, *that I last saw the deceased alive on* Oct. 18, 1972, *and that death occurred at* 4:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE L. J. Bingham	(Degree or title) M.D.	23b. ADDRESS Idaho Falls, Idaho.	23c. DATE SIGNED Oct. 23, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct.21,1972	24c. NAME OF CEMETERY OR CREMATORY Lewisville	24d. LOCATION (City, town, or county) (State) Lewisville Jefferson Idaho
DATE REC'D BY LOCAL REG. Oct. 25-'72	REGISTRAR'S SIGNATURE Luna Bridger	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 7 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4776
Local Reg. No. 352
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls LDS Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Box 3 Moreland

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Russell c. (Last) Dawson
4. DATE OF DEATH (Month) Oct. (Day) 19 (Year) 1972
5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Jan. 29, 1890
9. AGE (In years last birthday) 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Weston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Wardlow Dawson BIRTHPLACE Richmond, Missouri
14. MOTHER'S MAIDEN NAME Charlotte Henrietta Cox BIRTHPLACE Lehi, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-5121
17. INFORMANT'S OWN SIGNATURE Glenn R. Dawson ADDRESS BOX 84 MORELAND, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Cancer of Prostate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25- , 1972, to 10-19 , 1972, *that I last saw the deceased alive on* 10-19 , 1972, *and that death occurred at* 2:32 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE John S Fotheringham (Degree or title) M.D.
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-21-72
24c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) Riverside (State) Bingham Idaho

DATE REC'D BY LOCAL REG. Oct. 30-72
REGISTRAR'S SIGNATURE Anna Bridger
25. EMBALMER Theron Miller LICENSE NO. M-524
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 3 1972
MAR 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4777
Local Reg. No. 359
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
NOV 8 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 317 Hill St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): 317 Hill

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BESSIE	HILL	LAMBERT	Oct. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 31, 1889	83	2	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Salt Lake City, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel A. Hill	England	Harriet Ann Byram	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-20-5048	Vess L. Christenson	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-6, 1972, *to* 9-25, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S. McMillan MD 348-1	550 - 4th St Idaho Falls	10-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1972	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV. 4-'72	Anna Rudgen	Leo A. Williams	M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

State File No. 4778
Local Reg. No. 359
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 275 South Boulevard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Cecil	Asburry	Hall	October	21	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 5, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Painting	Shelbyville, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Hall	USA	Gilbaugh	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1920 - 1921	511 03 9174A	Lucille Hall	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/21, 1972 to 10/21, 1972, that I last saw the deceased alive on 10-21-, 1972, and that death occurred at 3:30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 244-1	798 So. Blvd., Idaho Falls	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/24/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6 - 72	Emma Burgess	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972 JUN 25 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED
NOV 8 - 1972
Bureau of Vital Statistics

State File No. 4779
Local Reg. No. 360
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 435 5th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph		Morley	October 23 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 2, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Owner	Furniture	Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willaim Morley	England	Isabelle Pardoe	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 05 7462	Robert J. Morley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. old Ca of Bowel (colon) Resected.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch.	M.D.	Idaho Falls Idaho	Nov. 2, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	10/26/72	Rose Hill Cemetery	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6-72	Emma Bridger	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972
MAY 7 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4780
Local Reg. No. 365
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY BONNEVILLE 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY BONNEVILLE 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) IDAHO FALLS c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) IDAHO FALLS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 310 South Capital	d. STREET ADDRESS (If rural, give location) 310 South Capital

3. NAME OF DECEASED (Type or Print)	a. (First) GOLDEN	b. (Middle) K.	c. (Last) DEARDON	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 25, 1900	9. AGE (In years last birthday) 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 8	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Woodville, Idaho	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Elizabeth critchley	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-05-1354A	17. INFORMANT'S OWN SIGNATURE Lena W Bruns	ADDRESS 190 Moonlite City	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/23

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonne. (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Vernal C. Bedalch (Degree or title) Coroner 583-4	23b. ADDRESS 5824 E. 17th Idaho Falls	23c. DATE SIGNED 11-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-72	24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery	24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Nov. 10-72	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Leo A Williams	LICENSE NO. M-319

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4781
Local Reg. No. 362
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED NOV 8 - 1972 101
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 042
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) HELEN b. (Middle) MARTHA c. (Last) STALEY
4. DATE OF DEATH: (Month) (Day) (Year) October 24, 1972
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 2, 1905
9. AGE (In years last birthday): 67 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Clyde, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Perkins BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Mary Ling Brown BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-18-6727
17. INFORMANT'S OWN SIGNATURE: Elvon K. Staley ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Jenerd — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1940, to October 24, 1972, that I last saw the deceased alive on October 24, 1972, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Odon Hall, M.D. 521-1
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 10/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1972
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 2-72
REGISTRAR'S SIGNATURE: Lena Bridges
25. EMBALMER: Buck Sullivan
LICENSE NO.: M387

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAY 24 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4782
Local Reg. No. 361
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
NOV 8 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. HOSPITAL 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: BONNEVILLE 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): ROUTE 1 Box 22

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	RUSSELL	MORTON	Oct 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	April 4, 1915	57	6	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician		Birmingham, Alabama	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew William Morton	Alabama	Zuma Idella Hendricks	Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	417-03-2929	A. R. Morton	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO (a) 4109 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 10-24-72, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Hatch	MD	1050 Memorial Dr	10-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 28, 1972	Iona Cemetery	Iona, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 2 '72	Emma Bridges	Leo A. Williams	M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1972
DEC 2 2 1972
NOV 2 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4783
Local Reg. No. 354
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville NOV 2 - 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Popler
Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 260
a. STATE Idaho b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe

d. FULL NAME OF HOSPITAL OR INSTITUTION Star Rte. Ririe
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSIE	VIRGINIA	MORGAN	Oct. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	Oct. 27, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Plateau, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Joseph Bush	Germany	Charlotte Ann Young	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-10-8262	Vera Gallup	Rte. #2 Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 23, 1944, to October 25, 1972, that I last saw the deceased alive on December 21, 1971, and that death occurred at 10:45A, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eldon Call	M.D.	Rigby, Idaho.	10/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1972	Ririe-Shelton	Shelton, Bonn., Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-72	Lena Budge	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 6 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

NOV 8 - 1972

Bureau of Vital Statistics

State File No. 4784
Local Reg. No. 364
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY IN (this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1964 East Sunnyside Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Martha	Esther	Jackson	October 25 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	February 6,1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress & Cook	Food Industry	St Marys, West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Benjamin Cunningham	Virginia	Isabell Reed	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		524 03 3495A	Maynard C. Jackson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia, Bilateral. — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 11, 19 72 *to* Oct. 25, 19 72, *that I last saw the deceased alive on* Oct. 25, 19 72 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. J. Bingham MD	Idaho Falls, Idaho	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/27/72	Crown Hill Cemetery	Denver Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/4/72	Anna Bridges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

APR 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4785
Local Reg. No. 363
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 216 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Matilda	Poulter	October 25 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 14, 1876	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian	Church	Marriott, Wber Co., Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred W. Gill	England	Mary Ann Harbertson	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 26 2342T	Virgie Prestgard	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7/8/57, 19__, *to* 10/25, 19 72, *that I last saw the deceased alive on* 10/24, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 546 (Degree or title)	Idaho Falls	10/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/28/72	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 4 '72	Emma Bridges	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4786
Local Reg. No. 370
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 7 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Good Samaritan Nursing Home 3048
d. STREET ADDRESS (If rural, give location): 840 East Elva St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FREDONIA	MELLISSA	ADAMS	October 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb.5,1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Homemaker & Seamstress.	Home & Tailoring	Thurber, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Robert Forsyth	Mich.	Fredonia Mellissa Goheen	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No / None	518-24-9832	Reed F Adams	Idaho Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	½ hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic arteriosclerotic heart disease	20 yrs.
DUE TO (c)	Diabetes mellitus	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-9, 19 65, *to* 10-29, 19 72, *that I last saw the deceased alive on* 10-17, 19 72, *and that death occurred at* 7:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X [signature]	M.D.	Idaho Falls, Idaho.	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov.1,1972	Rigby Pioneer	Rigby	Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 7-'72	Emma Bridges	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 22 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4787
Local Reg. No. 373
Reg. Dist. No. 670

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cora	Thelma	Machen	October 30 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 14, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Eden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Riley Shupe	Utah	Estella Silvey	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 16 0715B	Harvey C. Machen	Hamer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4339

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 25 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 Feb '66, to 30 Oct, 1972, that I last saw the deceased alive on 29 Oct, 1972, and that death occurred at 1:25a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 244-1	798 So. Blvd., Idaho Falls	11/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/2/72	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 16 '72	Anna Budge	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

11868

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 14 1972 Bureau of Vital Statistics

State File No. 4788
Local Reg. No. 367
Reg. Dist. No. 10

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls; c. LENGTH OF STAY (In this place) 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location) 226 Lomax

3. NAME OF DECEASED (Type or Print)	a. (First) Ethel	b. (Middle)	c. (Last) Schenck	4. DATE OF DEATH (Month) (Day) (Year) October 31 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1913	9. AGE (In years last birthday) 58; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY Walgreens Drug	11. BIRTHPLACE (State or foreign country) Iona, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph E. Stanger	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Margaret Irwin	BIRTHPLACE Ireland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 28 4972	17. INFORMANT'S OWN SIGNATURE Glenna Salamanty	ADDRESS Idaho Falls, Ida.	

18. CAUSE OF DEATH 5342
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Jejunal Perforation + Peritonitis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Radiation enteritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Concinoma of Cervix - recent

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [✓] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 29, 1972 *to* Oct 31, 1972, *that I last saw the deceased alive on* Oct 30, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 359-1	23b. ADDRESS 544-4th Idaho Falls	23c. DATE SIGNED 11/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/4/72	24c. NAME OF CEMETERY OR CREMATORY Iona Cemetery	24d. LOCATION (City, town, or county) Iona (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 9-72	REGISTRAR'S SIGNATURE Lenna Bridger	25. EMBALMER Ralph M. Wood [signature]	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

State File No. 4789
Local Reg. No. 37-72
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1008 Denver Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): 1008 Denver Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELEF	OTTO	SEVERSON	October 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Jan. 15, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Cook	U.S. Forest Service	Thief River Falls, Minn.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Otto Severson	Minnesota	Thora Bang	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	711-18-7571	Arthur A. Severson	Bonners Ferry, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes Mellitus	3 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Advanced arthritis	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.M. Callahan	Coroner	Bonners Ferry, Idaho	10/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/5/72	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 3, 1972	Virgila Stone		M-453

FIRM NAME: MALONE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4790
Local Reg. No. 38-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 111
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	(None)	PROST	October 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 17, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oiler 5	Sawmill	Osage City, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Prost	France	Gabrielle Cosse	France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	513-03-7453	Karen Kay Cartwright	Naples, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral vascular accident	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	unk
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	emphysema	30+ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no		Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
no					

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
no m.		

22. *I hereby certify that I attended the deceased from* 10/27, 1972, *to* 10/30, 1972, *that I last saw the deceased alive on* 10/30, 1972, *and that death occurred at* — X — m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry Ida	11/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	11/3/72	MacArthur Cemetery	Naples	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 10, 1972	Wyla Stone	[signature]	M-453

FIRM NAME: MALONE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4791

Certificate of Death

STATE OF IDAHO

State File No. 4791
Local Reg. No. 6
Reg. Dist. No. 670

BIRTH NO.

RECEIVED OCT 17 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
LENGTH OF STAY (In this place): 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer 170
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay

d. FULL NAME OF HOSPITAL OR INSTITUTION: Lost Rivers Hospital 264
d. STREET ADDRESS (If rural, give location): 505 College

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROSIE	VIOLET	LEMMON	October 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	April 1, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Domestic	Vernal, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wesley Russell	Payson, Utah	Mary Maria Cook	Nephi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-3508D	Eileen Lemmon	505 College St. Mackay Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C. V. A. - Stroke — INTERVAL BETWEEN ONSET AND DEATH: 1d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis gen. — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 68 *to* Oct 8 '72 *that I last saw the deceased alive on* Oct 8 '72 *and that death occurred at* 1:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. O. Barker M.D. (Degree or title)	Arco, Idaho	10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-72	Mt. McCaleb	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16-1972	Betty J. Marvel	C. W. Marvel	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4792
Local Reg. No. 7
Reg. Dist. No. 670

BIRTH NO.

RECEIVED OCT 17 1972 Vital Statistics Bureau

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Butte 120 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco LENGTH OF STAY (In this place): 6 days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Custer 170 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay d. STREET ADDRESS (If rural, give location): 418 White Knob

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HENRY	ELMER	PETERSON	October 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	10-7-1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Auto Repair	Barton Flat, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Peterson	Norway	Dora Grotwald	New York, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-36-5640A	Marie N. Peterson	Mackay, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia, Rt. Upper Lobe	1wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Asthma	10 yrs.
DUE TO (c)	Chronic Bronchitis	5 Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema	5 Yrs

481X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 6, 19 72, to Oct 9, 19 72, *that I last saw the deceased alive on* Oct 9, 19 72 *and that death occurred at* 4:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
R. Parker M.D.	031 (Degree or title)	Arco, Idaho	10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-72	Mt. McCaleb	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16-1972	Betty J. Marvel	C. H. Marvel	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 8 1972
JUN 1 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-10518

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4793
Local Reg. No. 8
Reg. Dist. No. 670

1. PLACE OF DEATH a. COUNTY: Butte 120	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco c. LENGTH OF STAY (In this place): 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-----Mackay
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264	d. STREET ADDRESS (If rural, give location): Rt. # 1, Box 15

3. NAME OF DECEASED (Type or Print): a. (First) HEATHER b. (Middle) ANNE c. (Last) GRAVES

4. DATE OF DEATH (Month) (Day) (Year): October 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Single	Oct. 10, 1972		2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 9	None	Arco, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Huntington Graves, Jr.	Baltimore, Maryland	Linda Mae Fullmer	Challis, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	x Mrs. Raymond Fullmer	Mackay, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7469

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congenital Heart Disease	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b)	Prematurity	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1972, *to* Oct 12, 1972, *that I last saw the deceased alive on* Oct 12, 1972 *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R L Barker (Degree or title)	Arco, Idaho	10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-16-72	Mt. McCaleb	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16-1972	Betty J. Marvel	E. H. Marvel	M-457

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

State File No. 4794
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Butte 120	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco c. LENGTH OF STAY (In this place): 6 mos	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264	d. STREET ADDRESS (If rural, give location): 406 White Knob

3. NAME OF DECEASED (Type or Print) a. (First): ALTA	b. (Middle): BELLE	c. (Last): ZEE	4. DATE OF DEATH (Month) (Day) (Year): October 20,1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Nov.1,1891	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store owner 2	10b. KIND OF BUSINESS OR INDUSTRY: Book store	11. BIRTHPLACE (State or foreign country): Houston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Madison Scott Vaught	BIRTHPLACE: Summerset,Ky.	14. MOTHER'S MAIDEN NAME: Matilda Rose Gill	BIRTHPLACE: Marriotville,Ut.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: 265-03-7579	17. INFORMANT'S OWN SIGNATURE: Marie Peterson	ADDRESS: Mackay,Ida	

174X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma of Breast	2 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Ca of Lt. Breast	3 yrs.
~~DUE TO (c)~~	Arterio sclerosis, Severe	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct — *, 19*60*, to* Oct 20 *, 19*72*, that I last saw the deceased alive on* Oct. 19 *, 19*72*, and that death occurred at* 6:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: R F Barker (Degree or title)	23b. ADDRESS: Arco	23c. DATE SIGNED: 10-31-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-24-72	24c. NAME OF CEMETERY OR CREMATORY: Mt. McCaleb	24d. LOCATION (City, town, or county) (State): Mackay, Idaho
DATE REC'D BY LOCAL REG.: Nov. 2-1972	REGISTRAR'S SIGNATURE: Betty J. Marvel	25. EMBALMER: E. H. Marvel	LICENSE NO.: M-457

FIRM NAME: Marvel Memorial Chapel,Arco

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
DEC 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 7 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4795

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Butte 120	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco c. LENGTH OF STAY (In this place): 3 hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lazy A Motel 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): FRANCIS	b. (Middle): R	c. (Last): WRIGHT	4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 8, 1909	9. AGE (In years last birthday): 63 — IF UNDER 1 YR. Months: 6 Days: 19 — IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman 3	10b. KIND OF BUSINESS OR INDUSTRY: Meat Market	11. BIRTHPLACE (State or foreign country): Bingham Canyon, Utah	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Hugh A. Wright	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Frances Eliza Roylance	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Robert W. Wright	ADDRESS: St. Anthony Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As coroner only *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 12:00am *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	583 (Degree or title) 4 Butte County Coroner	23b. ADDRESS: Arco, Idaho	23c. DATE SIGNED: 10-31-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur	24b. DATE: Oct 30, 1972	24c. NAME OF CEMETERY OR CREMATORY: Sugar City Cemetery	24d. LOCATION (City, town, or county) (State): Sugar City, Idaho
DATE REC'D BY LOCAL REG.: Nov. 2-1972	REGISTRAR'S SIGNATURE: Betty J. Marvel	25. EMBALMER: Leo A. Williams	LICENSE NO.: M-319

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4796
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Camas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fairfield
c. LENGTH OF STAY (In this place): 130
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 mi. So. of Fairfield ooo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 240
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding
d. STREET ADDRESS (If rural, give location): Manning Patterson Ranch

3. NAME OF DECEASED (Type or Print): a. (First) Jesus b. (Middle) Celaya c. (Last) Omar

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Basque

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 4, 1937

9. AGE (In years last Birthday): 35
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Navarniz Vya Spain

12. CITIZEN OF WHAT COUNTRY? Spain

13. FATHER'S NAME: Pablo Celaya BIRTHPLACE: Navarniz, Spain

14. MOTHER'S MAIDEN NAME: Juana Omar BIRTHPLACE: Navarniz, Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-74-7858

17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8197

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) crushed skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 10 mi. So. of Fairfield

21c. (CITY, TOWN, OR TOWNSHIP) Fairfield (COUNTY) Camas (STATE) Idaho

21d. TIME OF INJURY: (Month) Oct. (Day) 22, (Year) 1972 (Hour) 1:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? car accident

22. *I hereby certify that I attended the deceased from* did not see, 19 alive, 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE

583 (Degree or title) Deputy Coroner

23b. ADDRESS: Fairfield, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial

24b. DATE: Oct. 22, 1972

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.: Oct 31-1972

REGISTRAR'S SIGNATURE

25. EMBALMER

LICENSE NO. M-460

FIRM NAME: Thompson G. a el

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 29 1975
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAY 19 1981
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 20 1972 Bureau of Vital Statistics

State File No. 4797
Local Reg. No. 559
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route# 1

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Le Roy c. (Last) Storm
4. DATE OF DEATH: (Month) (Day) (Year) April 4, 1972
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Jan. 16, 1887
9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Jamestown, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Lee E. Storm BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Roberts BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529-14-5739
17. INFORMANT'S OWN SIGNATURE: Mary Brow ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1968, to Apr 4, 1972, that I last saw the deceased alive on Apr 4, 1972, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-1972
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale
24d. LOCATION (City, town, or county) (State): Marsing-Homedale

DATE REC'D BY LOCAL REG.: Nov. 17, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: M-481
FIRM NAME: Homedale's Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b)Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d)Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4798
Local Reg. No. 539
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Convalscent Center 354

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Box 445

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	L.	Welch	Sept. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 26, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Right County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas K. Welch	Kentucky	Martha Unknown	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		542-24-5442	Lyle Welch	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4369 C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-1, 19 72, *to* 9-10, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:05 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	1819 Ellis Caldwell, Idaho 83605	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-12-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 14 1999 FEB 6 1973

SEP 18 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4799
Local Reg. No. 535
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Convalescent Center 354	d. STREET ADDRESS (If rural, give location) 210 Cleveland

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) May	c. (Last) Black	4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 24, 1881	9. AGE (In years last birthday) 91 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Martin Co., Minnesota	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edwin Clark	BIRTHPLACE Unknown		14. MOTHER'S MAIDEN NAME Martha Clark	BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-60-6212		17. INFORMANT'S OWN SIGNATURE x Ed Clark	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA — INTERVAL BETWEEN ONSET AND DEATH 48 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthersdon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6, 19 72, *to* 9-18, 19 72, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:00 am *from the causes and on the date stated above.*

23a. SIGNATURE [signature]	(Degree or title) 141-1	23b. ADDRESS 1819 Ellis Caldwell, Idaho	23c. DATE SIGNED 11-1-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Nov. 6, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER James R. Dakan	LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4800
Local Reg. No. 508
Reg. Dist. No. 360

RECEIVED OCT 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 1005 Main St.	d. STREET ADDRESS (If rural, give location): 1005 Main St.

3. NAME OF DECEASED (Type or Print)	a. (First): Elsie	b. (Middle): Isham	c. (Last): Alexander	4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: March 10, 1891	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Caldwell, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Albert F. Isham	BIRTHPLACE: Vermont	14. MOTHER'S MAIDEN NAME: Lida Mary Johnson	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 543-03-5712A	17. INFORMANT'S OWN SIGNATURE: Betty Calhoun	ADDRESS: 203 Dorian Boise	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Immed
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	Yes
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on Oct 5, 1972, *to* ——, 19——, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	570 (Degree or title) 4	23b. ADDRESS: Caldwell	23c. DATE SIGNED: 10-12-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-16-72	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 16, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Rodney Dakan	LICENSE NO.: M-508

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4801
Local Reg. No. 501
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural---Route 8, Caldwell
d. STREET ADDRESS (If rural, give location): Route #8, Caldwell

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Takemaru		Hirahara	October 5 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Japanese	Widowed	May 25, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Major--Salvation Army	Salvation Army	Oita-Ken, Japan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NorRecord	Japan	No Record	Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-2047A	Mitsue Furushiro	Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decubitus Ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 5 '72 *to* 2 Oct '72 *that I last saw the deceased alive on* 2 Oct '72 *and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. Manzumi M.D.	Nampa, Idaho	9 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 9, 1972	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Bernice M. Skinner	Marvin R. Heikila	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4802
Local Reg. No. 511
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 2822 Agate St.

3. NAME OF DECEASED (Type or Print) a. (First): Theodore b. (Middle): c. (Last): Seibel			4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 11-16-84	9. AGE (In years last birthday): 87 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Inspector-ret. 4	10b. KIND OF BUSINESS OR INDUSTRY: City of Boise	11. BIRTHPLACE (State or foreign country): Crookston, Minn.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Peter Seibel	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Philipine Arnoldi	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-52-3880	17. INFORMANT'S OWN SIGNATURE: [signature] Mortuary Information	ADDRESS: Boise, Ida. -Box 7212	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Crushing chest injury	~~[illegible]~~ 4 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Sclerosis	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 06	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 33-555 Malheur Oregon	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 6 1972 5 a m	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Motor vehicle collision	

22. *I hereby certify that I attended the deceased from* Oct 6, 1972, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD Coronar	570 Act 4 (Degree or title)	23b. ADDRESS: Caldwell Ida	23c. DATE SIGNED: 10-10-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment	24b. DATE: 10-9-72	24c. NAME OF CEMETERY OR CREMATORY: Mt'n View Mausoleum	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 16, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: [signature]	LICENSE NO.: M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mountain View Funeral Home Box 7212-83707 Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972

DUTIES: OCT 16 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 3 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. NOV 24 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4803
Local Reg. No. 519
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 142
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): P. O. Box 415

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myrtle	A.	Logan	Oct. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 7, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		El Reno, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Nazworthy	Illinois	Lettie A. Lovell	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	566-26-5595B	Manford R. Logan	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

911X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): aspiration of food +
(c): Cardiac arrest — 15 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: ASHD, Diabetes, Parkinsons dis — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/6, 1969, *to* 10/6, 1972, *that I last saw the deceased alive on* 10/6, 1972, *and that death occurred at* 11 A *m., from the cause and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Manford W Brown MD	619 So Canyon	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-10-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20, 1972	Bernice M Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4804
Local Reg. No. 507
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Rt.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South 10th & Homedale Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 416 Spruce

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clair	Rulon	Rasmussen	Oct. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 2, 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager of Sears Store,	Caldwell, Idaho	Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rulon J. Rasmussen	Utah	Velusa C. Clark	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes U.S. A.F. 55-57	528-28-6152	X Barbara B. Rasmussen	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple severe crushing injuries + fractures — Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Accident	Highway 26	Caldwell 13-14	Canyon	Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
Oct 6 1972 1:30 p.m.	NOT WHILE AT WORK [X]	Motor vehicle collision

22. *I hereby certify that I attended the deceased from* Oct 6, 19 72, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD for Ada	Caldwell	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-11-72	Logan City Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Bernice M. Skinner	Vern Leon Johnson	M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 22 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 15 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4805
Local Reg. No. 503
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Nursing Home 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4004 Neel St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CALEB	M	VAN SLYKE	10	6	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Sept. 11, 1890	82	0	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
County Commissioner 2	Retired	Elmore, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dellevan A. Van Slyke	New York	Maud Ella McArther	New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-36-0503A	D Carlton Van Slyke	R 1 Wilder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic C. V. D. — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1965 to Oct 6, 1972, that I last saw the deceased alive on 6 Oct, 1972 and that death occurred at 11:10 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. H. Thompson	M.D.	Caldwell	10 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/11/72	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 12, 1972	Bernice M. Skinner	Thomas C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 18 1972

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4806
Local Reg. No. 512
Reg. Dist. No. 360

RECEIVED OCT 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location) 1616 Garrity Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First) Curtis	b. (Middle) X	c. (Last) Bacon	4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 21, 1894	9. AGE (In years last birthday) 77; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) geologist	10b. KIND OF BUSINESS OR INDUSTRY US Government	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Howard J. Bacon	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME Ida Walker	BIRTHPLACE Indiana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. 529-01-6239	17. INFORMANT'S OWN SIGNATURE Mrs John Goodwin	ADDRESS Washington, Indiana	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarct	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Heart disease	
DUE TO (c)	with advanced hblood	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/4/ *, 19* 72 *, to* 10/8/ *, 19* 72 *, that I last saw the deceased alive on* 10/8/ *, 19* 72 *, and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED 10/13/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial; 24b. DATE Oct. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY Price, Utah	24d. LOCATION (City, town, or county) Price (State) Utah
DATE REC'D BY LOCAL REG. Oct. 17, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER Richard W. Mesenbrink; LICENSE NO. M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4807
Local Reg. No. 510
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 911 8th Ave. So.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 911 8th Ave. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	ATWELL	PARRY	Oct. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 8, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired -Welder & Mechanic-Sugar Co.-Plant		Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Parry	Ogden, Utah	Pearl Hayball Parry	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528-10-2305	x Delland M Parry	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Carcinoma Prostate c Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-27, 1964, *to* 10-8, 1972, *that I last saw the deceased alive on* 9-27, 1972, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J C Horton MD	1223-7 St. So, Nampa	10-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/11/72	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Bernice M. Skinner	Richard W. Mesenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972
OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 2 1973
JUL 7 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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OCT 17 1972

RECEIVED
OCT 16 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4808
Local Reg. No. 505
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa 1
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 305 Canyon

3. NAME OF DECEASED (Type or Print): a. (First) Margie b. (Middle) c. (Last) Sprong
4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 20, 1889
9. AGE (In years last birthday): 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Brush Creek, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John C. Childress BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sarah J. Lovell BIRTHPLACE: Kentucky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-2070
17. INFORMANT'S OWN SIGNATURE: Mrs Frank Adam ADDRESS: Nampa

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4330

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral Throm bosis	10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabete Mellitus Hypertension	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1948, to 10-8, 1972, that I last saw the deceased alive on 10-4, 1972, and that death occurred at 9:00 A m., from the causes and on the date stated above.

23a. SIGNATURE: J C Horton M D (Degree or title) 245
23b. ADDRESS: 1223-7 St. So, Nampa
23c. DATE SIGNED: 10-10-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 10, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho
DATE REC'D BY LOCAL REG.: Oct. 13, 1972
REGISTRAR'S SIGNATURE: Prince M Skinner
25. EMBALMER: Richard W. Meyerbrink LICENSE NO.: M-487
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 2 6 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4809
Local Reg. No. 569
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 914 Ithica St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph		Fix	Oct. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 4, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Rogers, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyris L. Fix	Reading, Pa.	Annie White	Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	721-14-1738	x Rosie Mae Fix	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 11, 1966, to Oct 8, 1972, that I last saw the deceased alive on Oct 1, 1972, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Caldwell	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 16, 1972	Bernice M. Skinner	[signature]	M508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 2-22-82

RECEIVED OCT 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4810
Local Reg. No. 504
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center	d. STREET ADDRESS (If rural, give location): 711-13th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First): Magdalene	b. (Middle):	c. (Last): Hochhalter	4. DATE OF DEATH	(Month): October	(Day) 8 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Jan. 22, 1888	9. AGE (In years last birthday): 84	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY: at home		11. BIRTHPLACE (State or foreign country): North Dakota		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob Bohlander	BIRTHPLACE: South Russia		14. MOTHER'S MAIDEN NAME: Dorothea Vossler		BIRTHPLACE: South Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-05-9696A		17. INFORMANT'S OWN SIGNATURE: x Mrs Violet Coggburn		ADDRESS	

2041

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hemolytic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Lymphatic Leukemia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 1972, *to* 10-8, 1972, *that I last saw the deceased alive on* 10-8, 1972, *and that death occurred at* 1:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T C Horton MD	23b. ADDRESS: 1223-7 St. So Nampa	23c. DATE SIGNED: 10-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county): Nampa (State): Idaho
DATE REC'D BY LOCAL REG.: Oct 13, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Messbrook	LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 10 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 22 2 43 PM '82

State of _____ } ss.
County of _____ }

Certificate No. 72-4810
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for Magdalene Hochhalter (Name on Original Certificate) who died (Was Born, Died, etc.) on October 8, 1972 (Date of Event)

in Nampa (Canuon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
item 5 sex	Male	female

Subscribed and sworn to before me this 22nd day of February, 19 82

Notary Public, Florence Curtright

Residing at Boise

My commission expires Lifetime

(Seal)

Edwin R. Moser.
Signature of Applicant

Rt #1 Box 334 Caldwell, Idaho. 83605
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAR 1 1982

Death certificate of son shows Magdalene Bohlander Hochhalter as mother of Ferdinand H. Hochholter. Son died October 14, 1936, state file # 100794.
Viewed by V.S.

Family Record shows that Magdalene Bohlander was born a female January 22, 1888 in North Dakota.
Viewed by V.S.

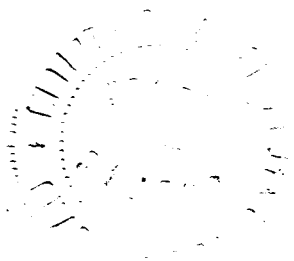

Certificate of Death
STATE OF IDAHO

State File No. 4811
Local Reg. No. 513
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 7,

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MYRTLE	L.	BARNEY	Oct. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	April 12, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Elsinore, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans C. Lorensen	Utah	Sarah Hermansen	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-64-3799	Clarence T. Barney	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of breast. — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/17/ 70 *to* 10/8/ 72 *that I last saw the deceased alive on* 10/8/ 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R C Dwyer, M D.	619 So. Canyon, Nampa, Idaho	Oct 11, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/11/72	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 17, 1972	Bernice M. Skinner	Richard W. Merrick	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 12 1973
FEB 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4812
Local Reg. No. 544
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Box 102

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DANNY	WAYNE	JOHNSON	10	10	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Never Married	Dec. 2, 1960	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	School	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harold B Johnson	Dakota Newunderwood, So	Blanche L Wood	Homedale, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	Harold B. Johnson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	580X Bacteremia, Probable	3 Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Leukopenia, Severe	5 days
DUE TO (c)	Membranous Glomerulonephritis	3½ years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Immuno-suppressive Therapy	3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August, 1969, *to* October 10, 1972, *that I last saw the deceased alive on* October 10, 1972, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. David Johnson MD	Caldwell, Ida	10/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/13/72	Homedale-Marsing	Near Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Bernice M. Skinner	Leonard C. Flahiff	FM-481

FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4813
Local Reg. No. 516
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. # 2, Caldwell
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Rt. # 2, Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lloyd	E.	Allison	Oct. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 18, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Elk Hart, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Allison	Ohio	Cora L. Shoupe	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I	519-09-0060A	Mrs. Lloyd E. Allison	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	10d
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized disease	2 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

3427

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec, 1957, to Sept 30, 1972, that I last saw the deceased alive on Sept 30, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Neal E. Reynolds MD	Caldwell Idaho	Oct 16 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20, 1972	Bernice M. Skinner	Rodney C. Dakan	M 508

FIRM NAME Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 3 1972

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4814
Local Reg. No. 523
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): 14 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 14 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell d. STREET ADDRESS (If rural, give location): 1113 Blaine

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
	Mary	Esther	Thompson	Oct. 11, 1972		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Married	June 17, 1900	72	3 / 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife	Self	Wadsworth, Nevada	U.S.A.			
13. FATHER'S NAME / BIRTHPLACE		14. MOTHER'S MAIDEN NAME / BIRTHPLACE				
Graham Nichol / Unknown		May Reymers / Germany				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS				
	None	X Thomas M. Thompson				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

150X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ca of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 15 mo

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3-59 *, 19____, to* 10-11-72 *, 19____, that I last saw the deceased alive on* 10-11-72 *, 19____, and that death occurred at* 9:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X W.L. Hubler, M.D.	222 East Elm, Caldwell, Idaho	10-13-72
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 13, 1972	Canyon Hill	Caldwell, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20, 1972	Berniece M. Skinner	Charles H. Persons	M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4815
Local Reg. No. 518
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1316 9th St. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	B.	GINDER	Oct. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 18, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Corydon, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-38-0932	[signature]	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prev MI — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/22, 1968, to Oct 11, 1972, that I last saw the deceased alive on Oct 10, 1972, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Harold W. Baron MD (Degree or title)	619 So Canyon	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/14/72	Cloverdale Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20, 1972	Bernice M. Skinner	Larry S. Krouch	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1972

JUL 1 9 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 24 1972 Vital Statistics

State File No. 4816
Local Reg. No. 521
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050
d. STREET ADDRESS (If rural, give location): Rt. # 2, Box 2103

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	E.	SCHAEFER	Oct. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Mar. 2, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	At Home	Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Graig Grimes	Ohio	Lula Emily Hutsell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-4341	R Z Schaefer	Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized carcinomatosis — over 3 months
DUE TO (c) Abdomen

1990

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 28, 1972, to Oct 12, 1972, *that I last saw the deceased alive on* Oct 12, 1972 *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren E Blough MD	Nampa Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/16/72	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 20, 1972	Bernice M. Skinner	Richard W. Merrihew	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 23 1982

DEC 17 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4817
Local Reg. No. 524
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Rt. # 1,

3. NAME OF DECEASED (Type or Print) a. (First): ANNA	b. (Middle): LOUISE	c. (Last): BABCOCK	4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 18, 1892	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Waukegan, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Adam Traudt	BIRTHPLACE: Russia	14. MOTHER'S MAIDEN NAME: Ida Rosina Bumstein	BIRTHPLACE: Switzerland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-42-4652D	17. INFORMANT'S OWN SIGNATURE: John R. Babcock	ADDRESS: Nampa, Idaho	

5621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	SEPTICEMIA	2 DAYS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	INTRA-ABD. + WOUND ABCESSES	15 DAYS
DUE TO (c)	SIGMOID RESECTION	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	HEART DISEASE + HYPOPROTEINEMIA	

19a. DATE OF OPERATION: 9-19-72	19b. MAJOR FINDINGS OF OPERATION: SIGMOID DIVERTICULOSIS WITH MAJOR HEMORRHAGE	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-28, 1972, *to* 10-12, 1972, *that I last saw the deceased alive on* 10-12, 1972, *and that death occurred at* 11:04A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 048 (Degree or title)	23b. ADDRESS: 619 So CANYON	23c. DATE SIGNED: 10/16/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/16/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho		
DATE REC'D BY LOCAL REG.: Oct. 26, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink
LICENSE NO.: M-487		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4818
Local Reg. No. 522
Reg. Dist. No. 360

RECEIVED OCT 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho c. LENGTH OF STAY (In this place): 2days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 2814 So. Indiana Ave

3. NAME OF DECEASED (Type or Print)	a. (First) MAMIE	b. (Middle)	c. (Last) STRODE	4. DATE OF DEATH	(Month) 10	(Day) 13 (Year) 72
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 19, 1887	9. AGE (In years last birthday): 85	IF UNDER 1 YR. Months 6 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Self		11. BIRTHPLACE (State or foreign country): Succor Creek, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Jacob Mussell	BIRTHPLACE: Altamont, Canada		14. MOTHER'S MAIDEN NAME: Ada Norton	BIRTHPLACE: Winnemucca, Nevada		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 564-03-014	17. INFORMANT'S OWN SIGNATURE: X Pearl F. Huston	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5601

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Morrical G. I. Bleedy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Peabody Hoes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title) 141-1	23b. ADDRESS: 1819 Ellis Ave. Caldwell Idaho	23c. DATE SIGNED: 10-18-1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 10/17/72	24c. NAME OF CEMETERY OR CREMATORY: Mt. View	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Oct. 20, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Lucy M. Flahiff	LICENSE NO.: M-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4819
Local Reg. No. 517
Reg. Dist. No. 360

RECEIVED OCT 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location) 904 Main, Box 204

3. NAME OF DECEASED (Type or Print)
a. (First) BARBARA
b. (Middle) GAIL
c. (Last) BUTLER

4. DATE OF DEATH (Month) (Day) (Year) October 15, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Dec. 5, 1933
9. AGE (In years last birthday) 38 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient 0
10b. KIND OF BUSINESS OR INDUSTRY Patient
11. BIRTHPLACE (State or foreign country) Powell, Wyoming
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Roscoe Butler — BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Mildred Hardy — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Mrs. Roscoe Butler — ADDRESS Marsing, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5631

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause Undetermined. Adhesion ??
DUE TO (c) Ulcerative Colitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Recto - Vesical Fistula - Ileostomy
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1956, *to* 15 Oct, 1972, *that I last saw the deceased alive on* 15 Oct, 1972 *and that death occurred at* 11:30a *pm, from the causes and on the date stated above.*

23a. SIGNATURE J. L. Mangum (Degree or title) MD
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 17 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 18, 1972
24c. NAME OF CEMETERY OR CREMATORY Marsing-Homedale Cemetery-Marsing
24d. LOCATION (City, town, or county) Owyhee (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 20, 1972
REGISTRAR'S SIGNATURE Berniece M. Skinner
25. EMBALMER Larry S. Krouch
LICENSE NO. M-447

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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DR. CROSS
1305 360 ST 9

RECEIVED
OCT 24 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4820
Local Reg. No. 520
Reg. Dist. No. 360

BIRTH NO. NAMPA

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) c. (Last) Rinard			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1972	
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 29, 1883	9. AGE (In years last birthday) 89 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (State or foreign country) Plankington, S. Dakota	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William L. Hadley BIRTHPLACE Monrovia, Indiana			14. MOTHER'S MAIDEN NAME Martha Hunt BIRTHPLACE Hillsboro, Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-36-1074		17. INFORMANT'S OWN SIGNATURE Merle Reed	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4120

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro Vascular Hemorrhage	1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Arteriosclerotic	
DUE TO (c)	Cardio Vascular Dis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 24 *19*59 *to* Oct *, 19*72 *that I last saw the deceased alive on* the Oct *, 19*72*, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Graydon O. Cross 115 (Degree or title)	23b. ADDRESS Nampa Ida	23c. DATE SIGNED 19 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-20-1972	24c. NAME OF CEMETERY OR CREMATORY Star Cemetery	24d. LOCATION (City, town, or county) (State) Star, Idaho
DATE REC'D BY LOCAL REG. Oct. 20, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER Alex Wagg Scantlin	LICENSE NO. M-549

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 7 - 1972
Bureau of Vital Statistics

4821

Certificate of Death
STATE OF IDAHO

State File No. 4821
Local Reg. No. 536
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa (rural)
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: Star Road and Amity Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route # 6

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Darrell	Noah	Floyd	Oct. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Oct. 20, 1955	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph Floyd	Missouri	Ila Marshall	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-72-2913	Rte 6	Nampa, Idaho

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe fracture and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple severe injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 30	Nampa 13-142 Canyon, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct 19 1972 6 p.m.		Motor vehicle collision

22. *I hereby certify that I attended the deceased from* Oct 19, 1972, to _____, 19____, *that I last saw the deceased alive on* _____ 19____, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D. Coroner	Caldwell	Oct 26 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 23, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Robison Chapel of The Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4822
Local Reg. No. 533
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 201 E. Belmont

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wesley	Lowell	Laub	Oct. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	May 20, 1955	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9		Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilford Laub	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Unknown	Edna Roberts	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4275

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Failure — Interval between onset and death: 24 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Paroxysmal Tachycardia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 10, 19 72, *to* Oct 19, 19 72, *that I last saw the deceased alive on* Oct 19, 19 72, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Caldwell	10-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-24-72	Hillcrest Memorial Garden	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Bernice M. Skinner	Rodney A. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from ~~disease, will not be held sufficient~~ for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4823
Local Reg. No. 528
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051	d. STREET ADDRESS (If rural, give location) Evergreen Mobile Park Rt. # 5

3. NAME OF DECEASED (Type or Print)	a. (First) Theodore	b. (Middle) A.	c. (Last) Bolster	4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1902	9. AGE (In years last birthday) 70 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Onamia, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John J. Bolster	BIRTHPLACE Canada		14. MOTHER'S MAIDEN NAME Laclare Donet	BIRTHPLACE Ohio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1920-22	16. SOCIAL SECURITY NO. 531-10-6659		17. INFORMANT'S OWN SIGNATURE Freda M. Bolster	ADDRESS

5710

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Esophageal varices — years

DUE TO (c) Laennec's Cirrhosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1972 *to* Oct, 1972, *that I last saw the deceased alive on* 10/19, 1972, *and that death occurred at* 2:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS Caldwell	23c. DATE SIGNED 10/27/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 10-24-72	24c. NAME OF CEMETERY OR CREMATORY Mountain View Crematory
24d. LOCATION (City, town, or county) (State) Boise, Idaho		
DATE REC'D BY LOCAL REG. Oct. 31, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER [signature]
LICENSE NO. M 508		

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 15 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 21 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 10 1973

JUL 7 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4824
Local Reg. No. 525
Reg. Dist. No. 360

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center - D.O.A. 006	d. STREET ADDRESS (If rural, give location): 324 - 16th Ave. No.

3. NAME OF DECEASED (Type or Print)	a. (First): Ernest	b. (Middle): S.	c. (Last): Huff	4. DATE OF DEATH (Month) (Day) (Year): October 21, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 14, 1907	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Creamery Worker 17	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Burchard, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward R. Huff	BIRTHPLACE: Nebraska		14. MOTHER'S MAIDEN NAME: Elizabeth A. McCarthy	BIRTHPLACE: Nebraska
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 520-30-2106		17. INFORMANT'S OWN SIGNATURE: Raymond Winnicki	ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	Months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No X
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on Oct 21, 1972, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	570 (Degree or title) Coroner 4	23b. ADDRESS: Caldwell	23c. DATE SIGNED: Oct 26/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/24/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): NampA, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Oct. 30, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Marvin R. Heikkila	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 31 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4825
Local Reg. No. 526
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 252 Hudson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DWIGHT	W.	JEROME	Oct. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 14, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired- Irrigation Dist.	Worker	Everton, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Luther P. Jerome	Missouri	Edna Lower	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-3405A	X Gladys N. Jerome	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1439 Alveolar Cell Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James D. McCabe	1004 MD	619 S. Canyon	25 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/25/72	Mt. Calvary Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30, 1972	Bernice M. Skinner	Jerry J. Hurst	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4826
Local Reg. No. 537
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Caldwell Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 210 Cleveland

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pearl	C.	Parkinson	Oct. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 11, 1878	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Terre Haute, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-12-9857D	X James D Parkinson	

4379

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-14-63, 19____, *to* 10-3-72, 19____, *that I last saw the deceased alive on* 10-22-72, 19____, *and that death occurred at* 1:03p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X W L Hubler, M.D.	222 East Elm, Caldwell, Idaho	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-30-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4827
Local Reg. No. 566
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 15 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Edgar c. (Last) Seely

4. DATE OF DEATH (Month) Oct. (Day) 22, (Year) 1972

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Mar. 22, 1899
9. AGE (In years last birthday) 73
IF UNDER 1 YR. Months 7 Days 0
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Repairman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Crawfordsville, Ore.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mark Seely
BIRTHPLACE Oregon
14. MOTHER'S MAIDEN NAME Sarah F. Wiseman
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-58-9687
17. INFORMANT'S OWN SIGNATURE X Mrs. Harmon Murphy
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHF — 4yrs
DUE TO (c) Arteriosclerotic C-V Disease — 4yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CVA = Chronic Brain Syndrome — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/72, 1972, to 10/72, 1972, that I last saw the deceased alive on 10/22, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE Joe E McCoy (Degree or title) M.D. 887-1
23b. ADDRESS Caldwell, Idaho
23c. DATE SIGNED 11/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-25-1972
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 21, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER Leonard C. Flaniff
LICENSE NO. M-481
FIRM NAME: Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4828
Local Reg. No. 527
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 1 - 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1615 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	G.	Flynn	Oct. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 11, 1880	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Morris, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Flynn	Illinois	Anna MacMurray	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I	518-54-1270J	X Mrs. L. A. Williams	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1965 *to* Oct 23, 1972, *that I last saw the deceased alive on* Oct 23, 1972, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
258 (Degree or title)	222 East Log 24	10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-27-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 31, 1972	Bernice M. Skinner	Rodney A. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972
NOV 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4829

Certificate of Death
STATE OF IDAHO

State File No. 4829
Local Reg. No. 549
Reg. Dist. No. 360

RECEIVED NOV 16 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place): 25 mins.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba (rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First) DON	b. (Middle) WHITMAN	c. (Last) PECK	4. DATE OF DEATH (Month) (Day) (Year) October 24, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 30, 1893	9. AGE (In years last birthday): 79; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired) 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Kirk, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: LeRoy Peck	BIRTHPLACE: Ithaca, Michigan	14. MOTHER'S MAIDEN NAME: Isabella Dougherty	BIRTHPLACE: Michigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): World War I	16. SOCIAL SECURITY NO.: 519-40-5096-A	17. INFORMANT'S OWN SIGNATURE: Donald W Peck	ADDRESS: Melba, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24/, 1972, to 10/24/, 1972, that I last saw the deceased alive on 10/24/, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD	23b. ADDRESS: 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery	24d. LOCATION (City, town, or county) (State): Melba, Idaho
DATE REC'D BY LOCAL REG.: Nov. 14, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Charles H Persons	LICENSE NO.: M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

JUL 0 6 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

State File No. 4830
Local Reg. No. 540
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Mem. Hospital 051	d. STREET ADDRESS (If rural, give location) Route#2

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) L.	c. (Last) Fry	4. DATE OF DEATH (Month) (Day) (Year) Oct.25,1972
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar.27,1939	9. AGE (In years last birthday) 33 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman 4	10b. KIND OF BUSINESS OR INDUSTRY Kit Mfg. Co.	11. BIRTHPLACE (State or foreign country) Nampa, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wallace E. Fry	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Marie G. Basey	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-44-7478	17. INFORMANT'S OWN SIGNATURE Ruth H. Fry	ADDRESS	

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Diabetic nephropathy	5 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes mellitus	22 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocardial infarction	2-3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17-72 *, 19___, to* 10-25-72 *, 19___, that I last saw the deceased alive on* 10-25-72 *, 19___, and that death occurred at* 2:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE X W.L. Hubler, M.D. W L Hubler (Degree or title) 250-1	23b. ADDRESS 222 East Elm, Caldwell, Ida.	23c. DATE SIGNED 11-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28,1972	24c. NAME OF CEMETERY OR CREMATORY Greenleaf Cemetery	24d. LOCATION (City, town, or county) (State) Greenleaf, Idaho
DATE REC'D BY LOCAL REG. Nov. 7, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Leonard C. Flahiff	LICENSE NO. M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4831
Local Reg. No. 530
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon 42 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): months d. FULL NAME OF HOSPITAL OR INSTITUTION: 1324 Elder Street	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 42 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, d. STREET ADDRESS (If rural, give location): 1324 Elder Street

3. NAME OF DECEASED (Type or Print) a. (First) HATTIE	b. (Middle)	c. (Last) BURNS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1972			
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 20, 1903	9. AGE (In years last birthday): 69	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Searcy, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Thomas Hilburn	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Margaret J. Yoder	BIRTHPLACE: No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 537-36-6090	17. INFORMANT'S OWN SIGNATURE: x Curtis Burns	ADDRESS: Nampa			

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Probable Coronary Occlusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Oct 20 *to* Oct 26, 19 72, *that I last saw the deceased alive on* Oct 26, 19 72, *and that death occurred at* 6 PM *from the cause and on the date stated above.*

23a. SIGNATURE (Degree or title) 322	23b. ADDRESS Nampa Idaho	23c. DATE SIGNED 30 Oct 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG. Nov. 2, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Richard W. Meserve	LICENSE NO. M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4832
Local Reg. No. 529
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview,
d. STREET ADDRESS (If rural, give location): Grandview,

3. NAME OF DECEASED (Type or Print): a. (First) LORA b. (Middle) J. c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 30, 1918

9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Enterprise, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer A. Bobbin
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Meta Foster
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-16-7709

17. INFORMANT'S OWN SIGNATURE: Robert W Harris
ADDRESS: See Above Grandview

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1747 Ca of breast — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1972 to Oct 27, 1972, that I last saw the deceased alive on Oct 27, 1972, and that death occurred at pm., from the causes and on the date stated above.

23a. SIGNATURE: Bernice M. Skinner (Degree or title)

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: Oct 30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/31/72

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens

24d. LOCATION (City, town, or county) (State): Nampa, Idaho (Canyon)

DATE REC'D BY LOCAL REG.: Nov.2, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Jay S. Alsip

LICENSE NO.: M-447

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4833
Local Reg. No. 543
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Railroad Tracks, Notus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Julia	M.	Engleman	Oct. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 22, 1955	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Grants Pass, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Douglas Holly	Oklahoma	Wanda Stout	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	507-78-9408	Mrs Donald C. Nelson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple gsw injuries — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Accident	R.R. crossing	Notus 3-140	Idaho	Canyon

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Oct 27 1972 11 a.m.		Collision Car & Train

22. *I hereby certify that I attended the deceased from* Oct 27, 19 72, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
570 MD Coroner 4	Caldwell	11-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-31-72	North Platte Cemetery	North Platte, Neb.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 8, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1972

MAY 2 1973

OCT 3 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4834
Local Reg. No. 542
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon 140 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Railroad Tracks, Notus	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) E.	c. (Last) Engleman	4. DATE OF DEATH (Month) Oct.	(Day) 27,	(Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 17, 1950	9. AGE (In years last birthday): 22	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): North Platte, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Godfred Engleman	BIRTHPLACE: Nebraska		14. MOTHER'S MAIDEN NAME: Barbara Jolliffe	BIRTHPLACE: Nebraska		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 505-66-8812		17. INFORMANT'S OWN SIGNATURE: x Mrs Donald C. Nelson	ADDRESS		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple severe injuries — INTERVAL BETWEEN ONSET AND DEATH: Instan

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): R.R. Crossing 04	21c. (CITY, TOWN, OR TOWNSHIP): Notus 13-140	(COUNTY): Canyon	(STATE): Ida
21d. TIME OF INJURY (Month) Oct (Day) 27 (Year) 1972 (Hour) 11a m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Collision car and Train		

22. *I hereby certify that I attended the deceased from* Oct 27, 1972 *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title) MD Coroner 4	23b. ADDRESS: Caldwell Ida	23c. DATE SIGNED: 11-4-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 10-31-72	24c. NAME OF CEMETERY OR CREMATORY: North Platte Cemetery	24d. LOCATION (City, town, or county) (State): North Platte, Nebraska
DATE REC'D BY LOCAL REG.: Nov. 8, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: James R. Dakan	LICENSE NO.: M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 0 1972
JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 2 8 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAY 2 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. OCT 3 1 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4835

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 534
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 401 Holly Street

3. NAME OF DECEASED (Type or Print)	a. (First) Carl	b. (Middle) Edward	c. (Last) Bachman	4. DATE OF DEATH (Month) (Day) (Year) October 29, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 19,1891	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & Stockman	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Holt County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME: Gotleib Bachman	BIRTHPLACE: Switzerland	14. MOTHER'S MAIDEN NAME: Nacy Baumen	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-42-5928A	17. INFORMANT'S OWN SIGNATURE: Ingel Bachman	ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Congestive Heart Failure

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Post operative hip surgery

19a. DATE OF OPERATION: 10/16/72	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) NAMPA (COUNTY) CANYON (STATE) IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/15 *19*72 *to* 10/29 *, 19*72 *that I last saw the deceased alive on* 10/29 *, 19*72 *and that death occurred at* 11:15 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred A. Helguntz, M.D. (Degree or title)	23b. ADDRESS: 214 Holly St Nampa	23c. DATE SIGNED: 10/31/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov.2,1972	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Idaho.
DATE REC'D BY LOCAL REG.: Nov.2,1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Ross E. Alstin Jr	LICENSE NO.: M438

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

APR 16 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4836
Local Reg. No. 538
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mt. View Terrace, Inc. 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 823-5th Ave. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARTHA	KUHNLE	SEITHER	October 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 2, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Dorrance, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Kuhmle	Germany	Anna Theleman	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - -	514-01-2609A	Paul E. Seither	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-19-53, 19____, to 10-29-72, 19____, that I last saw the deceased alive on 10-29-72, 19____, and that death occurred at 9:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X [signature] Gabrielsen, M.D.	222 East Elm, Caldwell, Ida	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 1, 1972	Kohlerlawn Cemetery	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Bernice M. Skinner	Marvin R. Hilchila	M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 9 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4837
Local Reg. No. 531
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 209 South 4th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 209 South 4th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Harvey	Gans	Oct. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Nov. 11, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Salina, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gillis Gans	Oklahoma	Maggie Unknown	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	498-09-0517	Mrs Margie King	3[illegible]05 Normandie

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 29, 19 72, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	Caldwell	10. 31. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-30-72	Pryor Cemetery	Pryor, Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4838
Local Reg. No. 532
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Rt. # 7.

3. NAME OF DECEASED (Type or Print)	a. (First): ERTIE	b. (Middle): B.	c. (Last): GRIGG	4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 13, 1902	9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman- Real Estate	10b. KIND OF BUSINESS OR INDUSTRY: Business	11. BIRTHPLACE (State or foreign country): Carroll County, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James T. Grigg	BIRTHPLACE: Arkansas	14. MOTHER'S MAIDEN NAME: Rebecca Hudspeth	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 447-12-1800A	17. INFORMANT'S OWN SIGNATURE: x Mrs Pauline Grigg	ADDRESS: Nampa, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac rupture — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute myocardial infarct — 2 days
DUE TO (c) Coronary hrt disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/27/ *, 19* 72 *, to* 10/30/ *, 19* 72 *, that I last saw the deceased alive on* 10/30/ *, 19* 72 *, and that death occurred at* 12:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED: 10/31/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/1/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Nov.3, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: [signature]	LICENSE NO.: M438

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4839
Local Reg. No. 15
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Grace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Austin Miller Christensen

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 26, 1909
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-retired
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Central, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ferdinand Christensen — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Elsie Miller — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-18-2697
17. INFORMANT'S OWN SIGNATURE: Helen J. Christensen — ADDRESS: Central, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

2059

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — Rheumatic Heart disease — 10 yrs

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral Stenosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1970, *to* Oct 1, 1972, *that I last saw the deceased alive on* Oct 1, 1972, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler 122 (Degree or title) MD
23b. ADDRESS: Preston Ida
23c. DATE SIGNED: 10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/5/72
24c. NAME OF CEMETERY OR CREMATORY: Central Cemetery
24d. LOCATION (City, town, or county) (State): Central, Idaho

DATE REC'D BY LOCAL REG.: 10-9-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Leodore S Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 14 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4840
Local Reg. No. 16
Reg. Dist. No. 500-521

BIRTH NO.

RECEIVED OCT 17 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Bancroft
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4 miles west Bancroft

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 2812 Nora Drive

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Charles Vern Liljenquist

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Sept. 1, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mining developer	mining	Iona, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles E. Liljenquist		Martha Katura Williams	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		From personal records	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture and multiple — Interval between onset and death: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): severe head and chest injuries

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hiway 30 North	4 miles west of Bancroft, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct. 14, 1972 m.		Thrown from out of control automobile.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Teodore A Allen	583 Coroner	Soda Springs, Idaho	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/18/72	Salt Lake City Cem.	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-16-72	Dorene Bunn	Teodore A Allen	M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4841
Local Reg. No. 17
Reg. Dist. No. 5-10-5-21

BIRTH NO.

RECEIVED OCT 25 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN: Soda Springs-Rural
c. LENGTH OF STAY (in this place): 150
d. FULL NAME OF HOSPITAL OR INSTITUTION: 11 miles West Soda Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: Rich 555
c. CITY OR TOWN: Randolph
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Gail b. (Middle) Doris c. (Last) Papke

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 29, 1950
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Elem. School
11. BIRTHPLACE (State or foreign country): Waukesha, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray Papke — BIRTHPLACE: Waukesha, Wisoonsin
14. MOTHER'S MAIDEN NAME: Beatrice Frank — BIRTHPLACE: Milwaukee, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Gail Papke — ADDRESS: 395 Shelly ave Shelly Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture and fractured — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ribs and massive internal
DUE TO (c): injuries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30N
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 11 miles west of Soda Springs, Caribou, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 20, 1972 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Three car collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leadore Allen (Degree or title): Coroner
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 10/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/25/72
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelly, Idaho

DATE REC'D BY LOCAL REG.: 10-24-72
REGISTRAR'S SIGNATURE: Doreen Bunn
25. EMBALMER: Leadore Allen
LICENSE NO.: M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4842
Local Reg. No. 18
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 220 East Second North

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Elliott Earl Sibbett

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 27, 1898
9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Cattle Raising
11. BIRTHPLACE (State or foreign country): Grays Lake, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. Sibbett — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Alameda Simmons — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elaine Sibbett — ADDRESS: Soda Springs, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis - cerebral — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4379

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 2, 1972, *to* Oct 24, 1972, *that I last saw the deceased alive on* Oct 22, 1972, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James Light (Degree or title): MD
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/28/72
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 11-10-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore Allen
LICENSE NO.: M370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 6 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 15 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4843
Local Reg. No. 111
Reg. Dist. No. 470

BIRTH NO.

RECEIVED OCT 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION: 137 West 39th	d. STREET ADDRESS (If rural, give location): 137 West 39th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wayne	Melvin	May	10-3-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	8-18-23	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Commision Co.	Livestock	Rupert, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lloyd F. May	Lawrence, Kansas	Tressie A. Mayes	Carroll Co., Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-8954	Zoleta May	Burley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	1974 Malignant Brain Tumor	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(Glioblastoma)	3-6 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
none m.		

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 10-3-, 1972, *that I last saw the deceased alive on* 10-2-72, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Sutton	514 MD	Burley Ida	10-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-72	Gem Memorial Gardens	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 11, 1972	Beth N. Pearson	Alvin Lee Hansen	M 514

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972
MAR - 7 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 25 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 10 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4844
Local Reg. No. 110
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia /61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 52 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Cassia /61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital 070
d. STREET ADDRESS (If rural, give location): 335 East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Vernon b. (Middle) B. c. (Last) McCulloch

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 19 November 1905

9. AGE (In years last birthday): 66
IF UNDER 1 YR. Months: 10 Days: 14
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mortician 2

10b. KIND OF BUSINESS OR INDUSTRY: Mortuary

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Orson McCulloch BIRTHPLACE: Logan, Utah

14. MOTHER'S MAIDEN NAME: Maude Maughan BIRTHPLACE: Petersboro, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): 0000-----

16. SOCIAL SECURITY NO.: 518-07-0320

17. INFORMANT'S OWN SIGNATURE: Merle McCulloch ADDRESS: 335 E. Main St Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary emphysema — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac arrythmia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG, 19 72, to OCT 3, 19 72, that I last saw the deceased alive on OCT 3, 19 72, and that death occurred at 1:55 m., from the causes and on the date stated above.

23a. SIGNATURE: Richard Christ, M.D. 11131 (Degree or title)

23b. ADDRESS: 127 W 13th Burley, Ida

23c. DATE SIGNED: 10/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7 Oct. 1972

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Cassia Idaho

DATE REC'D BY LOCAL REG.: Oct 6, 1972

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: Orland J Burch

LICENSE NO.: M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 18 1972 Bureau of Vital Statistics

State File No. 4845
Local Reg. No. 112
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 167	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): 3 Hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print)	a. (First): Gregory	b. (Middle): Dean	c. (Last): Cranney	4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Oct. 6, 1972	9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours 3 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***** 9	10b. KIND OF BUSINESS OR INDUSTRY: ****	11. BIRTHPLACE (State or foreign country): Burley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Michael Wayne Cranney	BIRTHPLACE: Burley, Idaho	14. MOTHER'S MAIDEN NAME: Kathryn Ruth Grover	BIRTHPLACE: Logan, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S OWN SIGNATURE: Michael Cranney	ADDRESS: Oakley, Ida

18. CAUSE OF DEATH 7469
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable Congenital Heart — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature 32 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): none	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6-, 1972, *to* 10-6, 1972, *that I last saw the deceased alive on* 10-6-72 *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R R Sutton 514 (Degree or title) M D	23b. ADDRESS: Burley Idaho	23c. DATE SIGNED: 10-16-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 10/8/72	24c. NAME OF CEMETERY OR CREMATORY: Marion Cemetery	24d. LOCATION (City, town, or county) (State): Oakley, Idaho
DATE REC'D BY LOCAL REG.: Oct. 16, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: [signature]	LICENSE NO.: M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4846
Local Reg. No. 114
Reg. Dist. No. 470

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 64 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 651 Oakley Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Owen	Elden	Fairchild	Oct. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 9, 1908	64	2 / 2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Basin, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Newman Fairchild, BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME: Grantsville, Amelia Sunderland, BIRTHPLACE Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 518-09-0981
17. INFORMANT'S OWN SIGNATURE: Owen E Fairchild ADDRESS: RT 1 Box 98A Eaton Ville Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Rupture of ventricle — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 7 days
DUE TO (c) Occlusion of coronary artery — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hardening of arteries.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 19 72 to Oct 4, 19 72, that I last saw the deceased alive on Oct 11, 19 72, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard Chess M.D.	Burley, Idaho	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 14, 1972	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 11 1972	Beth H. Pearson	Ormand J Bench	M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 0 1974
MAR 9 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4847
Local Reg. No. 116
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley c. LENGTH OF STAY (In this place) None	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location) 1918 Conant Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Elmer	b. (Middle)	c. (Last) Sever	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 21, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 31, 1898	9. AGE (In years last birthday) 74	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY ********		11. BIRTHPLACE (State or foreign country) New Mexico	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Not Known	BIRTHPLACE Not Known		14. MOTHER'S MAIDEN NAME Not Known	BIRTHPLACE Not Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 477-10-9007		17. INFORMANT'S OWN SIGNATURE Margaret Kulhanek	ADDRESS Burley, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Emphysema 5-10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-28, 1972, *to* 10-21, 1972, *that I last saw the deceased alive on* 10-16, 1972, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Hutton 514 (Degree or title) MD	23b. ADDRESS Burley Idaho	23c. DATE SIGNED 10/26/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/25/72	24c. NAME OF CEMETERY OR CREMATORY Gem Mem. Gardens	24d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. Nov. 1, 1972	REGISTRAR'S SIGNATURE Bill H. Pearson	25. EMBALMER Alvin Lee Hansen	LICENSE NO. M-514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4848
Local Reg. No. 115
Reg. Dist. No. 470

BIRTH NO.

NOV 2 - 1972

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley; c. LENGTH OF STAY (In this place): 28 Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 1719 Normal Avenue

3. NAME OF DECEASED (Type or Print) a. (First): Martha	b. (Middle):	c. (Last): Scorah	4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1972	
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct.31,1895	9. AGE (In years last birthday): 76; IF UNDER 1 YR. Months 11 Days 22; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Burley Process	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frank Voigt	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Anna Muller	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - -	16. SOCIAL SECURITY NO.: 518-30-1947	17. INFORMANT'S OWN SIGNATURE: Mrs Esther Lamb	ADDRESS: 1723 Normal	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Probable digitalis intoxication

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-31-72, 19__, *to* 10-22-72, 19__, *that I last saw the deceased alive on* 10-22-72, 19__, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene [signature] (Degree or title) M.D.	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 10-23-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct.26,1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Oct 27 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Armand F Burch	LICENSE NO.: M471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4849
Local Reg. No. 118
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (In this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 280 S. 850 E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): 280 S. 850 E.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Owen	Keller	Penrod	Oct. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married	Aug. 15, 1897	75	2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Livestock		Walsburg, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer L. Penrod	Provo, Utah	Mary Isabel Wright	Charleston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	519-14-3370	Lawrence O. Penrod	Box 106 Declo, Idaho

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Cerebral Vascular Accident	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(Probable Thrombosis)	36 hrs.
DUE TO (c)	Cerebral atherosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Previous CVA - 1967	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
none m.		

22. I hereby certify that I attended the deceased from 1955, 19__, to 10-22-, 1972, that I last saw the deceased alive on 9-15-, 1972 and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. R. Sutton	M.D.	Burley Idaho	10-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 26, 1972	Declo Cemetery	Declo Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 1, 1972	Beth N. Pearson	Osmand Bench	M471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

MAY 18 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
Nov 9, 1972

Certificate of Death
STATE OF IDAHO

State File No. 4850
Local Reg. No. 119
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 2 - 1972 160

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta - rural c. LENGTH OF STAY: Vital Statistics	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sublett Reservoir 000	d. STREET ADDRESS (If rural, give location): 1 Mi. West ½ Mi. North

3. NAME OF DECEASED (Type or Print)	a. (First) Winn	b. (Middle) C	c. (Last) Osterhout	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 22, 1972
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 7, 1923	9. AGE (In years last birthday): 49	IF UNDER 1 YR. Months 7 Days 15 / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY: J.R.Simplot	11. BIRTHPLACE (State or foreign country): Declo, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Leon Carl Osterhout, BIRTHPLACE: Conner Creek, Idaho		14. MOTHER'S MAIDEN NAME: Katie Winn, BIRTHPLACE: American Fork, Utah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II 450X	16. SOCIAL SECURITY NO.: 518-24-5849	17. INFORMANT'S OWN SIGNATURE: Lillian Osterhout	ADDRESS: Declo		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19 to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD (Degree or title) 583 4	23b. ADDRESS: Coroner Burley Idaho	23c. DATE SIGNED: 10-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Oct.25,1972	24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens	24d. LOCATION (City, town, or county): Burley, (State): Idaho
DATE REC'D BY LOCAL REG.: Nov. 1, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Armand F Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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11-7-72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
Nov 9 12 02 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Winn C. Osterhout (Name on Original Certificate) who died (Was Born or Died) on Oct. 22, 1972 (Date of Event)
in Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 8	March 7, 1972	March 7, 1923

Subscribed and sworn to before me this 8 day of Nov., 19 72

Notary Public, residing at Heyburn, Idaho
My commission expires Nov. 24, 1975
(Seal)

✓ Signed Osmond F Burch Funeral Director
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3069 Normal Ave Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Nov., 19 72

Notary Public, residing at Heyburn, Idaho
My commission expires Nov. 24, 1975
(Seal)

✓ Signed Merle McCulloch
(Signature of Any Credible Person)

321 E Main Burley, Idaho
(Street Address, City, State)

FORM DH 60-155

No Corresp.

NOV 8 1972

Certificate of Death
STATE OF IDAHO

State File No. 4851
Local Reg. No. 117
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 2 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First) Moroni b. (Middle) Hammon c. (Last) Manning

4. DATE OF DEATH (Month) (Day) (Year): 10-23-72

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-6-1893

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman - Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Milford, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Manning - England
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: LuAnn Hammon - Hooper, Utah
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518-36-6819

17. INFORMANT'S OWN SIGNATURE: Mrs. M. H. Manning
ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congested Heart failure 6 yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Nephro Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10-22-72

19b. MAJOR FINDINGS OF OPERATION: Abd- Aortic aneurism

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 10-23-, 1972, *that I last saw the deceased alive on* 10-22-1972, *and that death occurred at* 1:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Sutton 514 (Degree or title) MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 10/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov. 1 1972

REGISTRAR'S SIGNATURE: Britt H. Pearson

25. EMBALMER: Irvin Lee Hansen

LICENSE NO.: M 514

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4852
Local Reg. No. 123
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2051 Schodde Ave. 6002	d. STREET ADDRESS (If rural, give location): 2051 Schodde Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Frederick b. (Middle) T. c. (Last) Thompson				4. DATE OF DEATH: (Month) Oct. (Day) 28, (Year) 1972		
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 25, 1907	9. AGE (In years last birthday): 65	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant		10b. KIND OF BUSINESS OR INDUSTRY: Retail	11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank P. Thompson-Pioche, Nevada			14. MOTHER'S MAIDEN NAME: Lydia E. Ladd - Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none		16. SOCIAL SECURITY NO.: 530-10-1980	17. INFORMANT'S OWN SIGNATURE: Loraine Thompson		ADDRESS: Burley, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable acute myocardial infarction.	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardiovascular disease with history of previous myocardial infarction	10 years or more.
DUE TO (c)	with coronary sclerosis due to arteriosclerosis.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	~~Arteriosclerosis~~. Acute influenzal syndrome	one week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-19-51, 19__, to 10-28-72, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above. I last saw him as a patient on 2-24-72. However he has been seen several times in the sporting goods store where he worked, as recently as during past month.

23a. SIGNATURE (Degree or title): C. Annest MD	23b. ADDRESS: C. ANNEST, M.D., P.A. Suite 1 - Snow Building Burley, Idaho 83318		23c. DATE SIGNED: 11-10-72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Oct. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county): Burley, Idaho (State)
DATE REC'D BY LOCAL REG.: Nov. 14, 1972	REGISTRAR'S SIGNATURE: Ruth W. Pearson	25. EMBALMER: Ruth Payne	LICENSE NO.: M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4853
Local Reg. No. 121
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

161

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 2119 Oakley Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Thora	b. (Middle): Pickett	c. (Last): Kitley	4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced	8. DATE OF BIRTH: Feb. 22, 1908	9. AGE (In years last birthday): 64 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 3	10b. KIND OF BUSINESS OR INDUSTRY: School Dist.	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Oliver B. Pickett-Laketown, Utah	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Ammar Elizabeth Marcus - Louisiana	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 518-09-1253	17. INFORMANT'S OWN SIGNATURE: Steven Kitley	ADDRESS: Burley, Idaho	

174X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ca of lt breast metastatic	6 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1967, *to* October, 1972, *that I last saw the deceased alive on* 10-21, 1972, *and that death occurred at* 7:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter [signature] (Degree or title) 709-1	23b. ADDRESS: Burley Idaho	23c. DATE SIGNED: 11.2.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 10/31/72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Nov. 6, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: [signature]	LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4854
Local Reg. No. 120
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

161

070

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital	d. STREET ADDRESS (If rural, give location): 303 West 20th Street

3. NAME OF DECEASED (Type or Print)	a. (First): Jacobo	b. (Middle):	c. (Last): Olivas	4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1972
5. SEX: male	6. COLOR OR RACE: mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 16, 1890	9. AGE (In years last birthday): 82 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY: *******		11. BIRTHPLACE (State or foreign country): Sapello, New Mexico	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Anaclito Olivas	BIRTHPLACE: New Mexico		14. MOTHER'S MAIDEN NAME: Virginia Gonzales	BIRTHPLACE: New Mexico
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): W.W. # 1	16. SOCIAL SECURITY NO.: 521-52-1943	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS: Burley, Ida

7824

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Approx 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-27-72, 19__, *to* 10-29-72, 19__, *that I last saw the deceased alive on* 10-29-72, 19__, *and that death occurred at* 12:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1116 (Degree or title)	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 11-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/2/72	24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Nov. 6 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: [signature]	LICENSE NO.: M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4855
Local Reg. No. 122
Reg. Dist. No. 470

BIRTH NO.

Received NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1610 Conant Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1610 Conant Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Della	Duncan	Alldaffer	Oct. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Sept. 21, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Burden, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Brofft	- Not Known	Not Known	- Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	514-16-0276	J.D. Alldaffer	Burley, Ida.

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arterio-Sclerotic Heart Disease. — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Transitional cell Carcinoma Bladder — 6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1963, to Oct 30, 1972, that I last saw the deceased alive on Oct 25, 1972, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W. Bircher 283 (Degree or title) MD	Burley Idaho	Nov 1, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/1/72	Mt. View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 6 1972	Burk A. Pearson	Garth Sapp	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4856
Local Reg. No. 68
Reg. Dist. No. 210

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (If outside this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp. 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Orofino Mobile Village

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daniel	L.	Mcleish	Oct. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	married	July 6, 1940	32		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
truck driver 6	logging	Highmore, S. D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer McLeish	Unk.	Marie Eiseland	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	unk.	518-46-3160	X Vesa A McLeish	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acure myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunt 583 Coroner 4	Orofino, Idaho	10-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	10-21-72	Malone Funeral Home	Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-21-72	Maxine Stroetmann	Ivy C. Stroetmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 30 1972
APR 18 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4857
Local Reg. No. 67
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Clearwater — OCT 30 1972 — 18
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): Bureau of
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [illegible]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — 18
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Twila	L.	Olin	Oct. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	married	Oct. 22, 1925	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl Jones	Mont.	Hazel Monroe	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--------	Robin Olin	Orofino

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

3032

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Liver disease

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart trouble
DUE TO (c): Cronic Alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Liver filure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:20a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter	Coroner	Orofino, Idaho	10-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 25, 72	Riverside Cemetery	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1972	Lyn M. Burger	Lyle A. Strattman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4858
Local Reg. No. 69
Reg. Dist. No. 210

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Clearwater 181	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orofino Convalescent Center 362	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) "Willie"	b. (Middle) William	c. (Last) Robert Thacker	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 25, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Aug 10, 1903	9. AGE (In years last birthday) 69	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelter 5	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Catoosa, Okla.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Thacker	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Lora Gilbert	BIRTHPLACE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 533-12-2011	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS Orofino		

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Organic brain syndrome	
DUE TO (c)	Cerebral atherosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972, *to* October 25, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 490-1	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-30-72	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) Kellogg Shoshone	(State) Idaho
DATE REC'D BY LOCAL REG. Nov. 3, 1972	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER [signature]	LICENSE NO. 476	

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4859
Local Reg. No. 76
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 33 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Hospital 950

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore 202
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home Air Force Base
d. STREET ADDRESS (If rural, give location) 4476 Locust

3. NAME OF DECEASED (Type or Print) a. (First) NORMAN b. (Middle) MARCUS c. (Last) McCLELLAND

4. DATE OF DEATH (Month) (Day) (Year) October 3, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 28, 1888
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Upshur County, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE —

14. MOTHER'S MAIDEN NAME Callie Barnes BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1 & 11

16. SOCIAL SECURITY NO. 454-76-5973

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Mtn. Home AFB, Ida

4329

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke & Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis Chronic Urinary Tract Infection

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 623
23b. ADDRESS Mountain Home, Idaho
23c. DATE SIGNED 10/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/5/72
24c. NAME OF CEMETERY OR CREMATORY Gilmer, Texas
24d. LOCATION (City, town, or county) Gilmer, Texas (State)

DATE REC'D BY LOCAL REG. Oct. 17, 1972
REGISTRAR'S SIGNATURE Mary R. Fulton
25. EMBALMER Arthur Smith
LICENSE NO. M-403

FIRM NAME Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 25 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. NOV 8 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4860
Local Reg. No. 74
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rocky Bar
c. LENGTH OF STAY (In this place): Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: East End of Cross Cut Trail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Wilson	Miller	Oct. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 24, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Hagerman, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wilson Miller	Colorado	Veva Edith Niles	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-09-9681	Bessie K. Miller	Buhl, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Did not see alive, investigation only, that I last saw the deceased alive on _____ 19____, and that death occurred at 2:00 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mtn. Home, IDAHO	Oct. 11, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1972	Hagerman Cemetery	Hagerman, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 12, 1972	Mary R. Fulton	L. Vern Humphreys	M-502

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4861
Local Reg. No. 75
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King Hill
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King Hill
d. STREET ADDRESS (If rural, give location) P.O. Box

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK		LAMB	Oct. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Nov. 25, 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machine repair	Machine Shop	New Jersey	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Restore N. Lamb	New Jersey	Mary Ada Keen	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		508-26-7812	[signature]	King Hill, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Did not see alive, investigation only, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mountain Home, Idaho	Oct. 11, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1972	Glen Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 12, 1972	Mary R. Fulton	H. Del Humphrey	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 1 1972

OCT 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 3 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4862
Local Reg. No. 78
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Nursing Home 356	d. STREET ADDRESS (If rural, give location): Bruneau

3. NAME OF DECEASED (Type or Print)	a. (First): GEORGE	b. (Middle): ANDREW	c. (Last): HUTCHISON	4. DATE OF DEATH (Month) (Day) (Year): October 15, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 8, 1896	9. AGE (In years last birthday): 76 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY: Cattle	11. BIRTHPLACE (State or foreign country): Circle 2, Bruneau, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John A. Hutchison	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Sarah Ella Conner	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-10-3778	17. INFORMANT'S OWN SIGNATURE: Ronald O. Hutchison	ADDRESS: Riddle, Ida.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5193

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Chronic obstructive pulmonary disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Recent hip fracture — weeks; Chronic bacteria sewer — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6 40 69, to Oct 15, 1972, that I last saw the deceased alive on Oct. 14, 1972, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Malone W. Foelsch M.D. 289 (Degree or title)	23b. ADDRESS: Mountain Home Ida	23c. DATE SIGNED: 10.17.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/18/72	24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery	24d. LOCATION (City, town, or county) (State): Bruneau, Idaho
DATE REC'D BY LOCAL REG.: October 26, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: Arthur Smith	LICENSE NO.: M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4863
Local Reg. No. 81
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Nursing Home 356	d. STREET ADDRESS (If rural, give location) P.O. Box

3. NAME OF DECEASED (Type or Print) a. (First) ROYAL	b. (Middle) EDWIN	c. (Last) GLENN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar. 21, 1878	9. AGE (In years last birthday) 94 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY Ranch	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gustavus P. Glenn	BIRTHPLACE Ireland	14. MOTHER'S MAIDEN NAME Jennie Toms	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-44-8388-a	17. INFORMANT'S OWN SIGNATURE + Ruth M. Hall	ADDRESS Glenns Ferry, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) A.S.H.D. — INTERVAL BETWEEN ONSET AND DEATH Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Common file duct obstruction Cerebral thrombosis old. Days months.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1969, to Oct 21, 1972, that I last saw the deceased alive on Oct 20, 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Malone N. Loelach MD (Degree or title)	23b. ADDRESS Mountain Home Idaho	23c. DATE SIGNED 11-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Glenn Rest Cemetery	24d. LOCATION (City, town, or county) Glenns Ferry, (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 6, 1972	REGISTRAR'S SIGNATURE Mary R Fulton	25. EMBALMER Arthur Smith	LICENSE NO. M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 2 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4864
Local Reg. No. 80
Reg. Dist. No. 380-391

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/4 mile West of Atlanta 040

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore 202
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home A.F.B.
d. STREET ADDRESS (If rural, give location): Officer quarters

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle): MARVIN
c. (Last): HURST

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 12, 1922
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): United States Air Force
10b. KIND OF BUSINESS OR INDUSTRY: 8
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1949 - 1972
16. SOCIAL SECURITY NO.: 519-20-1189
17. INFORMANT'S OWN SIGNATURE: U:S:A. Force Records, — ADDRESS: Mtn. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture - Frontal — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Brain Trauma — Seconds
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Atlanta 13-200 Elmore Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 18, 1972 10:30 PM m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Victim's jeep missed bridge, overturned upside down in the middle fork of the Boise River

22. *I hereby certify that I attended the deceased from* Did not see alive investigation only *, 19__, to* ____, *19__, that I last saw the deceased alive on* ____, *19__, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur Smith 583 CORONER 4
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: Oct. 21-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 24, 1972
24c. NAME OF CEMETERY OR CREMATORY: Spokane Cemetery
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Oct. 30, 1972
REGISTRAR'S SIGNATURE: Mary R. Fulton
25. EMBALMER: H. Neil Humphreys
LICENSE NO.: M-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4865
Local Reg. No. 82
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 490 So. 18th E.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	HENRY	CORBUS	Oct. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 4, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Ranch	Pine, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy Leonard Corbus	Idaho	Nettie Casey	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-09-7053	X Adelia E. Corbus	490 S. 18 E.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4330 Cerebral Thrombosis	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Advanced Arterio-sclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Hypertensive Cardiovascular Disease	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 19 *, 19* 72 *and that death occurred* Feb. 8:55 p *m., from the causes and on the date stated above.* *to* Oct. 19, 1972 *, that I last saw the deceased alive on* Oct. 19 *, 19* 72

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malene W. Foelsch M.D.		Mountain Home Idaho	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1972	Mtn. View Cemetery	Mountain Home Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Mary R. Fulton	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972
JUL 18 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4866

Certificate of Death
STATE OF IDAHO

State File No. 4866
Local Reg. No. 83
Reg. Dist. No. 380 391

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence- Box 432 000	d. STREET ADDRESS (If rural, give location): Box 432

3. NAME OF DECEASED (Type or Print)	a. (First): GEORGE	b. (Middle): ADAM	c. (Last): AULBACH	4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 25 1896	9. AGE (In years last birthday): 75 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher	10b. KIND OF BUSINESS OR INDUSTRY: Ranch	11. BIRTHPLACE (State or foreign country): Plainsville, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George Aulbach	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Katherine Miestrell	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1918 -1919	16. SOCIAL SECURITY NO.: 518-09-7474	17. INFORMANT'S OWN SIGNATURE: Elsie C. Brown	ADDRESS: Mountain Home Box 432	

5193

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *: 1) Chronic Obstructive Pulmonary disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2) A.S.H.D. with failure — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1959, *to* Oct 20, 1972, *that I last saw the deceased alive on* June 1972 *and that death occurred* 2:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Malcolm W. Foelsch	289 Degree or title: [illegible]	23b. ADDRESS: Mountain Home Idaho	23c. DATE SIGNED: 11.2.72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery	24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho
DATE REC'D BY LOCAL REG.: Nov. 6, 1972	REGISTRAR'S SIGNATURE: Mary R Fulton	25. EMBALMER: H. Neal Humphreys	LICENSE NO.: M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1972

DEC 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4867
Local Reg. No. 85
Reg. Dist. No. 380 391

RECEIVED NOV 7 - 1972

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ELMORE 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MOUNTAIN HOME HOTEL	d. STREET ADDRESS (If rural, give location) MOUNTAIN HOME HOTEL

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) A.	c. (Last) TWOMEY	4. DATE OF DEATH (Month) OCT. (Day) 23 (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 12, 1919	9. AGE (In years last birthday) 53 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired TSgt. U.S.A.F.	10b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.	11. BIRTHPLACE (State or foreign country) Rhode Island	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown	BIRTHPLACE Ireland	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE Ireland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II, Viet Nam Korean Conflict	16. SOCIAL SECURITY NO. 225-05-4807	17. INFORMANT'S OWN SIGNATURE Barbara J. Toves	ADDRESS Guam	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, *to* investigation only, *that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur Smith 583 (Degree or title) Coroner 4	23b. ADDRESS Mtn. Home, Idaho	23c. DATE SIGNED 11-3-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY Mtn. Viev Cemetery	24d. LOCATION (City, town, or county) Mountain Home, (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 6, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER H. Weil Humphreys	LICENSE NO. M-502

FIRM NAME Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1972

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 30 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4868
Local Reg. No. 84
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 721

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALLEN	CLAY	WELLS	Oct. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 28, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Logger	Logging	Virginia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wells	Virginia	Minnie Mink	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-26-3800	Alta P Wells	Mtn. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lung Cancer — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jay W. Wells	MD	Mtn Home 890 North 6th East	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1972	Mtn. View Cemetery	Fairfield Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Mary R. Fulton	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4869
Local Reg. No. 86
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080	d. STREET ADDRESS (If rural, give location) P.O. Box

3. NAME OF DECEASED (Type or Print)	a. (First) SUSAN	b. (Middle) CHESTEK	c. (Last) WICHER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1886	9. AGE (In years last birthday) 85 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-36-1156 A	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS Glenns Ferry, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

398X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiomegaly	
DUE TO (c)	Rheumatic heart disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dehydration	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 890 N 6th East	23c. DATE SIGNED 10-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE Oct. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Glenn Rest Cemetery	24d. LOCATION (City, town, or county) Glenns Ferry, (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 6, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER Arthur Smith — Smith Mortuary — LICENSE NO. M-403

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4870

Certificate of Death
STATE OF IDAHO

State File No. 88
Local Reg. No. 380 391
Reg. Dist. No.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Nursing Home 356	d. STREET ADDRESS (If rural, give location) Mountain Home

3. NAME OF DECEASED (Type or Print)	a. (First) LENORA	b. (Middle) TOWN	c. (Last) SHAW	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1895	9. AGE (In years last birthday) 77 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Town	BIRTHPLACE Kansas	14. MOTHER'S MAIDEN NAME Fedelia Huffman	BIRTHPLACE Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-18-7683	17. INFORMANT'S OWN SIGNATURE + Lee A. Reed	ADDRESS Cambridge, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4/22

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis, multiple uremia — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1972, to Oct 25, 1972, that I last saw the deceased alive on Oct 25, 1972 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Malone N. Dodson M.D. (Degree or title)	23b. ADDRESS Mountain Home Idaho	23c. DATE SIGNED 11-3-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery	24d. LOCATION (City, town, or county) Mountain Home (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 14, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER H. Weil Humphreys	LICENSE NO. M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4871

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 87
Reg. Dist. No. 380 391

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ELMORE b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KING HILL c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RESIDENCE	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ELMORE 200 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KING HILL d. STREET ADDRESS (If rural, give location) RT# 1

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS	b. (Middle) WILFORD	c. (Last) MASTERSON	4. DATE OF DEATH (Month) OCT. (Day) 28 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept.20,1903	9. AGE (In years last birthday) 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher	10b. KIND OF BUSINESS OR INDUSTRY Ranch	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hugh E. Masterson	BIRTHPLACE Nebraska	14. MOTHER'S MAIDEN NAME Onie S. Harter	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 581-18-7695	17. INFORMANT'S OWN SIGNATURE Daniel E. Masterson	ADDRESS Aberdeen	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Anderson ND (Degree or title)	23b. ADDRESS 890 N Gate E	23c. DATE SIGNED 11-3-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY Emmett Cemetery	24d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. Nov. 6, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER H. Neil Humphreys	LICENSE NO. M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 16 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Dec. 11, 1972

RECEIVED NOV 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4872
Local Reg. No. 89
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ELMORE 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELMORE MEMORIAL HOSPITAL 080	d. STREET ADDRESS (If rural, give location): 960 N. 9th E.

3. NAME OF DECEASED (Type or Print)	a. (First): FAY	b. (Middle): A.	c. (Last): LAHTINEN	4. DATE OF DEATH (Month) (Day) (Year): OCT. 29, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 22 1895	9. AGE (In years last birthday): 77 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James F. Black	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Sylvia Stone	BIRTHPLACE: California	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: x Dorothy Terrell	ADDRESS: Mtn. Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5900

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1972, to Oct 29, 1972, that I last saw the deceased alive on Oct 27, 1972, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Malone W. Eelsch Jr. (Degree or Title) D. — 23b. ADDRESS: Mountain Home Idaho — 23c. DATE SIGNED: 11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 2, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery	24d. LOCATION (City, town, or county): Mountain Home	(State): Idaho
DATE REC'D BY LOCAL REG.: Nov. 14, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: [signature]	FIRM NAME: Smith Mortuary	LICENSE NO.: M-502

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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11 24 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. DEC 8 10 57 AM '72

County of ..... }

Certificate No. 72-4872

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Fay A. Lahtinen (Name on Original Certificate) who died (Was Born or Died) on Oct. 29, 1972 (Date of Event)

in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Line 14 Mothers malden name & Birthplace	Sylvia Black	Sylvia Stone
	Idaho	California

Subscribed and sworn to before me this 1st day of December, 1972

Donna K. Wells

Notary Public, residing at Mtn Home, Id

My commission expires 23 Aug 1976

(Seal)

Signed Dorothy Terrell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

895 N 8th E Mtn Home ID 83647

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }

County of Elmore } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1972

Leon K. Hamilton

Notary Public, residing at Mountain Home Ida

My commission expires 12 March 1976

(Seal)

Signed Laurine Ackerman

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

DEC 1 1 1972

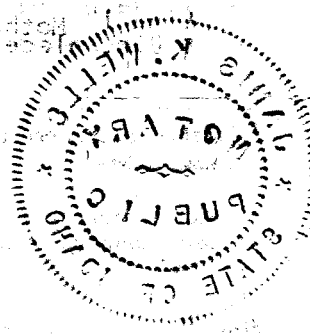

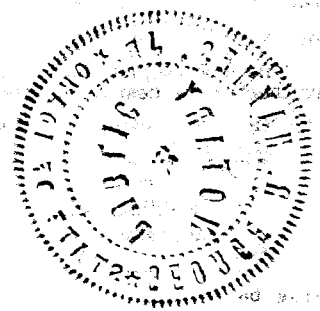

Certificate of Death
STATE OF IDAHO

State File No. 4873
Local Reg. No. 14
Reg. Dist. No. 540

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston c. LENGTH OF STAY (In this place) 1 month	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Rest Home 395	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) WESLEY	c. (Last) GIBSON	4. DATE OF DEATH (Month) (Day) (Year) Oct 10, 1972	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH June 10, 1893	9. AGE (In years last birthday) 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY cattle	11. BIRTHPLACE (State or foreign country) Franklin, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Gibson	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Harriet Woolf	BIRTHPLACE Nephi, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 01 2147 A	17. INFORMANT'S OWN SIGNATURE Mrs Gwenneth Moore	ADDRESS San Jose	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) [illegible] Heart disease — INTERVAL BETWEEN ONSET AND DEATH 4 yr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) [illegible] — 10 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1972, *to* Oct 10, 1972, *that I last saw the deceased alive on* Oct 10, 1972, *and that death occurred at* 11 m., *from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler 122 (Degree or title) Me	23b. ADDRESS Preston Idaho	23c. DATE SIGNED 10-16-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14, 1972	24c. NAME OF CEMETERY OR CREMATORY Hyde Park Cemetery	24d. LOCATION (City, town, or county) (State) Hyde Park, Utah
DATE REC'D BY LOCAL REG. 10-17-72	REGISTRAR'S SIGNATURE 10-27-72 Sherry Buttars	25. EMBALMER Douglas S. Webb	LICENSE NO. 448

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4874
Local Reg. No. 15
Reg. Dist. No. 540

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (In this place) 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Ho pital 081

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) FOSTER c. (Last) BECKSTEAD NOTH

4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 25, 1896

9. AGE (In years last birthday) 76
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Whitney, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Albert Beckstead BIRTHPLACE So. Jordan, Ut.

14. MOTHER'S MAIDEN NAME Josephine Foster BIRTHPLACE Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE M. K. Beckstead ADDRESS Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 dys

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1972, to Oct 11, 1972, that I last saw the deceased alive on Oct 11, 1972, and that death occurred at 11:17 m., from the causes and on the date stated above.

23a. SIGNATURE O. R. Cullen (Degree or title) MD

23b. ADDRESS Preston Ida

23c. DATE SIGNED 10-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 14, 1972

24c. NAME OF CEMETERY OR CREMATORY Whitney Cemetery

24d. LOCATION (City, town, or county) (State) Whitney, Idaho

DATE REC'D BY LOCAL REG. 10-17-72

REGISTRAR'S SIGNATURE 10-27-72 Sherry Buttars

25. EMBALMER Douglas S. Webb

LICENSE NO. 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6301

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4875
Local Reg. No. 16
Reg. Dist. No. 540

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 216 So 2nd E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 216 So 2nd E

3. NAME OF DECEASED (Type or Print): a. (First) DARVEL b. (Middle) MILLER c. (Last) FUHRIMAN

4. DATE OF DEATH: (Month) Oct (Day) 15, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 18, 1909

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Providence Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW E. FUHRIMAN
BIRTHPLACE: Providence, Utah

14. MOTHER'S MAIDEN NAME: EFFA AMELIA JONES
BIRTHPLACE: Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 05 6670

17. INFORMANT'S OWN SIGNATURE: x Ida Lorene Fuhriman
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 0092 C.V.D. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastroenteritis — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1972, to Oct 15, 1972, that I last saw the deceased alive on Oct 14, 1972, and that death occurred at 1015 m., from the causes and on the date stated above.

23a. SIGNATURE: O. R. Cutler (Degree or title) MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 18, 1972

24c. NAME OF CEMETERY OR CREMATORY: Franklin Cemetery

24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 10-24-72

REGISTRAR'S SIGNATURE: Sherry Buttars 10-27-72

25. EMBALMER: Douglas S. Webb

LICENSE NO.: 480

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4876
Local Reg. No. 17
Reg. Dist. No. 540

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Cty Nursing Home 395

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 149 W 2nd N

3. NAME OF DECEASED (Type or Print): a. (First) EUGENE b. (Middle) c. (Last) FREDRICKSON

4. DATE OF DEATH (Month) (Day) (Year): Oct 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Divorced	June 24, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Automotive	Weston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars Fredrickson	Denmark	Stena Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WWI	517 28 2586	Callen Fredrickson	Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C V P	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis Cardiac	1 yr
DUE TO (c)	arteriosclerosis	1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 1, 1972 *to* Oct 21, 1972 *that I last saw the deceased alive on* Oct 21, 1972 *and that death occurred at* 1 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 24, 1972	Weston Cemetery	Weston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-25-72	Sherry Buttars 10-27-72	O. Sherwin Webb	316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6301

NOV 15 1972
AUG 23 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4877
Local Reg. No. 18
Reg. Dist. No. 540

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin County Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Banida
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELLEN b. (Middle) CECELIA c. (Last) LARSON

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 26, 1893

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John L. Ringblom — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Johanna Larsson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529 30 5498

17. INFORMANT'S OWN SIGNATURE: Gene R Larson — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): C V A — Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: C

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1972 *to* Oct 24, 1972, *that I last saw the deceased alive on* 11-24, 1972, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Cutler (Degree or title) M.D.
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 11-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1972
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-30-72
REGISTRAR'S SIGNATURE: Sherry Buttars 11-17-72
25. EMBALMER: Douglas L Webb
LICENSE NO.: 488

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 9 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4878
Local Reg. No. 20
Reg. Dist. No. 540

RECEIVED NOV 20 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Franklin 210	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riverdale c. LENGTH OF STAY (In this place) 40 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riverdale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Irene Simpson	c. (Last) Rindlisbaker	4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 20, 1901	9. AGE (In years last birthday) 71 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Cedarville, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Simpson	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Sena Fredrickson	BIRTHPLACE Denmark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Walter F Rindlisbaker	ADDRESS Riverdale, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/27, 1971 *to* 10/29, 1972, *that I last saw the deceased alive on* 10/25, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE John F. Sorenson, MD (Degree or title) 1056-1	23b. ADDRESS 225 E. 4th N., Logan, Utah	23c. DATE SIGNED 11/3/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY Riverdale Cemetery	24d. LOCATION (City, town, or county) (State) Riverdale, Idaho
DATE REC'D BY LOCAL REG. 11-8-72	REGISTRAR'S SIGNATURE Sherry Buttars 11-17-72	25. EMBALMER Douglas S. Webb	LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4879

Certificate of Death

STATE OF IDAHO

State File No. 48
Local Reg. No. 657
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): his home in rural Ashton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): rural area

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Birdwell	Atchley	September 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Febr 14, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	Ashton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Arthur Atchley	Seiverville, Tenn.	Rachael Shultz	Seiverville, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-42-9135	X Wilbur B Atchley	Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3039

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* DOA, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	583 Coroner	Box 170, St. Anthony, Ida.	10-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 3, 1972	Pineview Cemetery	Ashton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4 Nov 72	[signature]	[signature]	M-456

FIRM NAME: Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4880
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chester (Rural)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Highway 191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 935 W 2nd South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MELVIN	A.	JACKSON	Oct., 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	Feb., 9, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairyman	Retired	Brazil, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathan R. Jackson	Lena, Indiana	Martha A. Craig	Harmony, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	313-22-5160	M L Hansen	St Anthony Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8169

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	Hiway 191	1 mi. N. Chester	Fremont	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct. 3 1972 6p.m.		One car roll-over

22. *I hereby certify that I attended the deceased from* DOA, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Cornell	Coroner	Box 170 St. Anthony, Ida.	10-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7 Oct 72	Riverview Cemetery	St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER Gary B. Bidwell	LICENSE NO.
10 Oct 72	M L Hansen	Gary B. Bidwell	M-539

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 25 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4881
Local Reg. No. 47
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Fremont 220	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Montana 27 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton — c. LENGTH OF STAY (In this place): 4 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083	d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print)	a. (First) Elton	b. (Middle) Wyman	c. (Last) Maxwell	4. DATE OF DEATH (Month) (Day) (Year)	October 6, 1972
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Jan 7, 1910	9. AGE (In years last birthday): 62	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): milk delivery 7	10b. KIND OF BUSINESS OR INDUSTRY: dairying	11. BIRTHPLACE (State or foreign country): Melville, Montana	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Pearl V. Maxwell	BIRTHPLACE: California	14. MOTHER'S MAIDEN NAME: Ida Francis Wyman	BIRTHPLACE: Boston, Mass.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: 517-14-1325	17. INFORMANT'S OWN SIGNATURE: Joseph David Maxwell	ADDRESS: West Yellowstone Mont		

2070

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Leukemia

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): thrombosis leg with gangrene

DUE TO (c): ? Tuberculous Pericarditis.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~[illegible]~~ 9/13/72 *19*, *to* 10/6/72, *19*, *that I last saw the deceased alive on* 10/6/72, *19*, *and that death occurred at* 10:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Green M.D. (Degree or title) 9507	23b. ADDRESS: Ashton, Id	23c. DATE SIGNED: 10/18/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Targhee Cemetery
24d. LOCATION (City, town, or county) (State): Henry's Lake, Idaho		
DATE REC'D BY LOCAL REG.: 19 Oct. 1972	REGISTRAR'S SIGNATURE: M. D. Hansen	25. EMBALMER: Robert Bean
LICENSE NO.: M-456		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 25 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4882
Local Reg. No. 48
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Fremont 220	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton c. LENGTH OF STAY (In this place): 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083	d. STREET ADDRESS (If rural, give location): rural area

3. NAME OF DECEASED (Type or Print)	a. (First) Myron	b. (Middle) Lorenzo	c. (Last) Cordingley	4. DATE OF DEATH (Month) (Day) (Year) October 9, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Jan 16, 1902	9. AGE (In years last birthday): 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming 7	10b. KIND OF BUSINESS OR INDUSTRY: farming	11. BIRTHPLACE (State or foreign country): Hugginsville, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John H. Cordingley	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Jesse Jones	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: 519-10-7363	17. INFORMANT'S OWN SIGNATURE: x Myrtle E Cordingley	ADDRESS: Ashton Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1460

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma tonsils — INTERVAL BETWEEN ONSET AND DEATH: 13 ms.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 19__, *to* Oct 9, 1972, *that I last saw the deceased alive on* Oct 9, 1972, *and that death occurred at* 6:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title) 298-1	23b. ADDRESS: Ashton - Idaho	23c. DATE SIGNED: 10-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery	24d. LOCATION (City, town, or county) (State): Ashton, Idaho
DATE REC'D BY LOCAL REG.: 19 Oct. 1972	REGISTRAR'S SIGNATURE: M. D. Hansen	25. EMBALMER: Robert Bean	LICENSE NO.: M-456

FIRM NAME: Robert Bean Funeral HOme

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972
JUL 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4883
Local Reg. No. 46
Reg. Dist. No. 650

RECEIVED OCT 25 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 124 West 3rd North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ORVILLE	JOSEPH	ROBERTSON	OCT., 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	May 17, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher and Cattleman	Self-Employed	Plano, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph T. Robertson	Ontario, Canada	Asenath Moon	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-42-7816	Sarah H Robertson	St. Anthony, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 8, 1972, *to* October 15, 1972, *that I last saw the deceased alive on* October 14, 1972, *and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd Barrett M.D.	129 N 8 W St. Anthony, Idaho 83445	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	18 Oct 72	Plano Cemetery	Plano, Madison. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
18 Oct 72	M L Hansen	Gary D. Bidwell — Gary D. Bidwell	M-539

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

4884

State File No. _____
Local Reg. No. 18
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED OCT 25 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Hosp. 085
d. STREET ADDRESS (If rural, give location): Shady Lane Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Earl	Sydney	Hill	Oct. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Dec. 26, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 7	farm	Star, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John William Hill	unknown	Mollie Belle Thornton	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-03-1319	Vera A. Hill	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5699 Gastro Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 54 *to* 10-17 , 19 72 *that I last saw the deceased alive on* 10-17-72 , 19 _____ *and that death occurred at* 11:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hamm E. Halverson MD	107 W. Second, Emmett, Idaho	10-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10-20-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-72	Jean A Beatty	Walter Potter	M-445

Federal Security Agency
United States Public Health Service FORM DH--63021

FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 - 1972

State File No. 4885
Local Reg. No. 3440
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 816 Montana St. Gooding
d. STREET ADDRESS (If rural, give location): 816 Montana St.

3. NAME OF DECEASED (Type or Print): a. (First) Dena b. (Middle) Honsinger c. (Last) Hill

4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 8, 1887
9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Curtis Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: N/R BIRTHPLACE: N/R
14. MOTHER'S MAIDEN NAME: N/R BIRTHPLACE: N/R

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-07-8828C
17. INFORMANT'S OWN SIGNATURE: ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

0092

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute gastroenteritis — 10 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Sep, 1972 *to* 28 Sep, 1972, *that I last saw the deceased alive on* 28 Sep, 1972, *and that death occurred at* 430A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD (Degree or title)
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 28 Sep 72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Gardens
24d. LOCATION (City, town, or county) (State): Twin Falls, Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1972
REGISTRAR'S SIGNATURE: Vernon M. Burden
25. EMBALMER: [signature]
LICENSE NO.: M-1460
FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

SEP 1 8 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4886

Certificate of Death
STATE OF IDAHO

State File No. 4886
Local Reg. No. 3437
Reg. Dist. No. 420

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau Of Vital Statistics 240

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 450 W. 250 S. 25N. Wendell 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE Idaho
b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) R.R.# 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WANDA	JUNE	PRESNELL	10 - 1 - 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	6-12-1934	38		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Meridian, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME M.C.Clements — BIRTHPLACE Salem, Idaho
14. MOTHER'S MAIDEN NAME Floy B.Adams — BIRTHPLACE Meridian, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-34-3703
17. INFORMANT'S OWN SIGNATURE M.C. Clements — ADDRESS Kimberly Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8207

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Traumatic injury to head — instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Farm 32	Wendell 13-240	Gooding	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
10	1	72	10:30a.m.		Run Over by farm Truck

22. *I hereby certify that I attended the deceased from* Did not see alive, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Burke	580 4 Deputy Coroner	Wendell, Idaho	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-1-72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER Joe B. Leeper	LICENSE NO.
10-4-72	Duncan M. Burke		M-530

FIRM NAME: Leeper Mortuary-Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4887
Local Reg. No. 3438
Reg. Dist. No. 420

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Gooding 240	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles South of Gooding	d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Breece	c. (Last) Spencer	4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Jan. 23, 1905	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orderly 6	10b. KIND OF BUSINESS OR INDUSTRY: Hospital	11. BIRTHPLACE (State or foreign country): Edgewater, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Arthur W. Spencer	BIRTHPLACE: Virginia	14. MOTHER'S MAIDEN NAME: Effie Mae Pugh	BIRTHPLACE: Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 712-07-6345A	17. INFORMANT'S OWN SIGNATURE: x Joan C. Boldy	ADDRESS: Wendell, Ida	

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fracture of Cervical spine with severing of spinal cord.	Instantly.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Compound fracture of skull	
DUE TO (c)	Multiple chest injuries.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06	21c. (CITY, TOWN, OR TOWNSHIP) Gooding, 13-241 (COUNTY) Gooding, (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 1, 1972 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Head-on Automobile collision.	

22. *I hereby certify that I attended the deceased from _____, 19__, to* Oct. 1, 1972, 19__, *that I last saw the deceased alive on* Oct. 1, 1972, 19__ *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 285 (Degree or title)	23b. ADDRESS: Gooding, Idaho	23c. DATE SIGNED: 10-3-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Oct. 4, 1972	24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho
DATE REC'D BY LOCAL REG.: 10-13-72	REGISTRAR'S SIGNATURE: Duncan M. Burden	25. EMBALMER: [signature]	LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972

NOV 15 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4888
Local Reg. No. 3439
Reg. Dist. No. 420

RECEIVED OCT 25 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding c. LENGTH OF STAY (In this place): 11 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital 090	d. STREET ADDRESS (If rural, give location): East Ave. one

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Louise	c. (Last) Wickersham	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 23, 1881	9. AGE (In years last birthday): 90 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Quincey, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: P. J. Pollard	BIRTHPLACE: Tenn.	14. MOTHER'S MAIDEN NAME: Martha Bowman	BIRTHPLACE: Ill.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-26-8446	17. INFORMANT'S OWN SIGNATURE: Lid McDowell	ADDRESS: Jerome	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	18 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diverticulitis of Colon	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19, 1970, *to* 10-14, 1972, *that I last saw the deceased alive on* 10-14, 1972, *and that death occurred at* 12:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 952 (Degree or title)	23b. ADDRESS: Box 59, Gooding Id	23c. DATE SIGNED: 10-16 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 17, 72	24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery
24d. LOCATION (City, town, or county) (State): Wendell, Gooding, Idaho		
DATE REC'D BY LOCAL REG.: 10-20-72	REGISTRAR'S SIGNATURE: Vivian M Burden	25. EMBALMER: Joe B. Leeper [signature]
LICENSE NO.: M-530		

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

OCT 7 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 4889
Local Reg. No. 3444
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 533 13th Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Engle

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov. 29, 1900
9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife X
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Croydon, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Toone
BIRTHPLACE: Salt Lake, Utah
14. MOTHER'S MAIDEN NAME: Mary Ellen Swann
BIRTHPLACE: Croydon, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 533-12-2491
17. INFORMANT'S OWN SIGNATURE: J. Bud Harp
ADDRESS: Horseshoe Bend Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): atherosclerosis — 20 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Pt coming out of anesthesia

19a. DATE OF OPERATION: 19 Oct 72
19b. MAJOR FINDINGS OF OPERATION: Cyst rt ovary
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Oct, 1972, *to* 19 Oct, 1972, *that I last saw the deceased alive on* 19 Oct, 1972 *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard Elmwood 773 (Degree or title)
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 25 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 23, 1972
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.: 11-1-72
REGISTRAR'S SIGNATURE: Duncan M. Burden
25. EMBALMER: Clark D. Hearn
LICENSE NO.: M-460

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972
DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 8 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 1 2 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4890
Local Reg. No. 3441
Reg. Dist. No. 420

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 240
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eugenie b. (Middle) Pauline c. (Last) Mohr

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 16, 1890
9. AGE (In years last birthday): 82 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob F. Lutz — BIRTHPLACE: N/R
14. MOTHER'S MAIDEN NAME: Anna Fischer — BIRTHPLACE: N/R

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-60-8462J1
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro Vascular Accident	5 mon.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	and Pneumonia — terminal	4 days.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Quadriplegia —	5 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from none 19__, to Information taken from Magic Valley Manor Records, 19__, that I last saw the deceased alive on Manor Records, and that death occurred at 5 30 p m., from the causes and on the date stated above.

23a. SIGNATURE: Harold F. Holsinger (Degree or title) 240
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 10/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Oct. 26, 1972
24c. NAME OF CEMETERY OR CREMATORY: West Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Omaha, Nebraska

DATE REC'D BY LOCAL REG.: 10-30-72
REGISTRAR'S SIGNATURE: Vivian M. Burden
25. EMBALMER: [signature]
LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 4891
Local Reg. No. 3448
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA Gooding Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 204 Wyoming

3. NAME OF DECEASED (Type or Print): a. (First) Arlene b. (Middle) E. c. (Last) Lehr

4. DATE OF DEATH: (Month) Oct. (Day) 21, (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 27, 1910
9. AGE (In years last birthday): 62
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Belle Plaine, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Henry BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Minnie Ealy BIRTHPLACE: N/R

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Merle E. Lehr ADDRESS: Gooding, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on October 21, 19 72, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: James L. Mahlum, M.D. (Degree or title): PSD
23b. ADDRESS: 406 11th Ave East
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: October 24, 1972
24c. NAME OF CEMETERY OR CREMATORY: Waterloo
24d. LOCATION (City, town, or county): Waterloo, Iowa (State):

DATE REC'D BY LOCAL REG.: Nov 3, 1972
REGISTRAR'S SIGNATURE: Duncan M. Burden
25. EMBALMER: Clyde Thompson
LICENSE NO.: M-460
FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4892
Local Reg. No. 3443
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding	c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial Hosp. 090	d. STREET ADDRESS (If rural, give location): 311 3rd Ave. West

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Forest	c. (Last) Kinney	4. DATE OF DEATH (Month) (Day) (Year)	Oct. 21, 1972
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 1, 1898	9. AGE (In years last birthday): 74	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 7	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Ward, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Charles H. Kinney	BIRTHPLACE: Freemont, Iowa	14. MOTHER'S MAIDEN NAME: Nannie Jane Young	BIRTHPLACE: Hillsbury, Ohi		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-42-66090	17. INFORMANT'S OWN SIGNATURE: May Kinney	ADDRESS: Gooding, Idaho		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	medullary failure	min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	cardio respiratory failure	days
DUE TO (c)	Carcinoma of the lung	months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema -	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-27-, 19__, *to* 10-21-, 19__, *that I last saw the deceased alive on* 10-2-, 19__, *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Douglas O. Knight (Degree or title) 389	23b. ADDRESS: Gooding Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Oct. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho
DATE REC'D BY LOCAL REG.: Oct. 30, 1972	REGISTRAR'S SIGNATURE: Duncan M. Burden	25. EMBALMER	LICENSE NO.: M-460

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972
APR 16 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4893

Certificate of Death
STATE OF IDAHO

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

State File No. _____
Local Reg. No. 3442
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding 240	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 550 S. 250 W. 50 S. of Wendell	d. STREET ADDRESS (If rural, give location): 550 S. 250 W. 50 S. of Wendell

3. NAME OF DECEASED (Type or Print)	a. (First): Austin	b. (Middle): J.	c. (Last): Durfee	4. DATE OF DEATH (Month) (Day) (Year): October 22, 1972
5. SEX: Male	6. COLOR OR RACE: Caus.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 20, 1911	9. AGE (In years last birthday): 60 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Filer, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James M. Dureff	BIRTHPLACE: Almo, Idaho	14. MOTHER'S MAIDEN NAME: Kathern Brackenbury	BIRTHPLACE: Brigham City, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 572-05-8019	17. INFORMANT'S OWN SIGNATURE: Helen Durfee	ADDRESS: Wendell, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	medulary failure	min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	cardio pul failure	min
DUE TO (c)	MI	min
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	CHF-ASHD-Ca prostate	7 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1971, *to* 10-22, 1972, *that I last saw the deceased alive on* 10-22, 1972, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Douglas O. Smith (Degree or title)	23b. ADDRESS: Gooding Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 25, 72	24c. NAME OF CEMETERY OR CREMATORY: Wendell, Cemetery	24d. LOCATION (City, town, or county) (State): Wendell, Gooding, Idaho
DATE REC'D BY LOCAL REG.: 10-27-72	REGISTRAR'S SIGNATURE: Duncan M. Burden	25. EMBALMER: Joe B. Leeper	LICENSE NO.: M-530

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Leeper Mortuary Wendell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4894
Local Reg. No. 3447
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 738 Arizona

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Delbert		Price	Oct. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Nov. 15, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
railroad worker 5	railroad	Malad, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Price	Malad, Idaho	Susana Thomas	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-07-9841	Delbert W Price	Montpelier, Ida

4412

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Aneurysm of Abdominal Aorta, ruptured — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary Occlusion, old.
Aneurysm of Left Ventricle.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 24, 19__, *to* Oct. 26, 19 72, *that I last saw the deceased alive on* Oct 26, 1972, 19__, *and that death occurred at* 4:50 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin V. Humphreys M.D.	Gooding, Idaho	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 30, 1972	Elmwood Cemetery	Gooding, Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Duncan M. Burden	FIRM NAME: Thompson Chapel	M-460

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 12 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4895
Local Reg. No. 3445
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 13 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 730 Nevada

3. NAME OF DECEASED (Type or Print): a. (First) Guy b. (Middle) Bilby c. (Last) Burton

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 10, 1888

9. AGE (In years last birthday): 84

IF UNDER 1 YR. Months / Days:

IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Burton
BIRTHPLACE: N/R

14. MOTHER'S MAIDEN NAME: Lulu Edmond
BIRTHPLACE: N/R

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-3393

17. INFORMANT'S OWN SIGNATURE: Frank Burton
ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5901

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Inanition (Starvation) — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis with failure.
~~Azotemia (Pyelonephritis), Gangrene~~ both feet. Emphysema.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 2, 1972, 19__, *to* Oct. 27, 1972, 19__, *that I last saw the deceased alive on* Oct. 26, 1972, 19__, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Address or title): Marion M Klingaman MD
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 10-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 31, 1972
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, or county) (State): Gooding, Gooding Idaho

DATE REC'D BY LOCAL REG.: Nov. 3. 1972
REGISTRAR'S SIGNATURE: Truman M Burden
25. EMBALMER:
LICENSE NO.: M-460
FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972
FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4896
Local Reg. No. 3446
Reg. Dist. No. 420

RECEIVED NOV 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Mem. Hospital 090	d. STREET ADDRESS (If rural, give location): *********

3. NAME OF DECEASED (Type or Print)	a. (First) Lloyd	b. (Middle) B.	c. (Last) Parke	4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married	8. DATE OF BIRTH: Dec. 13, 1898	9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: *********	11. BIRTHPLACE (State or foreign country): Albion, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Rueben Chester Parke	BIRTHPLACE: Springville, Ut.	14. MOTHER'S MAIDEN NAME: Adelaide Pierce	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. # 2	16. SOCIAL SECURITY NO.: 518-12-0548	17. INFORMANT'S OWN SIGNATURE: C. M. Parke	ADDRESS: Declo, Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Medullary Failure	1hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardio pul arrest	1hr
DUE TO (c)	ASH D.	weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	chronic renal infection inanition & debilitation	weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-[illegible], 1972, *to* 10-28, 19[illegible], *that I last saw the deceased alive on* 10-28, 1972, *and that death occurred at* 6 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Johnson [illegible] (Degree or title)	23b. ADDRESS: Gooding	23c. DATE SIGNED: 11/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 10/28/72	24c. NAME OF CEMETERY OR CREMATORY: Albion Masonic Cemetery	24d. LOCATION (City, town, or county) (State): Albion, Idaho
DATE REC'D BY LOCAL REG.: 11-6-72	REGISTRAR'S SIGNATURE: Duncan M. Burden	25. EMBALMER: [signature]	LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4397
Local Reg. No. 3450
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 13 1972 Vital Statistics 240 Bureau of

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (In this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 645 2nd Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	F.	Spittler	Oct. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caus	Married	Feb. 13, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Idaho Power 5	Electricity	Chicago, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Spittler	Germany	Anna Bolin	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW I	519-24-5739	Grace E. Spittler	Wendell, Ida.

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic myocardial failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Extensive myocardial infarct	
DUE TO (c)	Azotemia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Benign prostatic hypertrophy	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from September 29, 1962, to October 29, 1972, that I last saw the deceased alive on 10/29/72, 19____, and that death occurred at 7:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold G. Holsinger MD	Wendell, Ida.	10/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1972	Wendell Cemetery	Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9. 1972	Donna M. Burden	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 3 1972

NOV 1 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 3 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4898
Local Reg. No. 6736
Reg. Dist. No. 240

BIRTH NO.

RECEIVED OCT 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (In this place): 1½ hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ miles West
d. STREET ADDRESS (If rural, give location): P.O. Box 486

3. NAME OF DECEASED (Type or Print): a. (First) PATRICA JEAN b. (Middle) JEAN c. (Last) HOWE

4. DATE OF DEATH: (Month) Oct. (Day) 6, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 2/12/1960

9. AGE (In years last birthday): 12 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Tonasket, Washington

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Fred Howe
BIRTHPLACE: Wauconda, Wn.

14. MOTHER'S MAIDEN NAME: Norma Allen
BIRTHPLACE: Oroville, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Elk City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8147

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)
INTERVAL BETWEEN ONSET AND DEATH: Instt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1½ Mi. North Kooskia Ida, Ida

21d. TIME OF INJURY (Month) Oct (Day) 6 (Year) 72 (Hour) 7:50 AM m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Highway 12 Struck by car while Crossing

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Leo E. Wilcomb 583 (Degree or title) Coroner

23b. ADDRESS: Ida County Coroner

23c. DATE SIGNED: 90ct 72.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/7/1972

24c. NAME OF CEMETERY OR CREMATORY: Barns Funeral Service

24d. LOCATION (City, town, or county) (State): Oroville, Washington

DATE REC'D BY LOCAL REG.: Oct 14, 72

REGISTRAR'S SIGNATURE: Robert R Hansen

25. EMBALMER: Fred H. Noland

LICENSE NO.: E-493

FIRM NAME: Hansen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4899
Local Reg. No. 69
Reg. Dist. No. 240

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Lowell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Center (30) Miles South East of Lochsa work

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Caldwell
d. STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): H. (Curly)
c. (Last): Calhoun

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 22, 1907
9. AGE (In years last birthday): 65
IF UNDER 1 YR. Months: 8 Days: 15
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Gifford
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward D. Calhoun
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Rebecca G. Krawl
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-40-1051
17. INFORMANT'S OWN SIGNATURE: Miss Audrey Calhoun
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Natural Causes
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mouth of 2 Lakes Crk. on Rhoda Creek 30 mls. S.E. of Lochsa Wk. Center

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 7 72 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Died While Asleep in Hunting Camp

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Idaho County Coroner
23c. DATE SIGNED: 16 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Intombment
24b. DATE: Oct. 12, 72
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county): Caldwell
(State): Idaho

DATE REC'D BY LOCAL REG.: Oct 19, 72
REGISTRAR'S SIGNATURE: Robert R Hansen
25. EMBALMER: [signature]
LICENSE NO.: M-493

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4909
Local Reg. No. 62
Reg. Dist. No. 240

BIRTH NO.

RECEIVED OCT 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (In this place) 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Grangeville General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) L. c. (Last) TOMLINSON

4. DATE OF DEATH (Month) OCT. (Day) 7, (Year) 1972

5. SEX Male .

6. COLOR OR RACE White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/16/1894

9. AGE (In years last birthday) 78
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frgt. Line Operator

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Rattoon, N.M.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Tomlinson BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Mary Buckendrof BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 517-24-7001A

17. INFORMANT'S OWN SIGNATURE Mrs Harry Tomlinson ADDRESS Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1579 Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 27, 1972, to Oct. 7, 1972, that I last saw the deceased alive on Oct. 7, 1972, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) MD 449-1

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED 10/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/10/1972

24c. NAME OF CEMETERY OR CREMATORY Council Cemetery

24d. LOCATION (City, town, or county) (State) Council, Idaho

DATE REC'D BY LOCAL REG. Oct 14 72

REGISTRAR'S SIGNATURE Robert R. Hansen

25. EMBALMER Fred H. Noland

LICENSE NO. M-493

FIRM NAME: Hansen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 1 8 1972

OCT 3 0 1972

JUL 3 1 2015

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 24 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4901
Local Reg. No. 20
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Ferdinand
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. 95 4 miles North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore 201
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 422 W. 3rd N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	JAMES	GETTE	Oct. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 DAY: Hours / Min.
Male	White	Never Married	Mar. 17, 1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Kegley	Michigan	Dee Faye Otte	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1966 - 1971	518-52-8315	x Dee Whittaker	Mesa, Arizona

MEDICAL CERTIFICATION

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Severe Head Injury**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) 13-250 (COUNTY) (STATE): 3 Miles North Feridand Idaho Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 9 72 7:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? **Auto Accident**

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 552-4	Idaho County Coroner	16 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 13, 1972	Mountain View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19, 72	Robert R Hansen	[signature]	E-421

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 25 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 15 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 4902
Local Reg. No. 71
Reg. Dist. No. 240

BIRTH NO.

RECEIVED OCT 24 1972 Vital Statistics Bureau

25-1

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARKHILL MANOR NURSING HOME 341

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO 25-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 410 E. North 2nd

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ELIZABETH	THERESA	FLANIGAN		10	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	11/30/1886	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE X	OWN HOME	MAINE	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM KELLEY	MAINE	ELIZABETH DE VEAUX	NOVA SCOTIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-56-6334J1	Frances E. Dugan	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4867

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Terminal pneumonia, duration 10 days.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Arteriosclerotic brain disease, Arteriosclerotic heart disease,	3 yrs. 15 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-13-72	Left leg amputation for arteriosclerotic peripheral vascular disease.	Yes X No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January 19 55, *to* October, 19 72, *that I last saw the deceased alive on* Oct. 11, 19 72, *and that death occurred at* 4:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD 444-1	Grangeville, Idaho	10-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	1-/14/1972	Prairie View Cemetery	Grangeville	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19,72	Robert R. Hansen	[signature]	M-493

FIRM NAME: HANSEN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 1 2 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

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The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 24 1972 Bureau of Vital Statistics

State File No. 4903
Local Reg. No. 68
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: IDAHO 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 9 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION: IDAHO COUNTY NURSING HOME 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): West 722 North Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	FRED	CARPENTER	10	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	7-26-1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	AGRICULTURE	MISSOURI	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM P. CARPENTER	MISSOURI	MARYETTE HOWARD	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
NO	519-22-1800	x Bernice Carpenter

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from October, 1968, to 11 October, 1972, that I last saw the deceased alive on 10 October, 1972, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Wm C Morrison 333 (Degree or title) M.D.	Grangeville, Id.	10/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	10-13-1972	Prairie View Cem.	Grangeville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19, 1972	Robert L. Hansen		M-493

FIRM NAME: HANSEN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 25 1972
OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. APR 16 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4904
Local Reg. No. 72
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 3 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 321 N. Meadow

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Grangeville General Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ZELMA	LEE	EIMERS	October 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct 25, 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Weston, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W.W. Brown	Virginia	Anna Springer	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 03 5426B	x Dale Eimers	Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: Several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1579

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept 1972	Wide spread Carcinoma, primary in Pancreas	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from about 47, to 10/22, 72, that I last saw the deceased alive on 22 Oct, 72 and that death occurred at 5:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Coltman	M.D.	Grangeville, Idaho	25 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 25, 1972	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/2/72	Robert R Hansen	Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4905
Local Reg. No. 73
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Parkhill Nursinghome

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
d. STREET ADDRESS (If rural, give location): Coeur D'Alene

3. NAME OF DECEASED (Type or Print): a. (First) BRENTS b. (Middle) c. (Last) DAVIS

4. DATE OF DEATH: (Month) (Day) (Year): October 26, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 25, 1908

9. AGE (In years last birthday): 64
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander L Davis
BIRTHPLACE: Pennsylvaina

14. MOTHER'S MAIDEN NAME: Elizabeth Gookstetter
BIRTHPLACE: Pennsylvaina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Elmer F. Davis
ADDRESS: Kennewick, Washingto

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of colon
INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 12, 1972
19b. MAJOR FINDINGS OF OPERATION: Inoperable cancer with metastasis
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1971, to 10/26, 1972, that I last saw the deceased alive on 10/26, 1972, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MD (Degree or title) 444-1
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 10/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10/30/72
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Nov 2, 1972
REGISTRAR'S SIGNATURE: Robert R Hansen
25. EMBALMER: Robert R Hansen
LICENSE NO.: M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
July 20, 1973

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4006
Local Reg. No. 18
Reg. Dist. No. 242

1. PLACE OF DEATH
a. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Gertrude's convent
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sr. M. Rosalia		Stocker	October 27 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	never married	April 14 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Religious nun		Luzern, Switzerland	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gustave Stocker	Switzerland	Theresia Schmiedli	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 60 7449 JI	Sister M. Felicity	Cottonwood Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diffuse Cerebrovascular arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/29/71, 19___, to 10/27/72, 19___, that I last saw the deceased alive on 10/27/72, 19___, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Geo. E. Ink MD 1010 (Degree or title)	Cottonwood, Idaho	10-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 30 72	St. Gertrude's	Cottonwood, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 1, 1972	Elizabeth H. Uhlorn	Elizabeth H. Uhlorn	m 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 19 2 12 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of JUL 19 }

Certificate No. 72-4906

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Sr. M. Rosalia Stocker (Name on Original Certificate) who died (Was Born or Died) on Oct 27, 1972 (Date of Event) in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by hospital records (Bible Record, Insurance Policy, Etc.) prepared on October 27, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#4 Date of Death	October 28, 1972	October 27, 1972

Subscribed and sworn to before me this 18th day of July, 1973

Clara H. Sommers

Notary Public, residing at Cottonwood, Ida

My commission expires 11-15-76

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1973

Clara H. Sommers

Notary Public, residing at Cottonwood, Ida

My commission expires 11-15-76

(Seal)

Signed Elizabeth N. Wilson Registrar (Signature of Any Credible Person)

Cottonwood, Idaho (Street Address, City, State)

FORM DH 60-155

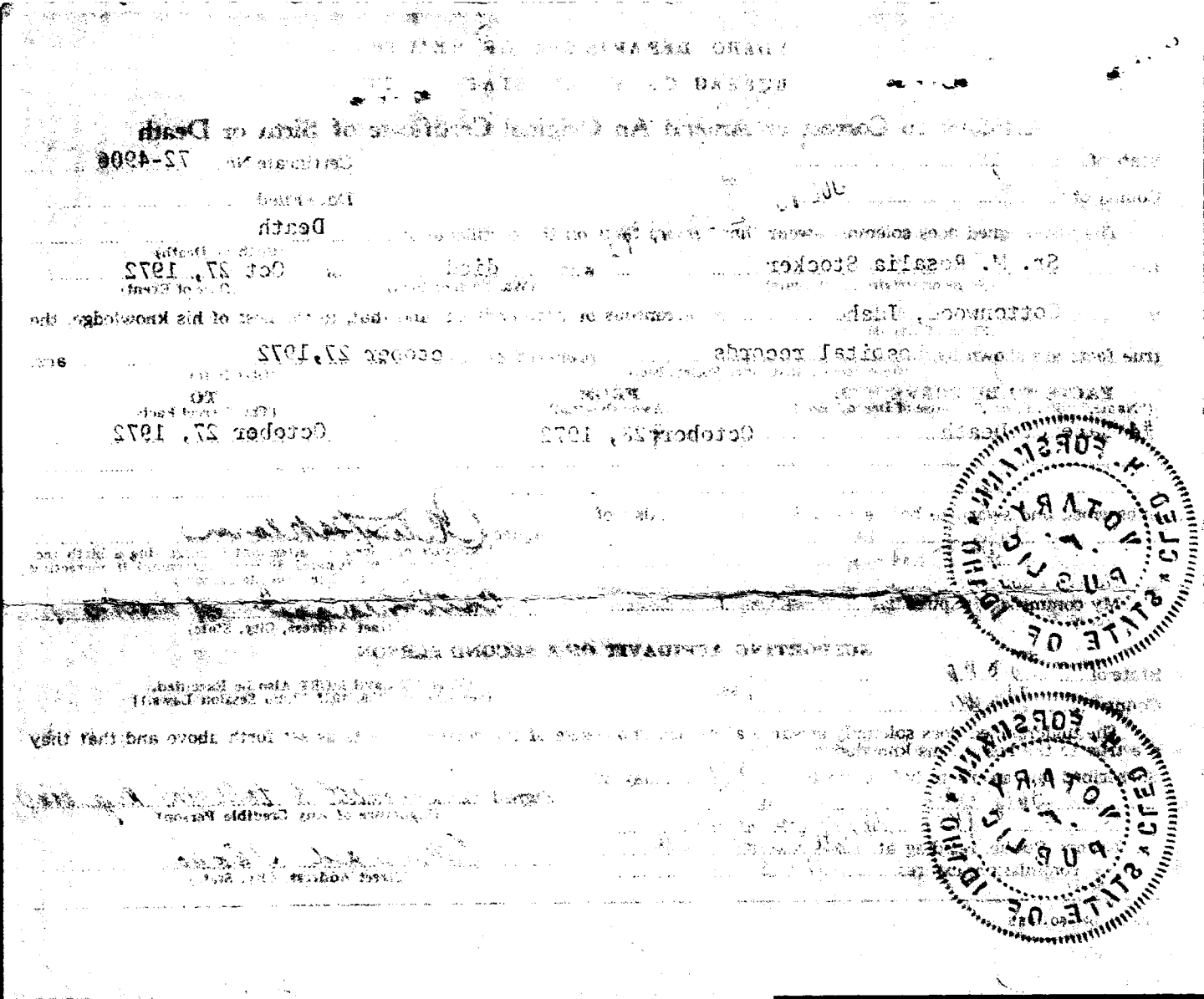

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4907
Local Reg. No. 74
Reg. Dist. No. 246

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California 05 b. COUNTY: San Mateo 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 32 Miles South of Powell Ranger Station c. LENGTH OF STAY (In this place): two weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colma
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 32 Miles S. Of Powell Ranger Station 000	d. STREET ADDRESS (If rural, give location): 608 Manila Way

3. NAME OF DECEASED (Type or Print)	a. (First) ANDREW	b. (Middle) JAMES	c. (Last) PETROS	4. DATE OF DEATH (Month) (Day) (Year): Oct 28, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: AUG 16, 1928	9. AGE (In years last birthday): 44 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claims Adjustor 3	10b. KIND OF BUSINESS OR INDUSTRY: Farmers Insurance	11. BIRTHPLACE (State or foreign country): California	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Petros	BIRTHPLACE: Greece	14. MOTHER'S MAIDEN NAME: Marie Vavuris	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 2	16. SOCIAL SECURITY NO.: Yes	17. INFORMANT'S OWN SIGNATURE: Robert Hansen per phone conversation	ADDRESS: California	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion Apparent Heart Attack	Inst
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 32 Miles S.E Powell Idaho Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 28 72 A m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR? Apparent Heart Attack	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): Coronor 58-4	23b. ADDRESS: Grangeville, Idaho	23c. DATE SIGNED: Oct 30,1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal	24b. DATE: 10/31/72	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State): California
DATE REC'D BY LOCAL REG.: 11/2/72	REGISTRAR'S SIGNATURE: Robert R Hansen	25. EMBALMER: Robert R Hansen [signature]	LICENSE NO.: M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
APR 2 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4908
Local Reg. No. 76
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Id aho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
LENGTH OF STAY (In this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 919 Middle Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 919 Middle Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PETER	EARL	GIFFORD	October 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan 30, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jammer Operator 5	Logging	Near Vale, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Gifford	Montana, Territory	Sarah Hoopes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 12 9798	Martha M. Gifford	Grangeville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 acute myoc. infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, to Jan, 1968, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4-5A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Peltman	487 M.D.	Grangeville, Idaho	1 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 1, 1972	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 4 1972	Robert R Hansen	Robert R Hansen	M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4909
Local Reg. No. 25
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 3 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural Riggins
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway #95, 5 mi no. Riggins 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lucile
d. STREET ADDRESS (If rural, give location) Box 332

3. NAME OF DECEASED (Type or Print) a. (First) DONNA b. (Middle) LOUISE c. (Last) ADER

4. DATE OF DEATH (Month) (Day) (Year) October 29, 1972

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH March 2, 1953

9. AGE (In years last birthday) 19
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Council, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Ader
BIRTHPLACE Oregon

14. MOTHER'S MAIDEN NAME Lola Preston
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-64-6549

17. INFORMANT'S OWN SIGNATURE Lola E. Ader ADDRESS Lucile, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) traumatic crushing injuries to head and chest — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Highway #95 06

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) rural Riggins 13-250 Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 29, 1972 apx 2 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto driver in one-car crash

22. I hereby certify that I attended the deceased from INVESTIGATION ONLY 19 to 19, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coroner

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Nov. 1, 1972

24c. NAME OF CEMETERY OR CREMATORY Midvale, Cemetery

24d. LOCATION (City, town, or county) Midvale

(State) Idaho

DATE REC'D BY LOCAL REG. 11/2/72

REGISTRAR'S SIGNATURE Robert Hansen

25. EMBALMER Burton E. Walker

LICENSE NO. M-386

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4910
Local Reg. No. 20
Reg. Dist. No. 242

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood rural 4 mi E
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maurice	A.	Wemhoff	Oct	30	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Nov 20 1929	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	stock & Grain	Cottonwood, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alois Wemhoff	Nebraska	Ida Heinen	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	1951-1955	519 42 3139	Theresa Wemhoff	Cottonwood, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5710

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Liver Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrosis of liver
DUE TO (c): Chronic alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/16/72, 19__, to 10/30/72, 19__, that I last saw the deceased alive on 10/29/72, 19__, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George E. Johnson MD	Cottonwood Idaho	11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	November 2 72	Catholic	Greencreek, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 6, 1972	Elizabeth H. Uhlorn	Clint Uhlorn	M 421

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 16 1972 Bureau of Vital Statistics

State File No. 4911
Local Reg. No. 7
Reg. Dist. No. 6 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1 Box 275-B

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Route # 1 Box 275 B

3. NAME OF DECEASED (Type or Print): a. (First) SETH b. (Middle) BOYD c. (Last) POWELL

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 20, 1928

9. AGE (In years last birthday): 43
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus-Driver

10b. KIND OF BUSINESS OR INDUSTRY: A.E.C.

11. BIRTHPLACE (State or foreign country): Heman Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Raymond Powell
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Agnes Terry
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-32-2035

17. INFORMANT'S OWN SIGNATURE: Esva Powell
ADDRESS: Rt. # Rigby, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous Coronary Heart Disease — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 8, 1972 to Oct 8, 1972, that I last saw the deceased alive on Oct. 8, 1972, and that death occurred at 7:20p m., from the causes and on the date stated above.

23a. SIGNATURE: Israel Tall, 522 (Degree or title) M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 10 Oct. 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/11/72

24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer

24d. LOCATION (City, town, or county) (State): Rigby-Jefferson-Idaho

DATE REC'D BY LOCAL REG.: Oct. 11, 1972

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. EMBALMER: Sidney B. Pinson

LICENSE NO.: M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 16 1972 Bureau of Vital Statistics

State File No. 4912
Local Reg. No. 8
Reg. Dist. No. 6 40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
c. LENGTH OF STAY (In this place): 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) LESTON c. (Last) KELLEY

4. DATE OF DEATH (Month) (Day) (Year): October 31, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 31, 1900

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saddle Maker

10b. KIND OF BUSINESS OR INDUSTRY: Saddle

11. BIRTHPLACE (State or foreign country): Correctionville, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Rome Kelley
BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: Hester Jane Evans
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 516-10=2811

17. INFORMANT'S OWN SIGNATURE: A Charles Kelley
ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 6 yrs. +
DUE TO (c): Emphysema & Cor Pulmonare — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic Carcinoma — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1955, to Oct. 31, 1972, that I last saw the deceased alive on Oct. 31, 1972, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE: Orval Hall, M.D. (Degree or title)

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 31 Oct. 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 3, 1972

24c. NAME OF CEMETERY OR CREMATORY: Rigby Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Jefferson, Idaho.

DATE REC'D BY LOCAL REG.: Nov 1 1972

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. EMBALMER: Bruce A. Eckersell

LICENSE NO.: M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4913
Local Reg. No. 72079
Reg. Dist. No. 440

BIRTH NO.

RECEIVED OCT 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (In this place): 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital 099
d. STREET ADDRESS (If rural, give location): 305 8th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSE	LOVONE	BAGLEY	October 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Feb. 20, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 7	Creamery	Knuckles Co., Neb.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles C. Bagley	Iowa	Allie Bama Philpot	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	* * * *	519-24-3431	X Donna R. Bagley	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction 4109	36 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio sclerotic Heart Disease	7 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 2, 1972 *to* Oct 3, 1972, *that I last saw the deceased alive on* Oct 3, 1972 *and that death occurred at* 8:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Ahal 353	M.D.	Jerome, Idaho	10/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/6/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 5, 1972	Charlene Bateman	Terry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 6 1972
OCT 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4914

Certificate of Death
STATE OF IDAHO

State File No. 4914
Local Reg. No. 72080
Reg. Dist. No. 4/40

BIRTH NO.

RECEIVED OCT 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): # 18 Heritage Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Samuel	Squire	Hepworth	Oct. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Apr. 27, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (ret) 7	Agriculture	Springdale, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wm. Hepworth	Idaho	Mahala Parker	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 22 7461	Vanna L. Hepworth	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Pancreatitis	7 das.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetis melletus,	years.
DUE TO (c)	7	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	myocarditis - angina Pectoris	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* april, 1969, *to* 10-9, 1972, *that I last saw the deceased alive on* 10-8-, 1972, *and that death occurred at* 11:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson MD 536	Jerome Ida	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 12, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 17, 1972	Charlene Bateman	W. L. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4915
Local Reg. No. 72081
Reg. Dist. No. 440

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 111 West "D"

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DELUBINA		TORRES	Oct. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Spanish	Widowed	Nov. 2, 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Capulin, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mel Valdez	Colorado	Lupe Martinez	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	523 16 2880D	Amelia Dominguez	Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from December 7, 19 71, to October 17, 19 72, that I last saw the deceased alive on October 17, 19 72 and that death occurred 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jon D. Wilcock, M.D. 770-1	216 E. Main; Jerome, Idaho	18 Oct. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 20, 1972	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 19, 1972	Charlene Bateman	W. L. Hove	M-431

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 26 1972 Bureau of Vital Statistics

State File No. 4916
Local Reg. No. 7208 2
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Long Term Care Unit 357

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 715 East Main

3. NAME OF DECEASED (Type or Print): a. (First) SUMNER b. (Middle) GRAHAM c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 22, 1890

9. AGE (In years last birthday): 82 (IF UNDER 1 YR. Months / Days) (IF UNDER 24 HRS. Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): Grand Island, Nebr.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sumner Davis BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Minnie Gray BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 36 7563

17. INFORMANT'S OWN SIGNATURE: X [illegible] Davis ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia, aspiration type — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchitis, cachexia — 2 yrs
DUE TO (c) Fractured hip - nailed — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: None recently

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 10/19/72, 19__, *that I last saw the deceased alive on* about 10/1/72, 19__, *and that death occurred at* 1:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Carlyle Smith, M.D. (Degree or title)

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 10/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 21, 1972

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Oct 24, 1972

REGISTRAR'S SIGNATURE: Charlene Bateman

25. EMBALMER: Jerry K Lawson LICENSE NO.: M-522

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4917
Local Reg. No. 72083
Reg. Dist. No. 440

BIRTH NO.

RECEIVED OCT 26 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital 079

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 300 1st Ave. West

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) J. c. (Last) KNOWLES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 4, 1905

9. AGE (In years last birthday): 66
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 7

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Dixon, Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Knowles BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Rose Ireton BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 519-12-5270A

17. INFORMANT'S OWN SIGNATURE: W. L. Knowles ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1570 Hepatic Metastases — INTERVAL BETWEEN ONSET AND DEATH: Mos.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prob Ca. Head of Pancreas — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sigmoid polyp — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 60, to 23 Oct, 19 72, *that I last saw the deceased alive on* 22 Oct 19 72, *and that death occurred at* 8:05a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Heber MD 335-1

23b. ADDRESS: Jerome, Ida

23c. DATE SIGNED: 24 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Oct 31, 1972

REGISTRAR'S SIGNATURE: Charlene Bateman

25. EMBALMER: Terry K. Lawson LICENSE NO.: M-528

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4918
Local Reg. No. 357
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Harmony Height Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lavina	Sophia	Horner	October 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 17, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Nucla, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Hudd Beatty	(Unknown)	Agnes E. Bivins	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-50-1589	Tommy J. Bryan	Idaho Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Renal failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic carcinoma of cecum.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1530

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/21/72	Carcinoma of cecum with liver metastasis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/15, 1972, *to* 10/2/, 1972, *that I last saw the deceased alive on* 10/2, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph E. Hunt 1130 M.D.	Hayden Lake, Idaho	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Oct. 3, 1972	Moon's Crematory	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 18, 1972	Carol A. Worthington	Bruce English	M-538

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4919
Local Reg. No. 364
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1601 N. 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1601 N. 7th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leslie	H.	Steele, Sr.	October 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 6, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier	Post Office	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Steele	Virginia	Bessie Lockyer	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	528-54-4492	Mrs. Geneva Steele	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular
DUE TO (c) Human

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to only on 10-4-72, 19____, that I last saw the deceased alive on Oct 4th, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (128 (Degree or title))	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	920 IRonwood Dr. Coeur d'Alene, Idaho 83814	10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 7, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 13, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DEC 9 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. 4 items p 280 N

Certificate of Death
STATE OF IDAHO

State File No. 4920
Local Reg. No. 352
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George		DeLashmutt	October 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	June 6, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-Smelter Worker	Bunker Hill	Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George DeLashmutt	Ark.	Loretta Fulwider	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	544-14-7545	Mrs. Barbara Gaylord	Kellogg, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis Ruptured Cyst — 4 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 5, 1971, to October 4, 1972, that I last saw the deceased alive on October 4, 1972, and that death occurred at 4:55 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
530 MD	920 Ironwood Drive Coeur d'Alene, Idaho 83814	10/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct. 5, 1972	Daniels Fun. Home	LaGrande, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18, 1972	Carol G. Worthington	D. F. Riplinger Jr	M-397

FIRM NAME: Daniels Funeral Home-LaGrande, Oregon

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972
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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4921
Local Reg. No. 353
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace 340	d. STREET ADDRESS (If rural, give location) 743 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) R.	c. (Last) Edminster	4. DATE OF DEATH (Month) (Day) (Year) October 6, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1882	9. AGE (In years last birthday) 90 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William G. Ritchey	BIRTHPLACE Wyoming	14. MOTHER'S MAIDEN NAME Inna Bell Scott	BIRTHPLACE West Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 518-54-4701	17. INFORMANT'S OWN SIGNATURE Mrs. Ethel Ford.	ADDRESS Kellogg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Brain Syndrome

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/7, 1969, *to* 10/6, 1972, *that I last saw the deceased alive on* 10/4, 1972 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Mary Powell 912 (Degree or title) M.D.	23b. ADDRESS 920 Ironwood Dr. DH	23c. DATE SIGNED 10/9/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10, 1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Oct 13, 1972	REGISTRAR'S SIGNATURE Carol A. Worthington	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4922
Local Reg. No. 359
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 261	d. STREET ADDRESS (If rural, give location) Pinewood Manor

3. NAME OF DECEASED (Type or Print)	a. (First) Marie	b. (Middle) S.	c. (Last) Marcum	4. DATE OF DEATH (Month) (Day) (Year) October 7, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 17, 1888	9. AGE (In years last birthday) 84 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Mexico	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Slider	BIRTHPLACE USA	14. MOTHER'S MAIDEN NAME Natividad Marin	BIRTHPLACE Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. 577-01-6228A	17. INFORMANT'S OWN SIGNATURE Carl Marcum, Coeur d'Alene, Idaho	ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1969, *to* present, 19____, *that I last saw the deceased alive on* Oct. 7th, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE P. B. Mesch, M.D. 975 (Degree or title)	23b. ADDRESS 920 IRonwood Drive Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 10-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10, 1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho		
DATE REC'D BY LOCAL REG. Oct 13, 1972	REGISTRAR'S SIGNATURE Carol A Worthington	25. EMBALMER Gilbert Yates
LICENSE NO. M-365		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DEC 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4923
Local Reg. No. 355
Reg. Dist. No. 120

BIRTH NO.

OCT 26 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene — c. LENGTH OF STAY (In this place) 2 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene Homes 103	d. STREET ADDRESS (If rural, give location) 715 "B" St.

3. NAME OF DECEASED (Type or Print)	a. (First) Oscar	b. (Middle)	c. (Last) Gustafson	4. DATE OF DEATH (Month) (Day) (Year) October 7, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1886	9. AGE (In years last birthday) 85 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Piler	10b. KIND OF BUSINESS OR INDUSTRY Saw Mill	11. BIRTHPLACE (State or foreign country) Sweden	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gustaf Olson	BIRTHPLACE Sweden	14. MOTHER'S MAIDEN NAME Charlotte	BIRTHPLACE Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-03-6295	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4 *19*72 *to* 10-9 *, 19*72 *, that I last saw the deceased alive on* 10-2 *, 19*72 *and that death occurred at* 6 30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 025 (Degree or title) MD	23b. ADDRESS Coeur d'Alene Ida	23c. DATE SIGNED 10-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Oct.12,1972	24c. NAME OF CEMETERY OR CREMATORY Moon's Crematory	24d. LOCATION (City, town, or county) Sandpoint, (State) Idaho
DATE REC'D BY LOCAL REG. Oct.13,1972	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER [signature]	LICENSE NO. M-538

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4924
Local Reg. No. 358
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location) Box 312

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Selma	G.	Hulse	October 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 29, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Wisconsin	USA

13. FATHER'S NAME — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-12-3258	Mr. Marion S. Hulse, Coeur d'Alene	Idaho

4867

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bilateral pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome due to arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-66, 19__, to 10-8-72, 19__, that I last saw the deceased alive on 10-7-72, 19__, and that death occurred at 10:30p m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. V. Williams, M.D.	Hayden Lake, Idaho	10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 5 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4925
Local Reg. No. 356
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place) 1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington b. COUNTY Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) E. 1314 11th

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hedvik	P.	Hanson	October 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 24, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper & Clerk	Rockford Grange	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Hanson	Norway	Unobtainable	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	519-07-7123-A	Records-Pinewood Manor Nursing Home,	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-7- , 1972 , to October 3 , 1972 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	302 N. 5th Str. Coeur d'Alene Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct.9,1972	Smith Funeral Home	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 13, 1972	Lorraine K. Brush	Ron Stose	787

FIRM NAME: Smith Funeral Home Spokane, Washington

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4926
Local Reg. No. 349
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1508 N. 5th

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) William c. (Last) Cassell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 7, 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-03-0937

17. INFORMANT'S OWN SIGNATURE: Agness Lucas, Kellogg, Idaho — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1579 Extra Hepatic Biliary Obstruction.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno carcinoma of Pancreas — 4 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 6-12-72

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of Pancreas

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1972, to Oct, 1972, that I last saw the deceased alive on 8 Oct, 1972, and that death occurred at 3:15 A, m., from the causes and on the date stated above.

23a. SIGNATURE: Robert Silvest (Degree or title) M.D.

23b. ADDRESS: 900 Ironwood, CDA

23c. DATE SIGNED: 9 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 11, 1972

24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct 13, 1972

REGISTRAR'S SIGNATURE: Carol A. Worthington

25. EMBALMER: Gilbert Yates

LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4927
Local Reg. No. 244
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Ariz.
b. COUNTY: Maricopa
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tempe

d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 437

3. NAME OF DECEASED (Type or Print): a. (First) [redacted] Winnie b. (Middle) Elizabeth c. (Last) Fram

4. DATE OF DEATH: (Month) October (Day) 10, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 13, 1890
9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher - Housewife
10b. KIND OF BUSINESS OR INDUSTRY: PS - Own Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Delzell — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Mary Giffen — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 527-38-2494
17. INFORMANT'S OWN SIGNATURE: C. Fram — ADDRESS: Tempe, Arizona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 450X Pulmonary Embali — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* last 3 days, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. Briesch, M.D. (Degree or title)
23b. ADDRESS: 920 Ironwood Dr. Coeur d'Alene, Idaho 83814
23c. DATE SIGNED: 10-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-10-1972
24c. NAME OF CEMETERY OR CREMATORY: Carr Funeral Home
24d. LOCATION (City, town, or county) (State): Tempe Arizona

DATE REC'D BY LOCAL REG.: Oct. 11, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Huff
LICENSE NO.: M-439

FIRM NAME: Carr Funeral Home, Tempe, Arizona

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 30 2009

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4928

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 363
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 901 N. 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	William	Simpson	Oct. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	April 25, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clothing Salesman	Brooks Clothier	Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Simpson	Pennsylvania	Edith Hillsdon	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	533-01-8612	Betty Simpson	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cervical Fracture — 1 year.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1972 to October, 1972, that I last saw the deceased alive on October, 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d'alene Idaho	10-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4929
Local Reg. No. 373
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worley
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt 1 - Cave Bay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worley
d. STREET ADDRESS (If rural, give location) Rt 1 - Cave Bay

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Otto	Peder	Christensen	Oct. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 5, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Resort Owner 2	Self	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
		Agness Hansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	559-24-3087	Mrs. Josephine Christensen	Worley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cause ill defined.	Sudden.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Probable Coronary occlusion	"
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not , 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'Alene Idaho	10-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 17, 1972	Spokane Memorial Gardens	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

NOV 6 1972

AUG 2 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4930
Local Reg. No. 369
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene	LENGTH OF STAY (In this place):		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital			d. STREET ADDRESS (If rural, give location): 811 C Street	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elsie	Mae	Ringstad	October 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 3, 1918	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Warnke	Michigan	Ida Swanson	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---		Erling Ringstad	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. , 19 63 , *to* present , 19 , *that I last saw the deceased alive on* 10-14-72 , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 126-1	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	10-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 18, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	[signature]	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4931
Local Reg. No. 360
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location) Rt # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Maude	M.	Mellick	October 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 3, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete Pelton			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	537-18-6516	D Marvin Mellick	Post Falls, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-8-69, 19 69, to 10-14, 19 72, that I last saw the deceased alive on 10-1, 19 72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. English M.D.	Hayden Lake, Idaho	10-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 17, 1972	Pleasant View Cem.	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 19, 1972	Carol A. Worthington	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4932
Local Reg. No. 371
Reg. Dist. No. 120

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Washington 48 b. COUNTY Spokane 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 601	d. STREET ADDRESS (If rural, give location) E. 2303 North Altamont Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First) Otto	b. (Middle)	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year) October 15, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1881	9. AGE (In years last birthday) 90 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	10b. KIND OF BUSINESS OR INDUSTRY White Shoe Co.	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John P. White	BIRTHPLACE Virginia	14. MOTHER'S MAIDEN NAME Catherine Wiseman	BIRTHPLACE Tennessee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 532-32-4006	17. INFORMANT'S OWN SIGNATURE Blanche M. White,	ADDRESS Spokane, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5699

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	acute congestive heart failure	24 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	G.I. hemorrage	days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	3 degree burn L ext leg	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1968, 19__, *to* October 15, 1972, *that I last saw the deceased alive on* Oct. 14, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS Hayden Lake, Idaho	23c. DATE SIGNED 10-24-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 10/18/72	24c. NAME OF CEMETERY OR CREMATORY Hazen and Jaeger	24d. LOCATION (City, town, or county) (State) Spokane, Washington
DATE REC'D BY LOCAL REG. Oct. 27, 1972	REGISTRAR'S SIGNATURE Lorraine R. Brush	25. EMBALMER Jim Egger	LICENSE NO. 657

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thornhill, Geraghty Langbehn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4933
Local Reg. No. 354
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Irene b. (Middle) F. c. (Last) Fiderlick

4. DATE OF DEATH (Month) (Day) (Year) October 15, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 28, 1896

9. AGE (In years last birthday) 75
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse & Housewife X

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Wesley
BIRTHPLACE Czechoslovakia

14. MOTHER'S MAIDEN NAME Mary Fiala
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 485-05-8078

17. INFORMANT'S OWN SIGNATURE X George A Fiderlick
ADDRESS Box Post Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/11/70 *, 19____, to* 10/15/72 *, 19____, that I last saw the deceased alive on* 5/26/72 *, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS 920 Ironwood Drive Coeur d'Alene, Idaho

23c. DATE SIGNED 10/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Oct. 17, 1972

24c. NAME OF CEMETERY OR CREMATORY Moon's Crematory

24d. LOCATION (City, town, or county) Sandpoint, (State) Idaho

DATE REC'D BY LOCAL REG. [redacted] 1972

REGISTRAR'S SIGNATURE Carol A. Worthington

25. EMBALMER J. Riplinger, Jr.

LICENSE NO. M-397

FIRM NAME: English Chapel-Coeur d'Alene

U.S. Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4934
Local Reg. No. 366
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A.Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Agnes	P.	Knight	October 16,1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	Dec. 8,1898	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner-Manager	Knight Nurs.Home	Scotland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
(Unobtainable)	Scotland	Jessie (Unobt.)	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-36-3319	x Jack Knight JR	Coeur d'Alene,Id.

402X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Failure	12 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Decompensation and High Blood Pressure	10 yrs.
DUE TO (c)	Renal Failure	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1951, *to* October 16, 1972, *that I last saw the deceased alive on* October 16, 1972, *and that death occurred at* 8:45a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	421 Cd'A. Ave., Cd'A., ID	10/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 19, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	28. EMBALMER	LICENSE NO.
Nov. 1, 1972	Lorraine K. Brush	[signature]	M-397

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4935
Local Reg. No. 361
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home-Rt.3, Box 392 (Beach) Silver

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt.3, Box 392 (Silver Beach)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph	M.	Preuninger	October 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 24, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Real Estate	Mt. Hope, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Preuninger	Illinois	Jeanette Flint	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Relationship)	ADDRESS
No — None	519-10-4464	Katie M. Preuninger (Wife)	Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 24, 1962, to Sept. 29, 1972, *that I last saw the deceased alive on* Oct. 17, 1972 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	302 N. 5th, Coeur d'Alene	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-20-1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 25, 1972	Lorraine K. Brush	Bruce English	M-538

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4936
Local Reg. No. 362
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1325 Ash

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ira	Allen	Robson	Oct. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 18, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Whitehall, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John F. Robson	Kentucky	Inez Allen	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-01-7530	Margaret Robson	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4823

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Staph - Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lymphocytic Leukemia.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-16-72, 19____, to present, 19____, that I last saw the deceased alive on 10-17-72, 19____, and that death occurred at ____m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 128 (Degree or title)	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	10-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Oct. 19, 1972	Hazen & Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

NOV 20 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 19 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4937
Local Reg. No. 351
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 26 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 916 Coeur d' Alene Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Normal b. (Middle) St Clair c. (Last) Chappell

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 3, 1904

9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Company

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Chappell
BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: Emma J. Heljason
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-9694

17. INFORMANT'S OWN SIGNATURE: Helena Feymire
ADDRESS: 1916 N. 5th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4189

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29-51, 19__, to 10-16-72, 19__, that I last saw the deceased alive on Oct 17, 72, 19__, and that death occurred at __m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D. 192-1
23b. ADDRESS: 302 N. 5th, Coeur d'Alene
23c. DATE SIGNED: 10-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 21, 1972
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct 25, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Neff
LICENSE NO.: M-439

FIRM NAME: English Funeral Chapel
Coeur d' Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 27 1972

NOV 10 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 17 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4938
Local Reg. No. 372
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission:) 24
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 817 N. 3rd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Viola	Mae	Wilson	October 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 4, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
- Martindale	Iowa	Zora McGee	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	533-16-5991	Warren West	Chewelah, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Myocardial Infarct (Not Proven) — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1966 to 10-19, 1972, that I last saw the deceased alive on 9-20, 1972 and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Q. Clemens	904 M.D.	Hayden Lake, Idaho	10-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/25/72	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Lorraine R. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4939
Local Reg. No. 350
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
OCT 26 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 712 Spruce

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	M.	Chaffins	October 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Jan.19,1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sign Shop Foreman	State Hwy.Dept.	Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not Obtainable		Not Obtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I	518-34-5054	Mark Chaffins (Son)	122-5th, Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD & C.E.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August, 1969, *to* Present, 19_____, *that I last saw the deceased alive on* 10-19-72, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mrs 138-1	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	10-2-0-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-21-1972	St Thomas Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 25, 1972	Lorraine K. Brewer	Bill Cuff	M-439

FIRM NAME: English Chapel, Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 27 1972
NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 24 1975

JUN 05 2009

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4940
Local Reg. No. 380
Reg. Dist. No. 120

72-10914
BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1611½ Young Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Rebecca	Ann	Fickle	Oct. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	October 20, 1972		1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Fickle — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Sally Teeter — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Patrick Fickle — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7484

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CONGENITAL CYSTIC LUNGS — INTERVAL BETWEEN ONSET AND DEATH: 17 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1972, 19___, to Oct. 21, 1972, 19___, that I last saw the deceased alive on Oct. 21, 1972, and that death occurred at 1:30 AM m., from the causes and on the date stated above.

23a. SIGNATURE: Lynn C. Fredrickson (Degree or title) MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 11/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 14, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4941
Local Reg. No. 270
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 28 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 121

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location) 604 E. 13th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gilbert	F.	Wahl	October 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 23, 1908	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchmaker	Self	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Wahl	Michigan	Ernestine Gaffke	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	528-07-5178	Lenora Wahl	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/21/ , 1972, to 10/21 , 1972, that I last saw the deceased alive on 10/21 , 1972, and that death occurred at 3:22 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph E. Hunt	M.D.	Hayden Lake Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

NOV 8 1972

NOV 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 17 1972

MAR 30 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Re: Brasch

Certificate of Death
STATE OF IDAHO

State File No. 4942
Local Reg. No. 367
Reg. Dist. No. 126

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 922 E. Garden Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	F.	Leinenweber	October 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 18, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Public Schools	Waconia, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Lennon	Ireland	Mary Murphy	Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	532-32-0488	Robert McCammon	Coeur d'Alene, Ida.

1579

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. , 1961 , *to* present , 19 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. Brasch, MD (Degree or title)	920 Ironwood Drive Coeur d'Alene, Idaho 83814	10-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1972	Mountview Cemetery	Billings Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Lorraine K. Brasch	N. F. Ryplinger, Jr.	M-397

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4943
Local Reg. No. 374
Reg. Dist. No. 730

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Terrace	d. STREET ADDRESS (If rural, give location) Route 2-Box 700

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Erma	Eileen	Asbury	October 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct. 19, 1922	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Hingham, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Sedy	Austria	Addie Osborne	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None Avail.	Mr. Eugene Asbury	Hayden Lake, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Leiomyosarcoma, metastatic	months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hodgkins Disease	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-1-72, 19___, *to* Death, 19___, *that I last saw the deceased alive on* 10-24-72, 19___, *and that death occurred at* 8:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip B Glennie MD		Hayden Lake Ida	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/28/72	Harrison Cemetery	Harrison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972

AUG 15 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4944
Local Reg. No. 375
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1020 Foster Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jack		Denning	October 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 31, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Regional Director SRS	Idaho State	Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marvin Denning	Kansas	Ellen Fisher	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519-20-5637	Kathleen Denning	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2040 Acute Lymphatic

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Leucemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pulmonary T. bacc

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [✓] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-1, 1954, to 10-25, 1972, that I last saw the deceased alive on 10-25, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	302 N. 5th, Coeur d'Alene	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 27, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972
NOV 1 4 1972
NOV 1 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 2 5 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4945

Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 4945
Local Reg. No. 376
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
c. LENGTH OF STAY (In this place): Few Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor Rest Home 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 051
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 138 North 8th

3. NAME OF DECEASED (Type or Print)
a. (First): Lois
b. (Middle): A.
c. (Last): Oatman

4. DATE OF DEATH (Month) (Day) (Year): October 28 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 2, 1886
9. AGE (In years last birthday): 86
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered NURSE
10b. KIND OF BUSINESS OR INDUSTRY: Macomb Illinois St. Frances Hosp.
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Oatman
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Frances I Stickle
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 337-28-4342
17. INFORMANT'S OWN SIGNATURE: Frieda E. Wessa
ADDRESS: St. Maries Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/28, 1972, *to* 10/28, 1972, *that I last saw the deceased alive on* 9/29, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Min 2 Powell (Degree or title) M.D.
23b. ADDRESS: 910 Ironwood Dr. CDA
23c. DATE SIGNED: 11/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal
24b. DATE: Oct. 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Prairie City Cemetery
24d. LOCATION (City, town, or county) (State): Prairie City Illinois

DATE REC'D BY LOCAL REG.: Nov. 9, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gerald E. Browning
LICENSE NO.: M-411

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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DR. Brush

Certificate of Death
STATE OF IDAHO

State File No. 4946
Local Reg. No. 368
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): 10 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location): Rt. #1 Box 3

3. NAME OF DECEASED (Type or Print) a. (First): Andrew	b. (Middle):	c. (Last): Pickolick	4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 16,1903	9. AGE (In years last birthday): 69	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier 6	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office	11. BIRTHPLACE (State or foreign country): Wardner,Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Nickolas Pickolick	BIRTHPLACE: Yugoslavia	14. MOTHER'S MAIDEN NAME: Mary Kriskvick	BIRTHPLACE: Yugoslavia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-26-7410A	17. INFORMANT'S OWN SIGNATURE: Ida Maria Pickolick (BW)	ADDRESS: Ida Hayden Lake	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 18, 19 72, *to* present, 19____, *that I last saw the deceased alive on* 10-28-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Breach, M.D. 975 (Degree or title)	23b. ADDRESS: 920 Ironwood Dr. Coeur d'Alene, Idaho 83814	23c. DATE SIGNED: 10-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov.1,1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem.Park	24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho
DATE REC'D BY LOCAL REG.: Nov.1,1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bruce English	LICENSE NO.: M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Pr Tanghaity

Certificate of Death
STATE OF IDAHO

State File No. 4947
Local Reg. No. 365
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location): Rt. #3 Box 57

3. NAME OF DECEASED (Type or Print) a. (First): Charles	b. (Middle):	c. (Last): Henderson	4. DATE OF DEATH (Month) (Day) (Year): October 28, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 10, 1893	9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver	10b. KIND OF BUSINESS OR INDUSTRY: Textile Mill	11. BIRTHPLACE (State or foreign country): Shapleigh, Maine	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank B. Henderson	BIRTHPLACE: Maine	14. MOTHER'S MAIDEN NAME: Addie M. Pray	BIRTHPLACE: Maine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 001-07-3498	17. INFORMANT'S OWN SIGNATURE: Adelia J. Henderson	ADDRESS: Post Falls, Idaho	

1621

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchogenic Carcinoma

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): c̄ metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 22, 19 72, *to* present, 19____, *that I last saw the deceased alive on* 10-28-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 128-1	23b. ADDRESS: 920 Ironwood Dr., Coeur d'Alene, Idaho 83814	23c. DATE SIGNED: 10-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 31, 1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery	24d. LOCATION (City, town, or county) (State): Post Falls, Idaho
DATE REC'D BY LOCAL REG.: Nov. 1, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bruce English	LICENSE NO.: M-538

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 13 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4948
Local Reg. No. 377
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: Spokane 537
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital / 8 /	d. STREET ADDRESS (If rural, give location): W. 814 Mt. View Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) E.	c. (Last) SAMMS	4. DATE OF DEATH (Month) Oct. (Day) 28, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 21, 1920	9. AGE (In years last birthday): 52; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apprenticeship Coordinator 2	10b. KIND OF BUSINESS OR INDUSTRY: Operating Engineers Local #370		11. BIRTHPLACE (State or foreign country): Malden, Wash.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Glenn D. Samms	BIRTHPLACE: Illinois		14. MOTHER'S MAIDEN NAME: Erma Siegel	BIRTHPLACE: Wash.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 536-05-0019	17. INFORMANT'S OWN SIGNATURE: Evelyn Samms	ADDRESS: W. 814 Mt. View Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Fibrillation

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute inferior Myocardial infarction

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28-72, 19__, *to* 10-28-72, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 5:40 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Cederblom, M.D. 057 (Degree or title)	23b. ADDRESS: Hayden Lake, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/31/72	24c. NAME OF CEMETERY OR CREMATORY: Fairmount Memorial Park	24d. LOCATION (City, town, or county) (State): Spokane, Wash.
DATE REC'D BY LOCAL REG.: 11-9-72	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Ken M. Pruitt	LICENSE NO.: QL 490

FIRM NAME: Hazen & Jaeger Funeral Homes, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4949

RECEIVED
NOV 13 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 378
Local Reg. No. 120
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 2308 N. 7th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	E.	Somers	October 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 1, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Stoddard Mayflower	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Hodge	N. Carolina	Byrd Boss	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	533-03-3806	Mrs. Arvilla Somers	Coeur d'Alene, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Lung 1621

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 19 72, *to* present, 19, *that I last saw the deceased alive on* 10-29-72, 19, *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 1284	920 Ironwood Drive Coeur d'Alene, Idaho 83814	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4950
Local Reg. No. 379
Reg. Dist. No. 12c

BIRTH NO.

NOV 16 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 821 Mill

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Laura	S.	Carson	October 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct. 16, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Madison, S. Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gust Augustadt	Germany	Edie Glietz	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		481-03-5896	[signature]	Coeur d'Alen Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1929 Cerebral Tumor — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) probable astrocytoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-15, 19 56, *to* 10-30, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 192	M.D.	302 N. 5th, Coeur d'Alene, Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1972	Restlawn Memorial	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 14, 1972	Lorraine K. Brewer	[signature]	M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 16 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4951
Local Reg. No. 136
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 918 West A Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Michael	John	McConnachie	Sept	15,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 8, 1965	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John McConnachie	Penticton, B.C.	Muriel Triplett	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X John T. McConnachie	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7817

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Encephalopathy, Cause unknown — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 8, 1965, to Sept 15, 1972, that I last saw the deceased alive on Sept 15, 1972, and that death occurred at 10:44 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Adams	MD 331-1	Moscow, Idaho	11/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 19, 1972	Moscow Cemetery	Moscow Latah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Dolores Letterman	Donald Ward	M-380

FIRM NAME: Short's Chapel Moscow Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4952
Local Reg. No. 130
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY LATAH 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY LATAH 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOSCOW c. LENGTH OF STAY (In this place) 3 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JULIAETTA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GRITMAN MEMORIAL HOSPITAL 112	d. STREET ADDRESS (If rural, give location) P. O. BOX 183

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) RICHARD	c. (Last) FARRINGTON	4. DATE OF DEATH (Month) (Day) (Year) 8 OCTOBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5 DEC 1900	9. AGE (In years last birthday) 71 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH 2	10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	11. BIRTHPLACE (State or foreign country) KENDRICK, IDAHO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME FRANK LINCOLN FARRINGTON	BIRTHPLACE KANSAS	14. MOTHER'S MAIDEN NAME EDA ANN BERRYMAN	BIRTHPLACE MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 16 1167 A	17. INFORMANT'S OWN SIGNATURE X E L Farrington	ADDRESS JULIAETTA, IDAHO	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cerebral vascular accident

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1972, *to* Oct, 1972, *that I last saw the deceased alive on* 8 Oct, 1972, *and that death occurred at* 2:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 057 (Degree or title)	23b. ADDRESS Moscow, Idaho	23c. DATE SIGNED 10/13/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL/BURIAL	24b. DATE 11 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY JULIAETTA CITY CEMETERY	24d. LOCATION (City, town, or county) (State) JULIAETTA, IDAHO
DATE REC'D BY LOCAL REG. Oct. 17, 1972	REGISTRAR'S SIGNATURE Wayne R Heishari	25. EMBALMER W. E. BLACK [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4953
Local Reg. No. 132
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
LENGTH OF STAY (in this place): 79 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah 290
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): a. (First) Samuel b. (Middle) (NMI) c. (Last) Lienhard

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Jan 30 1893
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (ret)
10b. KIND OF BUSINESS OR INDUSTRY: Diversified farm
11. BIRTHPLACE (State or foreign country): Harvard, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Lienhard BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Marie Erisman BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 01 1887
17. INFORMANT'S OWN SIGNATURE: Mrs. Earl Palmer ADDRESS: Farmington, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hanging — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

953X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Harvard T3-R2W (COUNTY) Latah (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Edward L. Doan MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-12-1972
24c. NAME OF CEMETERY OR CREMATORY: Moscow City Cemetery
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1972
REGISTRAR'S SIGNATURE: Maynie Hendricks
25. EMBALMER: Jack E Kramer
LICENSE NO.: 636

FIRM NAME: Kimball Funeral Home Palouse, Wa.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 30 1972 Bureau of Vital Statistics

State File No. 4954
Local Reg. No. 133
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latah Convelascent Center 346

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 48 b. COUNTY: Whitman 575
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Uniontown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	Andrew	Wolf	10-12-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 20, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Silver Creek, Wisc.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jodeph Wolf	Germany	Anna Steinberger	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	531-36-1903	x Clifford Wolf	Colton, Washington

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 4123

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute cardiac arrythmia	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	many years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of prostate, chronic rheumatoid arthritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 57 *to* October 12, 19 72 *that I last saw the deceased alive on* October 10, 19 72 *and that death occurred at* 8:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. P. Marineau, M.D. 328	129 W. Third St. Moscow, Ida.	10-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-16-1972	St. Boniface Cemetery	Uniontown, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 25, 1972	Warren Weishair	Donald Ward	M-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4955
Local Reg. No. 134
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Troy
c. LENGTH OF STAY (In this place) 47 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Troy
d. STREET ADDRESS (If rural, give location) Box-175

3. NAME OF DECEASED (Type or Print) a. (First) Hales b. (Middle) Nelse c. (Last) Frandsen
4. DATE OF DEATH (Month) (Day) (Year) 10-18-1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 31, 1916
9. AGE (In years last birthday) 56
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cove, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Nels Frandsen BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Unknown Bowman BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY NO. 529-16-2257
17. INFORMANT'S OWN SIGNATURE x Mari P. Frandsen ADDRESS Troy, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) metastatic carcinoma-lung — INTERVAL BETWEEN ONSET AND DEATH Don't know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE O Drury 147 (Degree or title) MD
23b. ADDRESS Troy Idaho
23c. DATE SIGNED 10-23-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-21-1972
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) (State) Troy, Idaho
DATE REC'D BY LOCAL REG. Oct 26, 1972
REGISTRAR'S SIGNATURE Margaret Weikert
25. EMBALMER E. Pete Albertson
LICENSE NO. M-525
FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 9 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 4956
Local Reg. No. 135
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): 27 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112	d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First): John	b. (Middle): Joseph	c. (Last): Driscoll	4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 28, 1897	9. AGE (In years last birthday): 74 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Troy, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Joseph Driscoll — BIRTHPLACE: New Brunswick, N. J.		14. MOTHER'S MAIDEN NAME: Elizabeth McGarr — BIRTHPLACE: Mapleton, Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-42-3738A	17. INFORMANT'S OWN SIGNATURE: Dennis B. Driscoll	ADDRESS: Troy, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CEREBRO-VASCULAR ACCIDENT	1 month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CEREBRAL EMBOLI	1 month
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* February 18, 1964 *to* October 21, 1972 *that I last saw the deceased alive on* October 21, 1972 *and that death occurred at* 2:10A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Myers	(Degree or title): M.D.	23b. ADDRESS: Moscow, Idaho	23c. DATE SIGNED: Oct 30, 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Catholic Cemetery	24d. LOCATION (City, town, or county): Moscow (State): Idaho
DATE REC'D BY LOCAL REG.: Nov. 6, 1972	REGISTRAR'S SIGNATURE: Dolores Littenmaier	25. EMBALMER: E. Pete Albertson	LICENSE NO.: M-525
		FIRM NAME: Short's Funeral Chapel	

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 1 9 1981

FEB 2 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4957
Local Reg. No. 136
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
LENGTH OF STAY (In this place): 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: 925 Spruce

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 925 Spruce

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roy	Ivan	Jump	Oct. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 27, 1902	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance man	Parks	Chehalis, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Jump	Iowa	Nellie May Albright	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-18-9745A	x Mrs Roy Jump	Potlatch, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roger Hawkins MD	Coroner	Moscow Idaho	10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Oct. 26, 1972	Viola Cemetery	Viola	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30, 1972	Wayne R. Hershaw	Donald Ward	M-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4958
Local Reg. No. 135
Reg. Dist. No. 300

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Moscow
c. LENGTH OF STAY (In this place) 13 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paradise Villa Convalescent Center 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 826 S. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hettie	Edna	Durbin	Oct. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 7, 1883	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Danville, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Read	Indiania	Victoria Stump	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-22-4610	X Forest Durbin	Genesee, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 486 X Pneumonia, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerosis — Yes
Arteriosclerotic Heart Disease — Yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1971, to Oct. 25, 1972, that I last saw the deceased alive on Oct. 23, 1972, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	058 MD	Moscow, Idaho	10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1972	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30, 1972	Maynard Weiskari	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4959
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place) 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	Raymond	Johnson	October 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	July 18, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 5	Mining	Memphis, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Johnson	Iowa	Emma Noah	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	519-60-1042	Walter L. Johnson	Kimball, So. Dakota

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stroke — INTERVAL BETWEEN ONSET AND DEATH several days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Boyd K. Simmons, M.D. 758-1		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 7, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 12, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4960
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (In this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Allen	Edgar	Stoddard	October 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 11, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Rabbit Valley Lloa, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John F. Stoddard	Utah	Mary Ann Taylor	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-4979	Mrs. Ed Gilbert	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-5, 1970, to 10-5, 1972, that I last saw the deceased alive on 10-5, 1972, and that death occurred at 10 30 m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W. M. Moore, M.D. 369 (Degree or title)	Salmon, Idaho	10-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 10, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 12, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 0 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4961
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 30/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Box 615

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frederick	Lewis	Marshall	October 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 14, 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equip. Op. 5	Lemhi County	Bohannon Creek Salmon, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Marshall	England	Amy E. Stine	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 1947-1948	519-30-1407	Dorothy L. Marshall	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-14, 1972, to 10-5, 1972, that I last saw the deceased alive on 10-5, 1972, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. M. Moore MD 369-1	Salmon Idaho	10-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 9, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 9, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972
OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 19 1972
NOV 3 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4962
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Box 541

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marvin	Veo	McDonald	October 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 31, 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Sedan, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. McDonald	Iowa	Flora J. Johnston	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	557-40-0853	Gladys McDonald	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* Oct. 24, 1972, *that I last saw the deceased alive on* Oct. 24, 1972; *and that death occurred at* 11 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Moore MD	369-I	Salmon Idaho	10-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED OCT 31 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4963
Local Reg. No. 0
Reg. Dist. No. 232

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
c. LENGTH OF STAY (In this place): 310
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Sanitation Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 321 N. Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Lowell
c. (Last): Sechler

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 3/23/1951
9. AGE (In years last birthday): 21
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction worker 5
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY: U.S.A.,

13. FATHER'S NAME: Warren H. Sechler - BIRTHPLACE: Robinson, Kansas
14. MOTHER'S MAIDEN NAME: Joyce Henderson - BIRTHPLACE: Scotts Bluff, Nebr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-62-4467
17. INFORMANT'S OWN SIGNATURE: Warren H. Sechler
ADDRESS: Salt Lake City Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

916X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crushing injuries of chest and neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): due to ditch cave in
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): City Sanitation Plant 04
21c. (CITY, TOWN, OR TOWNSHIP): Winchester 13-310 (COUNTY): Lewis (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 21 72 1:15 pm
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? ditch in which he was working caved in

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Hell
(Degree or title): Lewis County Coroner 583 4
23b. ADDRESS: Kamiah, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/22/1972
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 10/27/72
REGISTRAR'S SIGNATURE: J. S. Clovis
25. EMBALMER: Fred H. Noland
LICENSE NO.: M-493

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 17 1972 Bureau of Vital Statistics

State File No. 4964
Local Reg. No. 61
Reg. Dist. No. 630

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman
c. LENGTH OF STAY (In this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rte. #1 Thornton 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman
d. STREET ADDRESS (If rural, give location): Rte. #1 Thornton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LYLE	LINCOLN	GALBRAITH	October 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Feb.12,1927	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Lyman, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Galbraith	Lyman, Idaho	Nettie R. Sutton	Geneva, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-34-8116	Vesta Mae Adams	Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 24hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 30, 1972, to Oct 1, 1972, *that I last saw the deceased alive on* Sept 30, 1972, *and that death occurred at* 11:00A m. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Bruce H Eckersell 409 (Degree or title) M.D.	Rexburg, Idaho.	10-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct.3,1972	Sutton Cemetery	Archer Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-72	Leona Flamm	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4965
Local Reg. No. 65
Reg. Dist. No. 630

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sugar City Rt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Anthony
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	CYRUS	BLAIR	October 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	January 28, 1942	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 8		Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melvin C. Blair	Nebraska	Minnie V. Witham	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	518-46-9500	Minnie V. Ball	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9657

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Shock — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal bleeding perforated rt & lt lungs
DUE TO (c) Gunshot

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perforated spine & cord

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
HOMICIDE 3	Farm yard 32	Sugar City Rt. Madison Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Oct 22 72 2:35A m.		Shot by erratic girl friend.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Greg Flamm	CORONER 538-4	BOX 13, REXBURG, IDAHO	23Oct72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 26, 1972	Wilford	Wilford Fremont Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-23-72	Lena Flamm	Kenneth R. Flamm	M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4966
Local Reg. No. 66
Reg. Dist. No. 630

BIRTH NO.

RECEIVED NOV 3 - 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Archer
d. STREET ADDRESS (If rural, give location): Thornton Rt.1 , Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Edward c. (Last) Larsen

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 9, 1898

9. AGE (In years last birthday): 74
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salem, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Orson Alfred Larsen BIRTHPLACE: Hyrum, Utah

14. MOTHER'S MAIDEN NAME: Nancy Ellen Rock BIRTHPLACE: Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-14-9776

17. INFORMANT'S OWN SIGNATURE: Vera Larsen ADDRESS: Thornton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* 10-30, 1972, *that I last saw the deceased alive on* 10-30, 1972 *and that death occurred at* 900 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester J. Allen 413 (Degree or Title) MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 10-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY: Sutton Cemetery

24d. LOCATION (City, town, or county) (State): Archer, Madison, Idaho

DATE REC'D BY LOCAL REG.: 11-1-72

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Jesse Flamm

LICENSE NO.: M-254

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 6 1972
SEP 30 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4968

Certificate of Death
STATE OF IDAHO

State File No. 4968
Local Reg. No. 68
Reg. Dist. No. 450

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 100 west 330 south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 100 west 330 south

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Wayne; c. (Last) Burling

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 3 1971

9. AGE (In years last birthday): 1 yr
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rupert Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bobbie Burling- BIRTHPLACE: Goodland Kansas

14. MOTHER'S MAIDEN NAME: Elsie Harris-Fort Scott BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Bobbie D. Burling ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accidental drowning-at home — INTERVAL BETWEEN ONSET AND DEATH: very few Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fell in cesspool
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) Rupert, (COUNTY) Minidoka County, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see alive *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E Walk (Degree or title): Coroner
23b. ADDRESS: 710 6th street, Rupert Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1972
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county): Heyburn (State): Ida

DATE REC'D BY LOCAL REG.: 10-5-72
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert E Walk
LICENSE NO.: M294
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 19 1972 Bureau of Vital Statistics

State File No. 4969
Local Reg. No. 71
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Minidoka 341	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert; c. LENGTH OF STAY (In this place) 60 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 913 7th Street	d. STREET ADDRESS (If rural, give location) 913 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First) Elvira	b. (Middle) Gertrude	c. (Last) Glendinning	4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5 March 1878	9. AGE (In years last birthday) 94; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pecatomica, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Esterbrook Cole	BIRTHPLACE New Brunswick		14. MOTHER'S MAIDEN NAME Nancy Whitemore	BIRTHPLACE Broadhead, Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-30-7693A		17. INFORMANT'S OWN SIGNATURE Nancy Glendinning	ADDRESS 913-7 St Rupert

4124

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) fractured hip — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A.S.C.V.D.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Oct 4, 19 72, *that I last saw the deceased alive on _____, 19__, and that death occurred at* 1 *m., from the causes and on the date stated above.*

23a. SIGNATURE Ben K. Humphrey	253 (Degree or title) MD	23b. ADDRESS Rupert Idaho	23c. DATE SIGNED 10-5-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6 Oct. 1972	24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	24d. LOCATION (City, town, or county) Rupert, Minidoka, (State) Idaho
DATE REC'D BY LOCAL REG. 10-17-72	REGISTRAR'S SIGNATURE Mary Ellen Carlson	25. EMBALMER Ormand F Burch	LICENSE NO. M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4970
Local Reg. No. 72
Reg. Dist. No. 452

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

341

1. PLACE OF DEATH a. COUNTY: Minidoka	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia /61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert c. LENGTH OF STAY (In this place): 2 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital /25	d. STREET ADDRESS (If rural, give location): 1242 Elba Ave.

3. NAME OF DECEASED (Type or Print) a. (First): Amasa	b. (Middle): Sterling	c. (Last): Clark	4. DATE OF DEATH (Month) (Day) (Year): October 7, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 19 March 1888	9. AGE (In years last birthday): 84 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Law enforcment & Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Farmington, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Amasa Lyman Clark	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Alice C. Steed	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-20-7425A	17. INFORMANT'S OWN SIGNATURE: Dorothy Gano, Juneau, Alaska by phone	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4124

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ben K. Humphrey (Degree or title) MD	23b. ADDRESS: Rupert Idaho	23c. DATE SIGNED: 10-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11 October 1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county): Burley (State): Idaho
DATE REC'D BY LOCAL REG.: 10-17-72	REGISTRAR'S SIGNATURE: Mary Ellen Cashen	25. EMBALMER: Ormand J Busch	LICENSE NO.: M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

APR 1 2 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 2 7 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 5 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4971
Local Reg. No. 73
Reg. Dist. No. 450

BIRTH NO.

RECEIVED OCT 27 1972 Bureau of Vital Statistics

341

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 713 D Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 713 D Street

341

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Virginia	Fletcher	Brimble	Oct 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 23 1889	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Mexico Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James B Fletcher	Missouri	Anna Sally Milligan	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518 54 1721	Howard N Fletcher	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Edema — Several Days
DUE TO (c): Generalized Arteriosclerosis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Found dead in Bed, did not see alive *and last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C Walk	Coroner	710 6th street, Rupert Idaho	10-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 19 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-24-72	Mary Ellen Larson	Robert C Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4972
Local Reg. No. 14
Reg. Dist. No. 450

RECEIVED OCT 27 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harris Nursing Home 363

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert Idaho
d. STREET ADDRESS (If rural, give location) C/O James Andersen Route 3 Rupert Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Vera Estella Andersen b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) October 24 1972

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 20 1894
9. AGE (In years last birthday) 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Marne Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leonard Parker-Tama BIRTHPLACE County, Iowa
14. MOTHER'S MAIDEN NAME Eve Calkins BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 541 78 3814
17. INFORMANT'S OWN SIGNATURE James D Andersen ADDRESS Rt 3 Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Congestive failure — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Advanced Genlzd Atherosclerosis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/8, 1971, *to* 10/24, 1972, *that I last saw the deceased alive on* 10/24, 1972, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Don C Patt MD 987 (Degree or title)
23b. ADDRESS Rupert Id
23c. DATE SIGNED 10/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10 26 72
24c. NAME OF CEMETERY OR CREMATORY Hillside Chapel and Cemetery
24d. LOCATION (City, town, or county) (State) Medford Oregon

DATE REC'D BY LOCAL REG. 10-24-72
REGISTRAR'S SIGNATURE Mary Ellen Larson
25. EMBALMER Robert Walk
LICENSE NO. M294

Federal Security Agency
United States Public Health Service FORM DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4973
Local Reg. No. 252
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: WASHINGTON
b. COUNTY: ASOTIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARKSTON
d. STREET ADDRESS (If rural, give location): 610 - 3RD. STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLADYS		SMITH	1 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	2 JULY 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	ATHENA, OREGON	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
T. P. LANDON	NO RECORD	LILLIE L. GROSS	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	539 22 1744	T. P. Smith	LEWISTON

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 27, 1972, to Sept Oct 1, 1972, *that I last saw the deceased alive on* Sept 29, 1972, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Larry Owen Harris M.D	303 St Joseph Way Lewiston	10-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL/CREMATION	3 OCT 1972	SMITH & CO.	SPOKANE, WASHINGTON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-10-72	Alma Wahlgren	W. E. BLACK W. E. Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4974
Local Reg. No. 250
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 11 1972 351

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
LENGTH OF STAY (In this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO
b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON, IDAHO
d. STREET ADDRESS (If rural, give location) 1236 - POWERS AVE.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PAUL	OMAR	CHRISTMAN	1 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	18 DEC 1899	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OWNER/MANAGER 2	RANCH	ST. LOUIS, MISSOURI	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FERDINAND CHRISTMAN	MISSOURI	LULU HORINE	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	W.W.I. 6 WKS.	533 40 4444	E R Christman	19787 Glen Brae Saratoga Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4709

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 66, 19__, *to* 10/1, 19 72, *that I last saw the deceased alive on* 8/72, 19__, *and that death occurred at* 11:59A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
114 (Degree or title)	347 S [illegible]	10 4 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF ~~CEMETERY~~ OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL/CREMATION	3 OCT 1972	SMITH & CO.	SPOKANE, WASHINGTON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-10-72	Glenna Walgren	W. E. BLACK W E Black	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 11 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4975

Certificate of Death
STATE OF IDAHO

State File No. 4975
Local Reg. No. 262
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3307 - 10th Street

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Lewiston Convalscent Center 100

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANTON	M.	KOPLAND	2 October 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	6 June 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Self Employed	Chestnut, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tony Kopland	Austria	Frances Urchel	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	517 09 4611	Ruth M. Kopland	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-3, 1970, to 10-2, 1972, that I last saw the deceased alive on 9-26, 1972, and that death occurred at 11 PM m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Richard M. Kopland 794 (Degree or title) MD	1522 17th, Lewiston, Idaho	10-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5 October 1972	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-25-72	Glenna Lalzen	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4976
Local Reg. No. 258
Reg. Dist. No. 220

RECEIVED OCT 30 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence 000	d. STREET ADDRESS (If rural, give location): 1934 Cedar Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) HENRY	c. (Last) STYER	4. DATE OF DEATH (Month) (Day) (Year): 3 October 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 28 August 1882	9. AGE (In years last birthday): 90 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: stock & grain	11. BIRTHPLACE (State or foreign country): Butler Co., Nebr.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: David B. Styer	BIRTHPLACE: Penna.	14. MOTHER'S MAIDEN NAME: Laura Ann Thayer	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 505 14 8717	17. INFORMANT'S OWN SIGNATURE: Dave Eveland	ADDRESS: Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Bronchial Pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infirmities of age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 Week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8, 1969, *to* 10-3, 1972, *that I last saw the deceased alive on* 9-27, 1972, *and that death occurred at* 3:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: R M Stover, M.D. 507 (Degree or title)	23b. ADDRESS: 939 Bryden Ave., Lwst., Id.	23c. DATE SIGNED: 10-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10 Oct 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Bemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 10-16-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4977
Local Reg. No. 256
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nezperce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Washington 48 b. COUNTY Asotin 553
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128	d. STREET ADDRESS (If rural, give location) 1460 7th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lawrence	Edgor	Patchett	10	4	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-30-19	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Work 5	P.F.I.	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Patchett	Unknown	Lois Hall	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		519-10-9230		

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atherosclerotic & arteriosclerotic cardiovascular disease	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
~~10 4 72 7:47 a.m.~~		

22. *I hereby certify that I attended the deceased from* ——, 1955, *to* date, 19——, *that I last saw the deceased alive on* April 15, 1972 *and that death occurred at* 7:47 *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John Am Rogers M.D. 632 (Degree or title)	900, 7th St., Clarkston, Wn.	10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-72	Vineland Cemetery	Clarkston Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-13-72	Glenara Dalzen	Donald F. Brown	WA 943

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972
APR 10 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 16 1972 Bureau of Vital Statistics

State File No. 4978
Local Reg. No. 257
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Oregon 3D b. COUNTY Wallowa 5-55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 10 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Enterprise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location) Rt. 1, Box 143

3. NAME OF DECEASED (Type or Print)	a. (First) MURREL	b. (Middle) RAYMOND	c. (Last) CHENOWETH	4. DATE OF DEATH (Month) (Day) (Year)	4 October 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 31 July 1892	9. AGE (In years last birthday) 80	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher (retired)	10b. KIND OF BUSINESS OR INDUSTRY Stock Raising	11. BIRTHPLACE (State or foreign country) Enterprise, Oregon	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Wesley Chenoweth	BIRTHPLACE Illinos	14. MOTHER'S MAIDEN NAME Amanda Parrish	BIRTHPLACE Oregon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 540 40 9086	17. INFORMANT'S OWN SIGNATURE Mrs. Guy McCormack	ADDRESS Enterprise, Ore.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5900

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia	weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Pyleonephritis	yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1971, *to* Oct 4, 1972, *that I last saw the deceased alive on* Oct 4, 1972, *and that death occurred at* 7:55 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE John Armstrong 013 (Degree or title) MD	23b. ADDRESS 307 St Johns Way Lewiston Idaho	23c. DATE SIGNED 10/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial	24b. DATE 7 Oct. 1972	24c. NAME OF CEMETERY OR CREMATORY Enterprise Cemetery	24d. LOCATION (City, town, or county) (State) Enterprise, Oregon (Wallowa Co)
DATE REC'D BY LOCAL REG. 10-13-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER W E Black	LICENSE NO. M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

OCT 25 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4979

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 259
Reg. Dist. No. 220

RECEIVED OCT 30 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 2303 - 2ND AVE. NORTH

3. NAME OF DECEASED (Type or Print)	a. (First) LENA	b. (Middle) ALICE	c. (Last) HERR	4. DATE OF DEATH (Month) (Day) (Year) 6 OCTOBER 1972
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11 NOV. 1889	9. AGE (In years last birthday) 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) CALIFORNIA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LEWIS KLAMROTH	BIRTHPLACE GERMANY	14. MOTHER'S MAIDEN NAME MIRRELLA GREEN	BIRTHPLACE NO RECORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 60 7583	17. INFORMANT'S OWN SIGNATURE X Mary Pruett	ADDRESS LEWISTON	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1829

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma Gutter	2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metastasis	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, *19* 72, *to* Oct. 6, *19* 72, *that I last saw the deceased alive on* Oct. 6, *19* 72, *and that death occurred at* 9:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE John E. Carsson M.D. 333 (Degree or title)	23b. ADDRESS 9th & Main Lewiston	23c. DATE SIGNED 10-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY LEWIS-CLARK GARDENS	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 10-24-72	REGISTRAR'S SIGNATURE Glenard Walzen	25. EMBALMER W. E. BLACK W. E. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4980

Certificate of Death
STATE OF IDAHO

State File No. 4980
Local Reg. No. 274
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 3 yrs. 35-1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewsiton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lewsiton Convalescent Cent. 400	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Perry	b. (Middle) N.	c. (Last) Lyda	4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 22, 1884	9. AGE (In years last birthday) 88 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rancher	10b. KIND OF BUSINESS OR INDUSTRY cattle	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Isac A. Lyda	BIRTHPLACE N. Carolina	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S OWN SIGNATURE Clayton Lyda	ADDRESS Lewiston	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchial Pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 'Stroke'

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20, 1966, *to* 10-8, 1972, *that I last saw the deceased alive on* 10-8, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R M Stover, M.D. 507 (Degree or title)	23b. ADDRESS 939- Bryden, Lewiston, Ida	23c. DATE SIGNED 10-24-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 11, 72	24c. NAME OF CEMETERY OR CREMATORY Weseman	24d. LOCATION (City, town, or county) (State) Orofino, Idaho
DATE REC'D BY LOCAL REG. 10-31-72	REGISTRAR'S SIGNATURE Glenara Dolzen	25. EMBALMER Fyl A. Strothmann	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-11072 RECEIVED OCT 30 1972 Bureau of Vital Statistics

State File No. 4981
Local Reg. No. 360
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: WASHINGTON
b. COUNTY: ASOTIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARKSTON

d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH'S HOSPITAL
d. STREET ADDRESS (If rural, give location): 625 - 8TH STREET

3. NAME OF DECEASED (Type or Print): a. (First) MELODY b. (Middle) DENE' c. (Last) MORRISON
4. DATE OF DEATH (Month) (Day) (Year): 11 OCTOBER 1972
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 11 OCT 1972
9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours: 1 Min.: 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): LEWISTON, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DALE O. MORRISON — BIRTHPLACE: MONTANA
14. MOTHER'S MAIDEN NAME: GEORGANNE GREENE — BIRTHPLACE: LEWISTON, IDAHO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Dale O Morrison — ADDRESS: CLARKSTON, WASH.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Premature
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Premature Ruptures
DUE TO (c): membranes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1972 to 10/11, 1972, that I last saw the deceased alive on 10/11/72, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 036 (Degree or title)
23b. ADDRESS: 626 5th Ave. Lewiston, Ida.
23c. DATE SIGNED: 10/14/72

24a. BURIAL, CREMATION, REMOVAL (specify): BURIAL
24b. DATE: 14 OCT 1972
24c. NAME OF CEMETERY OR CREMATORY: SPALDING CEMETERY
24d. LOCATION (City, town, or county) (State): SPALDING, IDAHO

DATE REC'D BY LOCAL REG.: 10-24-72
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: W. E. BLACK [signature]
LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4982
Local Reg. No. 275
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 181 a. STATE Idaho b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 6 mo. 35-1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lewiston Convalescent Center 400	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Bessie	b. (Middle)	c. (Last) Cowger	4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1972	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 24, 1885	9. AGE (In years last birthday) 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Albion, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Smith	BIRTHPLACE Ohio	14. MOTHER'S MAIDEN NAME Sally Fowler	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE X Mrs Lyle Goffinet	ADDRESS Orofino	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infirmities of age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16, 1968, *to* 10-12, 1972, *that I last saw the deceased alive on* 10-10-72, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Don Stover MD (Degree or title) 507-1	23b. ADDRESS 939 - Bryden Lewiston, Ida.	23c. DATE SIGNED 10-24-72
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 14, 1972	24c. NAME OF CEMETERY OR CREMATORY Southwick
24d. LOCATION (City, town, or county) (State) Southwick, Idaho		
DATE REC'D BY LOCAL REG. 10-31-72	REGISTRAR'S SIGNATURE Glenora Walzer	25. EMBALMER Lyle O. Strottmann
LICENSE NO. 476		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4983
Local Reg. No. 364
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 3514 - 14TH STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LESTER	B.	GIPSON	14 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	20 JAN 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FIRE CHIEF	CITY	SPRINGVIEW, NEBRASKA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CLARENCE GIPSON	IOWA	ELLEN BLAKELY	IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 12 3414	X Beverly V. Palmer	Clarkston, Wa.

582X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Renal Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. C.N.F.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1971, 19__, *to* 10/14/72, 19__, *that I last saw the deceased alive on* 10/14/72, 19__, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Lewiston Idaho	10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	17 OCT 1972	LEWIS-CLARK GARDENS	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-25-72	[signature]	W. E. BLACK [signature]	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4984
Local Reg. No. 379
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 616 - WARNER

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSE	EVERT	GRANT	16 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	6 NOV 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TRUCKING FIRM	OWN BUSINESS	COREY, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM S. GRANT	MISSOURI	LILLIE MAY POTTER	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	518 12 1170	Everett J. Grant	LEWISTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary edema and/or pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) possible pulmonary am bolus
DUE TO (c) Emphysema + debility from hip fracture

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Fractured hip	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1	Home	LEWISTON IDAHO 13-351

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10 Oct 72 m.		Fell on hip

22. *I hereby certify that I attended the deceased from* 12 Oct, 1972 *to* 16 Oct, 1972, *that I last saw the deceased alive on* Oct 16, 1972 *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard D Morton MD	307 St John Way - Lewiston	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL/BURIAL	20 OCT 1972	VINELAND CEMETERY	CLARKSTON, WASHINGTON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 3, 1972	Glenna Halgren	W. E. BLACK W. E. Black	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4985
Local Reg. No. 263
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: WASHINGTON
b. COUNTY: ASOTIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARKSTON
d. STREET ADDRESS (If rural, give location): 1119 1/2 - 7TH STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	EDWARD	WEEKS	16 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	3 JUNE 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	STOCK & GRAIN	AMSDEN, OHIO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRED WEEKS	ILLINOIS	STELLA HIGLEY	OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	534 01 3073 A	X L. A. Hutchinson	Orofino Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma prostate gland — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1961, *to* 10/16, 1972, *that I last saw the deceased alive on* 10/15, 1972, *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. F. Stack, M.D.	307 1st Thursday Lewiston, Idaho	10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	19 OCT 1972	LEWIS-CLARK GARDENS	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-25-72	Glenna Walzer	W. E. BLACK	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4986
Local Reg. No. 270
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NEZ PERCE 35-1	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) D.O.A.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 000	d. STREET ADDRESS (If rural, give location) 940 - BRYDEN AVE.

3. NAME OF DECEASED (Type or Print)	a. (First) DAY	b. (Middle) OWEN	c. (Last) GUPTON	4. DATE OF DEATH (Month) (Day) (Year) 17 OCTOBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 13 SEPT 1905	9. AGE (In years last birthday) 67 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARKER OPERATOR 5	10b. KIND OF BUSINESS OR INDUSTRY LUMBER MILL	11. BIRTHPLACE (State or foreign country) BUTTE, MONTANA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME OWEN GUPTON	BIRTHPLACE NO RECORD	14. MOTHER'S MAIDEN NAME ELIZABETH DRESSELL	BIRTHPLACE NO RECORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 18 8250 A	17. INFORMANT'S OWN SIGNATURE X Mrs Pearl Gupton	ADDRESS LEWISTON	

4131

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable Ventricular Fibrillation	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Coronary Heart Disease	14 years
DUE TO (c)	Hypertension	20 years +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26, 1960, *to* 10-17, 1972, *that I last saw the deceased alive on* 8-18, 1972, *and that death occurred at* 4:43 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph Hoss Jr. (Degree or title) MD 195-1	23b. ADDRESS Clarkston Wash	23c. DATE SIGNED 10-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 20 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY LEWIS-CLARK GARDENS	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 10-26-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK W. E. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4987
Local Reg. No. 261
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Asotin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 722 - 13th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLENN	DALE	STONECIPHER	17 Oct. 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	7 May 1920	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	WW Power Co.	Glendale, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Stonecipher	no record	Emma Freeman	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW-2	no record	X Brenda Halsey	Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcenoma Liver Disseminated — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1550

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-19-72	Primary Carcenoma Liver	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-18-72, 19__ to 10-17-72, 19__, that I last saw the deceased alive on 10-17-72, 19__, and that death occurred at 10:20PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	628 5th Ave	10-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	21 Oct 1972	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-24-72	[signature]	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4988
Local Reg. No. 368
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOSEPHS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAPWAI
d. STREET ADDRESS (If rural, give location): GENERAL DELIVERY

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LA VETTA	SUE	PRATT	17 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	AME. IND.	MARRIED	8 DECEMBER 1941	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE X	OWN HOME	SPALDING, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES O. WHITE	IDAHO	EVA L. WALKER	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	No Record	X James Pratt	SEATTLE, WN.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8599

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Over Dose Medication

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depressive Neurosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	10	13-550

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-5, 1972, to 10-6, 1972, that I last saw the deceased alive on 10-6, 1972, and that death occurred at 7:05AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
William H. Cone M.D.	307 St Johns Way Lewiston	10-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	21 Oct 1972	Grant Family Cemetery	Lapwai, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-25-72	Glenna Dalzen	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972
NOV 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 0 6 2012

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4989
Local Reg. No. 265
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 375 Mill Road 000	d. STREET ADDRESS (If rural, give location): 375 Mill Road

3. NAME OF DECEASED (Type or Print)	a. (First) Keith	b. (Middle)	c. (Last) Harrington	4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 2-18-08	9. AGE (In years last birthday): 64	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 0	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Albert Harrington	BIRTHPLACE: no record		14. MOTHER'S MAIDEN NAME: Lydia Paul	BIRTHPLACE: No record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): W.W.II	16. SOCIAL SECURITY NO.: 722-09-5702	17. INFORMANT'S OWN SIGNATURE: Veterans officer	ADDRESS: [illegible]		

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* XXXX *, 19____, to* XXXXX *, 19____, that I last saw the deceased alive on* XXXXX *, 19____, and that death occurred at* 7:00PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	583 (Degree or title) 4 coroner	23b. ADDRESS: Lewiston, Idaho	23c. DATE SIGNED: 10/24/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-25-72	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 10-25-72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: V. Vassar	LICENSE NO.: 2429

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Vassar-Rawls Funeral Home Inc

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4990
Local Reg. No. 278
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
c. LENGTH OF STAY (In this place) 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO
b. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LAPWAI
d. STREET ADDRESS (If rural, give location) P. O. BOX 56

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MAUDE	MAY	HANNAMAN	21 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	7 JUNE 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE X	OWN HOME	JOSEPH OREGON	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
SAMUEL P. GOBLE	IOWA	LUCY ELLEN ELLIS	OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	533 03 1757 A	X Don R Hannaman	LAPWAI

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4272

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric ulcer & Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 10, 1972, to Oct 21, 1972, that I last saw the deceased alive on Oct 21, 1972, and that death occurred at 6:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Lewiston, Idaho	25 Oct 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	25 OCT 1972	NORMAL HILL CEMETERY	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-3-72	[signature]	W. E. BLACK [signature]	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4991
Local Reg. No. 271
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 9 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128	d. STREET ADDRESS (If rural, give location): Box 284

3. NAME OF DECEASED (Type or Print)	a. (First) Melvin	b. (Middle) Ralph	c. (Last) Olson	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: April 7, 1910	9. AGE (In years last birthday): 62 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer 6	10b. KIND OF BUSINESS OR INDUSTRY: Food Store	11. BIRTHPLACE (State or foreign country): Troy, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ole Olson	BIRTHPLACE: Sweden	14. MOTHER'S MAIDEN NAME: Lena Granley	BIRTHPLACE: Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-09-3974HA	17. INFORMANT'S OWN SIGNATURE: Ralph E. Olson	ADDRESS: Genesee, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion.	8 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Insufficiency with Decompensation.	6 wks.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: No Surgery.	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): None	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, 1972, *to* Oct 21st, 1972, *that I last saw the deceased alive on* Oct 21st, 1972 *and that death occurred at* 4:04P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Baisick Md	23b. ADDRESS: 1522 17th St Lewiston Idaho	23c. DATE SIGNED: 10/25/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 25, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho		
DATE REC'D BY LOCAL REG.: 10-26-72	REGISTRAR'S SIGNATURE: Glenard Galzen	25. EMBALMER: Donald Ward
LICENSE NO.: M-380		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4992
Local Reg. No. 266
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics 351

1. PLACE OF DEATH a. COUNTY NezPerce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 12yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 317-~~1~~ 12th St	d. STREET ADDRESS (If rural, give location) 317- 12th St

3. NAME OF DECEASED (Type or Print)	a. (First) Bert	b. (Middle) H.	c. (Last) Storm	4. DATE OF DEATH (Month) (Day) (Year) Oct 22, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6-7-08	9. AGE (In years last birthday) 64 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marathon, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Strom	BIRTHPLACE Iowa		14. MOTHER'S MAIDEN NAME Selma Johnson	BIRTHPLACE Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.II	16. SOCIAL SECURITY NO. 483-09-8065		17. INFORMANT'S OWN SIGNATURE Veterans office Walla Walla Wash.	ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion
Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* XXXX *, 19___, to* XXXXXXX *, 19___, that I last saw the deceased alive on* XXXXXXXXXX *, 19___, and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Duclos	583 (Degree or title) 4 coroner	23b. ADDRESS Lewiston, Idaho	23c. DATE SIGNED 10/24/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-72	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.
DATE REC'D BY LOCAL REG. 10-25-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER Andrew F. Vassar	LICENSE NO. M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4993
Local Reg. No. 272
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON — c. LENGTH OF STAY (In this place) 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 3214 - 10TH ST.

3. NAME OF DECEASED (Type or Print)	a. (First) CLIFFORD	b. (Middle) VANCE	c. (Last) ROBERTS	4. DATE OF DEATH (Month) (Day) (Year) 23 OCTOBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 25 AUG 1902	9. AGE (In years last birthday) 70 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER - TRAINER 2	10b. KIND OF BUSINESS OR INDUSTRY THOROUGH-BRED RACE HORSES	11. BIRTHPLACE (State or foreign country) HULETT, WYOMING	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME CHARLES W. ROBERTS	BIRTHPLACE KANSAS	14. MOTHER'S MAIDEN NAME GERTRUDE STORM	BIRTHPLACE KANSAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 36 1717	17. INFORMANT'S OWN SIGNATURE X Kelvin V. Roberts	ADDRESS LEWISTON	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/21

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypertensive & coronary	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Heart Disease	yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/19 *19*61*, to* Oct 23 *, 19*72*, that I last saw the deceased alive on* 9/22 *, 19*72*, and that death occurred at* 8:30 P*m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 307 St Johns Way	23c. DATE SIGNED 10/26/72
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — 24b. DATE 26 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY LEWIS-CLARK GARDENS	24d. LOCATION (City, town, or county) LEWISTON, IDAHO (State)
DATE REC'D BY LOCAL REG. 10-30-72 — REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4994
Local Reg. No. 967
Reg. Dist. No. 220

BIRTH NO.

OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
c. LENGTH OF STAY (In this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LENORE
d. STREET ADDRESS (If rural, give location) RT. #1 BOX 122

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DON	ALEXANDER	MORRISON	23 OCT 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	22 JULY 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LOGGER	LUMBER	DESOTO, WISCONSIN	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ALEXANDER MORRISON	NO RECORD	HATTIE VOYSEY	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES WWI & WW2	544 07 4706		LENORE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: MOMENTS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. XXXX

NOV 1 1972
NOV 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 17 1980
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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4995

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 223
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON; c. LENGTH OF STAY (In this place) 8 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 1625 - 3RD STREET

3. NAME OF DECEASED (Type or Print)	a. (First) EARL	b. (Middle) GAINES	c. (Last) NEELY	4. DATE OF DEATH (Month) (Day) (Year) 24 OCTOBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 26 JUNE 1889	9. AGE (In years last birthday) 83; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEAD SAWYER 5	10b. KIND OF BUSINESS OR INDUSTRY LUMBER MILL	11. BIRTHPLACE (State or foreign country) BYROMTOWN, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ROBERT B. NEELY	BIRTHPLACE PENNSYLVANIA	14. MOTHER'S MAIDEN NAME ELLANOR CRAFT	BIRTHPLACE PENNSYLVANIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 03 1759 A	17. INFORMANT'S OWN SIGNATURE X Jessie A. Neely	ADDRESS LEWISTON	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1570

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma head pancreas — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-17-72	19b. MAJOR FINDINGS OF OPERATION Inoperable Ca head pancreas	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/17, 1972, *to* 10/24, 1972, *that I last saw the deceased alive on* 10/24, 1972, *and that death occurred at* 7:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE John F. Barnes M.D. (Degree or title) 028	23b. ADDRESS 342 St 21 hrs way Lewiston, Idaho	23c. DATE SIGNED 10/26/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 28 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY LEWIS-CLARK GARDENS	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 10-30-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK W E Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 3 1973

JUN 26 1975

NOV 9 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4996
Local Reg. No. 280
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 1107 - RIVERVIEW N.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLADYS	MARY	GOODALL	24 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	15 DEC 1923	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OWNER/MANAGER 2	RESTAURANTS	POMEROY, WASHINGTON	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ZACK FERRELL	WASHINGTON	IDA GIBBONS	NEVADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 24 3838	X James V. Roberts	LEWISTON

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4309

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Aneurysm
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 1972 *to* Oct 24 1972, *that I last saw the deceased alive on* Oct 24 1972 *and that death occurred at* 10:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. E. Black MD (Degree or title)

23b. ADDRESS 1522 17th St

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	28 OCT 1972	LEWIS-CLARK GARDENS	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Glenna Walgren	W. E. BLACK W. E. Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

~~The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.~~

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4997
Local Reg. No. 286
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

35-1

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 35/
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1518 - 19th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	JOSEPH	ANDERSON	24 October 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	9 November 1914	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 4	Res. Bldg.	Detroit, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Anderson	Sweden	Lola Plake	Plymouth, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW-2	369 18 2726	X Glenna Anderson	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4309

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Berry aneurysm, Right posterior communicating art. — 8+ years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:07 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stein 4/96 MD	Lewiston Idaho	3 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	26 Oct 1972	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-9-72	Alma Walzer	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4998
Local Reg. No. 369
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Convalescent Center St Joseph Hospital, 8th & Linden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 128

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) C. c. (Last) Carlson
4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 72
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 3-10-90
9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Logger
11. BIRTHPLACE (State or foreign country): Sweeden
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Carl A. Carlson BIRTHPLACE: Sweeden
14. MOTHER'S MAIDEN NAME: Caroline Grinberg BIRTHPLACE: Sweeden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-8502
17. INFORMANT'S OWN SIGNATURE: X Doris C. Johnson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Heart Failure (?)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1972, to 10-25, 1972, that I last saw the deceased alive on 10-25, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Don Stover M.D. 501-1
23b. ADDRESS: 939-Bryden Lewiston Ida.
23c. DATE SIGNED: 10/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-25-72
24c. NAME OF CEMETERY OR CREMATORY: Lake View Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho.

DATE REC'D BY LOCAL REG.: 10-25-72
REGISTRAR'S SIGNATURE: Glenna Dalzen
25. EMBALMER: V. Vassar
LICENSE NO.: M 297

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 4999
Local Reg. No. 277
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
May		Gilbert	Oct. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	married	July 30, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Albany, Ore.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Hollingsworth	unknown	unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---------	X George F. Gilbert	Pierce

4299

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Stroke	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Heart disease	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 13, 19 72, *to* October 26, 19 72, *that I last saw the deceased alive on* October 26, 19 72, *and that death occurred at* 12:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr Stipe MD		1522 Seventeenth Street, Lewiston	10-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 72	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-72	Glenna Galyen	Lyle A. Stutzman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972
MAR 14 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5000
Local Reg. No. 276
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Asotin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1108 North St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ada	L.	Johnson	10	26	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	1-4-01	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Smith — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-6779 B
17. INFORMANT'S OWN SIGNATURE: Edwin A. Johnson — ADDRESS: 2137 Denny St. Simi Valley, Calif 93065

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): CVA — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. , 1968, *to* Oct. 26, , 1972, *that I last saw the deceased alive on* Oct. 26, , 1972, *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	625 6th. Ave. Lewiston, Ida.	10/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-28-72	Lewis & Clark Gardens	Lewiston Idaho 83501

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-72	[signature]	[signature]	01802

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5001
Local Reg. No. 282
Reg. Dist. No. 320

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 416 - PARK AVE.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATHARINE	MARIE	DENNEY	26 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	12 APRIL 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	MELROSE, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN H. STELLJES	GERMANY	GRACE DAMMAN	GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 64 2247	X Kenneth Denney	LEWISTON

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4310 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-27, 1956, to 10/26, 1972, that I last saw the deceased alive on 10-26, 1972 and that death occurred at 1:40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Don Brower, M.D - 501-1	939 - Bryden Lewiston Ida	10/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL/BURIAL	30 OCT 1972	GOOD HOPE LUTHERAN	GIFFORD, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-3-72	Glenna Holzer	W. E. BLACK W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5002
Local Reg. No. 287
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
c. LENGTH OF STAY (In this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO
b. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JULIAETTA
d. STREET ADDRESS (If rural, give location) JULIAETTA

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LOYAL	VIVIAN	WEBER	27 OCTOBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	4 MARCH 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	STOCK & GRAIN	KENDRICK, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CHARLES F. WEBER	GERMANY	ELSIE C. COMSTOCK	WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 1942 - 1943	NO RECORD	X Lenard Weber	LEWISTON

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro-vascular Accident	Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 21, 1969, to October 27, 1972, that I last saw the deceased alive on September 25, 1972, and that death occurred at 4:03 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard M. Odell 2944	MD	1522 17th Lewiston, Idaho	10-31-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
REMOVAL/BURIAL	31 OCT 1972	ELWOOD CEMETERY	DEARY, IDAHO	LATAH CO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-3-72	Glenara Dolzer	W. E. BLACK	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5003

Certificate of Death
STATE OF IDAHO

State File No. 287
Local Reg. No. 220
Reg. Dist. No.

BIRTH NO.

NOV 13 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: NezPerce 35-1	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 15 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 127	d. STREET ADDRESS (If rural, give location): 902 11th. Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Wendell	b. (Middle) Jay	c. (Last) Hughes	4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 30, 1916	9. AGE (In years last birthday): 56 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Underwriter 3	10b. KIND OF BUSINESS OR INDUSTRY: Standard Ins. Co.	11. BIRTHPLACE (State or foreign country): Ft. Benton, Montana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James W. Hughes	BIRTHPLACE: Palouse, Wn.	14. MOTHER'S MAIDEN NAME: Myrtle Redman	BIRTHPLACE: Palouse, Wn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 536-07-0102	17. INFORMANT'S OWN SIGNATURE: Rosemary E. Hughes	ADDRESS: Lewiston, Ida.	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 oct 72, 19__, *to* 28 oct., 1972, *that I last saw the deceased alive on* 28 oct, 1972; *and that death occurred at* 11:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stern 96 (Degree or title) MD 1	23b. ADDRESS: Lewiston Idaho	23c. DATE SIGNED: 7 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Viola Cemetery	24d. LOCATION (City, town, or county): Viola (State): Idaho
DATE REC'D BY LOCAL REG.: 11-9-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: M. E. Black	LICENSE NO.: M426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5004
Local Reg. No. 283
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NEZ PERCE 350	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PECK c. LENGTH OF STAY (In this place) 6 YEARS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PECK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 MILE SOUTH ON HIGHWAY #12 CANYON INN CAFE 020	d. STREET ADDRESS (If rural, give location) 1 MILE SOUTH OF CANYON INN CAFE ON HIGHWAY #12

3. NAME OF DECEASED (Type or Print) a. (First) ISABEL	b. (Middle) MAY	c. (Last) WILFONG	4. DATE OF DEATH (Month) (Day) (Year) 29 OCTOBER 1972	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12 OCT 1902	9. AGE (In years on birthday) 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE X	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) DONNYBROOK, N. DAKOTA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ORA O. PATTERSON	BIRTHPLACE MISSOURI	14. MOTHER'S MAIDEN NAME ANNIE HECK	BIRTHPLACE MINNESOTA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 10 7820	17. INFORMANT'S OWN SIGNATURE X Clarence Wilfong	ADDRESS PECK	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CANCER OF BREAST — INTERVAL BETWEEN ONSET AND DEATH 5 YRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 *, 19*67*, to* 29 OCT *, 19*72*, that I last saw the deceased alive on* 27 OCT *, 19*72*, and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Calvin A Reber M.D. 430 (Degree or title)	23b. ADDRESS Orofino, Idaho	23c. DATE SIGNED 10/31/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 31 OCT 1972	24c. NAME OF CEMETERY OR CREMATORY LEWIS-CLARK GARDENS	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 11-3-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER W. E. BLACK W. E. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 15 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5005
Local Reg. No. 284
Reg. Dist. No. 226

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: NezPerce			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Lewiston	c. LENGTH OF STAY (In this place):		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital			d. STREET ADDRESS (If rural, give location): 510- Air Way Drive

3. NAME OF DECEASED (Type or Print): a. (First) Eugene	b. (Middle) L	c. (Last) Kivett	4. DATE OF DEATH: (Month) Oct	(Day) 30	(Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Ben F. Kivett	BIRTHPLACE: Idaho.		14. MOTHER'S MAIDEN NAME: Clara Rose Frank	BIRTHPLACE: Monte Vista, Colo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.II (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 711-05-7721		17. INFORMANT'S OWN SIGNATURE: X Geneva M. Kivett	ADDRESS: Lewiston, Idaho.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary - Occlusion	1 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio - Sclerosis	8 yrs.
DUE TO (c)	Diabetes - Mellitus	6 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Alcoholism	yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) None m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 1960, 19__, to Oct 30th, 19 72, *that I last saw the deceased alive on* Oct. 28th, 19 72, *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack L Bader M.D. 022	23b. ADDRESS: 1512 17th St Lewiston Idaho	23c. DATE SIGNED: 11/3/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-2-72	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 11-10-72	REGISTRAR'S SIGNATURE: Elinard Holzer	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M 315

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 1 5 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5006
Local Reg. No. 24
Reg. Dist. No. 530

BIRTH NO.

RECEIVED OCT 26 1972 360 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Malad City
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Highway 191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah 45
b. COUNTY: Salt Lake 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 1240 Catherine St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KENNETH	RICHARD	KNUDSEN	OCT	21	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Dec. 24, 1950	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Air Traffic Controller - U.S. Army-VietNam		Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
KENNETH CHARLES KNUDSEN	Portage, Utah	MYRA MORGAN	Malad City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes Viet Nam	529-78-3482	Kenneth Knudsen	1240 Catherine Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sub total decapitation — INTERVAL BETWEEN ONSET AND DEATH: immed.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic injuries, severe
DUE TO (c) Auto-truck collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
Accident	highway 191 06	9 Miles South Malad Oneida	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct	21	72	1:30 p.m.		Auto-truck Collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raiford H. Benson	Coroner	Malad City, Idaho	Oct 22, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 24, 1972	Salt Lake City Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 22, 1972	Ruth G. Sweetin	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, Malad, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38 206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5007
Local Reg. No. 23
Reg. Dist. No. 530

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ONEIDA 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malad City, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. HIghway 191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah 45 b. COUNTY: Salt Lake [redacted] 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): No. 4 Jeremy

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DONALD	"STEVE"	STEPHEN MORGAN	OCT	21	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Dec. 8, 1942	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carnival Concessionaire	-	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
*	*	Myra Morgan	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes Occupation in Germany	528-54-6274	x Fenner C. Knudsen	Salt Lake City, Ut 1240 Catherine St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Brain Lacerations — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Skull Fractures
DUE TO (c) Auto truck collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE? (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	highway 191 - 30	9 Miles south Malad Oneida Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct 21 1972 1:20 P.M.		Auto truck collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raiford G. Benson	Coroner	Malad City, Idaho	Oct. 22, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 24, 1972	Salt Lake City Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 24, 1972	Ruth G. Sweetin	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, Malad, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

*unknown

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5008
Local Reg. No. 25
Reg. Dist. No. 530

BIRTH NO.

RECEIVED NOV 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 385

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 53 East 100 North Street

3. NAME OF DECEASED (Type or Print): a. (First) SARAH ALICE "SALLIE" b. (Middle) SMITH c. (Last) BEARD

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 5, 1905
9. AGE (In years last birthday): 66 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher
10b. KIND OF BUSINESS OR INDUSTRY: Malad High School
11. BIRTHPLACE (State or foreign country): Fielding, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLARD R. SMITH — BIRTHPLACE: Farmington, Utah
14. MOTHER'S MAIDEN NAME: MELISSA ANN PACKER — BIRTHPLACE: Panguitch, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 518-20-0755
17. INFORMANT'S OWN SIGNATURE: x Aaron Beard — ADDRESS: Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Bowel Cancer — INTERVAL BETWEEN ONSET AND DEATH: 8 months &

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infections 2° above. — Days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1972, to Oct. 24, 1972, that I last saw the deceased alive on Oct 24, 1972, and that death occurred at 6:00P. m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: Oct.25, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 27,1972
24c. NAME OF CEMETERY OR CREMATORY: Hoytsville, Utah, Cemetery
24d. LOCATION (City, town, or county) (State): Hoytsville, Utah

DATE REC'D BY LOCAL REG.: Oct 25, 1972
REGISTRAR'S SIGNATURE: Ruth G Sweeten
25. EMBALMER: Rayford G. Benson
LICENSE NO.: M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5009
Local Reg. No. 392
Reg. Dist. No.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Owyhee 370	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homedale Nursing Home 305	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Christian	b. (Middle) E.	c. (Last) Eberle	4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 14, 1884	9. AGE (In years last birthday) 87; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gosliebineall, Russia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jake Eberle	BIRTHPLACE Russia	14. MOTHER'S MAIDEN NAME Christinia Unknown	BIRTHPLACE Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 520-22-0683T	17. INFORMANT'S OWN SIGNATURE Paul E Eberle	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1970, *to* Oct 6, 1972, *that I last saw the deceased alive on* Oct 4, 1972, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 570 (Degree or title) MD	23b. ADDRESS Caldwell	23c. DATE SIGNED Oct 12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-10-72	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 10/17/72	REGISTRAR'S SIGNATURE Andrew Warfield	25. EMBALMER Rodney O Dakan	LICENSE NO. M508

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5010
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 17 1972 370 Bureau of Local Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 West Oregon 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): 508 West Oregon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Labadieth	L.	Martin	Oct. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 27, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Philip, So.Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerry M. Sanders	Iowa	Bertha Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-10-0840	Geo E Martin	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1748 Cancerous left breast — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastasis to lungs — 20 Months
DUE TO (c) Denies —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-26-71	Advanced Left breast Cancer	Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-26, 19 71, *to* 10-9, 19 72, *that I last saw the deceased alive on* 10-5, 19 72 *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ernest W M D	166-1	Caldwell Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 13, 72	Marsing-Homedale	Homedale, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/14/72	Andrew Warfield	Leonard C Flahiff	M-481

FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 24 1972 Bureau of Vital Statistics

State File No. 5011
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
c. LENGTH OF STAY (In this place): 35yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): 17 W. 5 S.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Violet	Evangeline	Dazey	Oct.	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc	Widowed	Apr. 19, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lebo, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. E. Wilson	Illinois	Ora A. Jones	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-10-1503	E. R. Dazey	Boise, Ida.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 18, 19 57, to Oct 11, 19 72, that I last saw the deceased alive on Oct 7, 19 72, and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Caldwell Ida	10.20.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 17, '72	Marsing-Homedale	Near Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/21/72	Andrew Warfield	Charles H Persons	M-494

FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 31 1972

APR 1 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5012
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 1 - 1972

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Delamar
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Delamar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Box 253

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kimie	Renae	Ford	Oct. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Child	January 13, 1964	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
9		Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lloyd Ford	Missouri	Margaret McDaniel	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Lloyd Ford	Father, Parma, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	7469 Congenital Heart Dis	Month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 21, 19 72, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
570 MD	Caldwell	Oct 26 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-25-72	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/28/72	Andrew Warfield	Glenn L. Johnson	M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 16 1972
JUN 17 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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REFER CORRES. TO JRA

8/26/86

STATE OF ID

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS,
STANDARDS AND LOCAL HEALTH
SERVICES

Certificate of Death
STATE OF IDAHO

State File No. 5013
Local Reg. No. 379
Reg. Dist. No. 330

BIRTH NO.

OCT 12 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Casa Loma Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 910 S 9th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	Elizabeth	COFIELD	October 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 5, 1879	93	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	French Lake, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Dykeman	New York	Elizabeth Foster	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—	—	519-58-9581 T	Dewey M. Cofield	Emmett, Idaho

4/12

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HCVD — years
DUE TO (c) Senility — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis,

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1954, 19__, *to* 10-3-72, 19__, *that I last saw the deceased alive on* 10-2-72, 19__, *and that death occurred at* 9:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Payette, Idaho	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Oct. 6, 1972	Rosedale	Payette	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-10-72	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5014
Local Reg. No. 378
Reg. Dist. No. 330

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY PAYETTE 380	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY PAYETTE 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FRUITLAND, c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FRUITLAND
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JIM'S TRAILER COURT 000	d. STREET ADDRESS (If rural, give location) N GAYWAY JUNCTION

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	LLOYD	LUCAS	OCT	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JAN, 18, 1919	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER 7	AGRICULTURE	COVINGTON, VIRGINIA	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	W. W. 2	227-12-4605	Mrs Doris Lucas P.O. B 4118	Payette Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c) CORONARY OCCLUSION	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Hardy Harkom 583 (Degree or title) Coroner 4	Payette Idaho	10-9-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	10-10-72	ROSEDALE MEMORIAL GDNS.	PAYETTE PAYETTE IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-10-72	Annabel Anderson	Milford D Dragoo	M 318

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5015
Local Reg. No. 380
Reg. Dist. No. 930

BIRTH NO.

RECEIVED OCT 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Payette 38/	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 38/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette c. LENGTH OF STAY (In this place): Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Casa Loma Convalescent Center 355	d. STREET ADDRESS (If rural, give location): 1019 3rd Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Floyd	H.	MENDENHALL	Oct. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Jan. 1, 1909	63	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer (Disabled) 8	General Labor	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chester Mendenhall	Iowa	H. Lydia Millinar	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no — —	519-64-4134	✓ Mrs W W Coffey	Caldwell, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Thrombosis	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	20 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Tuberculosis	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/30, 1966, *to* 10/12, 1972, *that I last saw the deceased alive on* 10/10, 1972 *and that death occurred at* 2:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
E L Arnold, M.D. (Degree or title)	Payette, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Oct. 16, 1972	Canyon Hill Cemetery	Caldwell	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-17-72	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 24 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5016
Local Reg. No. 381
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Payette 380	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural) to Hospital c. LENGTH OF STAY (In this place): Moments	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Holy Rosary Hosp.-Ont., Oregon 000	d. STREET ADDRESS (If rural, give location): 797 North Oregon

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Wayne	Edward	SMITH	October 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	IF UNDER 1 YR. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Male	White	Never Married..	July 2, 1971	1	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
— — — — 9	— —	Burns, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Edward Smith	Kentucky	Sherrie Lynn Jones	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
— —	— —	— —	Marshall K. Smith	Burns, Oregon

8121

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	TRAUMATIC CRUSHING INJURIES OF HEAD	INSTANT
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ACCIDENT	
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1 Accident	06 Rural Intersection	New Plymouth 13-380 Payette Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct. 14, 1972 3:40Pm.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Automobiles collided in rural intersection.

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I last saw the deceased alive on* — *, 19____ and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 684 (Degree or title) 1 M.D.	Ontario, Oregon	10-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16, 1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-18-72	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5017
Local Reg. No. 382
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY PAYETTE 380	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FRUITLAND c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HIGHWAY 95 (6 Miles So.) 000	d. STREET ADDRESS (If rural, give location) 212 11th Ave. N

3. NAME OF DECEASED (Type or Print)	a. (First) PAUL	b. (Middle) FRANCIA	c. (Last) HERNANDEZ	4. DATE OF DEATH (Month) OCT. (Day) 29 (Year) 1972	
5. SEX MALE	6. COLOR OR RACE SPANISH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 4, 1934	9. AGE (In years last birthday) 38	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Foreman 4	10b. KIND OF BUSINESS OR INDUSTRY POULTRY	11. BIRTHPLACE (State or foreign country) BLUE EARTH, MINN.	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME JOHN HERNANDEZ	BIRTHPLACE OLD MEXICO	14. MOTHER'S MAIDEN NAME MARY FRANCIA	BIRTHPLACE OLD MEXICO		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 471-30-7329	17. INFORMANT'S OWN SIGNATURE Alice H Singleterry	ADDRESS 211 N 3rd St Nyssa, Oregon	

965X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gun Shots	None
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 3 Homicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) 13-380 (COUNTY) (STATE) 6 miles So. of Payette Payette Idaho	
21d. TIME OF INJURY (Month) October (Day) 29 (Year) 72 (Hour) 5 p.m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Gun Fire by other person	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hardy H Jackson 583 (Degree or title) 4 Coronor	23b. ADDRESS 112½ 8th St. Payette, Idaho	23c. DATE SIGNED Oct 30,72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 3,72	24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY ~~KOHLERMANN CEMETERY~~	24d. LOCATION (City, town, or county) NAMPA CANYON (State) IDAHO
DATE REC'D BY LOCAL REG. 11-2-72	REGISTRAR'S SIGNATURE Annabel Anderson	25. EMBALMER Milford D Dragoo	LICENSE NO. M-318

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 14 1973

AUG 15 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5018
Local Reg. No. 26
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 390
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. No. Hi-way I 15

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. XXXXX: MEXICO 52
b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ElCredo, Nuevo Leon
d. STREET ADDRESS (If rural, give location): Calle 1 De Mayo

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VICTOR	RIVERA	MENDEZ	Sept. 10, (?) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Mex.	Never married	May 24, 1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 7	Farm	Mexico	Mexico

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francisco Rivera	Mexico	Alicia Mendez	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Don C. Glenn	Deputy Sheriff, Am. Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

965X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gunshot wounds, chest & head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severly beaten

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
3 Homicide	10	13-390 Power, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
approx. Sept. 10, 1972 m.		gunshot wounds

22. *I hereby certify that I attended the deceased from XXXX

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5019
Local Reg. No. 17
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED OCT 16 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (In this place) 5 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Power County Nursing Home 390

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRIST	J.	KREIN	Oct. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	Feb. 5, 1887	85	7 / 26	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob J. Krein	Russia	Margaret Fisher	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-8922	X Christina Krein	Am. Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3949

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Right hypostatic pneumonia following several small pulmonary infarctions	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Weakness and cardiac decompensation	
DUE TO (c)	mitral stenosis	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Labile hypertension Blindness and loss of left eye (Glaucoma and infection 9 mo.	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-29-64, 19____, *to* 10-1-72, 19____, *that I last saw the deceased alive on* 10-1-72, 19____, *and that death occurred at* 2:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harms,	MD	American Falls, Idaho 83211	10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-5-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 13, 1972	Irene Deeg	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5020
Local Reg. No. 19
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED OCT 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Power 39 / 1 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: State Highway 37 006	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Power 39 / 1 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls d. STREET ADDRESS (If rural, give location): 733 Stevens Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Eric	Ericsson	Oct.	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Mar. 27, 1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inhalation Therapist	Hospital	St. George, Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert G. Ericsson	Brooklyn, New York	Eleanor Howell	Glencoe, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Navy 1966-1970	519-54-0974	Herbert G. Ericsson	

8199

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Skull fracture, left frontal — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hi-way 37 06	American Falls 13-39 Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct. 9, 1972 1:51 a.m.		Automobile accident

22. *I hereby certify that I attended the deceased from* [illegible] *last saw the deceased alive on* Oct. 9, 1972, *and that death occurred at* 1:51a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly	Coroner	American Falls, Idaho	10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Oct. 12, 1972	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-16-72	Irene Dee	H. L. Davis	M-253

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5021

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 18
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Power 390	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockland c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockland
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HELEN	V.	DAVENPORT	Oct. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	June 3, 1908	64	4 / 6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister	Baptist Church	Stephenville, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry M. Vaughn	Texas	Amy Cutwright	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		546-20-8638	Harry J. Davenport	Rockland, Idaho

MEDICAL CERTIFICATION

174X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Edema	24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma, left breast	1 year
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mastectomy, left breast	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *and that I last saw the deceased alive* xxdead *on* Oct. 9, 19 72 *and that death occurred at* 6:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly	583 Coroner 4	American Falls, Idaho	10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-12-72	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 13, 1972	Irene Neeg	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5022
Local Reg. No. 20
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Power 390	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roy (rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home at Roy, Idaho 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle)	c. (Last) HOFFMAN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1972
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1911	9. AGE (In years last birthday) 61 — IF UNDER 1 YR. Months 1 Days 27 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Lind, Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Reinhold Hoffman	BIRTHPLACE So. Russia	14. MOTHER'S MAIDEN NAME Otilia Kautz	BIRTHPLACE Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-42-8534	17. INFORMANT'S OWN SIGNATURE x Opal Hoffman	ADDRESS Roy, Idaho	

4349

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Intra-cranial Embolus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I at* [illegible] *saw the deceased alive* xxdead *on* Oct. 27, 19 72, *and that death occurred at* ? p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE Bud Kelly	583 (Degree or title) 4 Coroner	23b. ADDRESS American Falls, Idaho	23c. DATE SIGNED 10-31-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-31-72	24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery	24d. LOCATION (City, town, or county) (State) American Falls, Idaho
DATE REC'D BY LOCAL REG. 11-3-72	REGISTRAR'S SIGNATURE Irene Deeg	25. EMBALMER H. L. Davis	LICENSE NO. M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972
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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
NOV 2 9 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
FEB 7 1977
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.
MAY 2 5 2010

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

State File No. 5023
Local Reg. No. 21
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Nursing Home 390

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARA	AMANDA	DePEEL	Oct. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	April 15, 1886	86	6 / 13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Butler, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willis E. Stevens	Minn.	Rose Ella Potter	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-82-4403	x Harold S. DePeel	Am. Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4349

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Debility	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Multiple small cerebral emboli	6 months
DUE TO (c)	Arteriolarsclerosis	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Decubitus on sacral region	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-24-54 *19__, to* 10-28-72 *19__, that I last saw the deceased alive on* October 28, *19*72, *and that death occurred at* 9:18 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. S. Harms MD M.D.	American Falls, Idaho	10-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-1-72	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 1, 72	Irene Deeg	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5024
Local Reg. No. 22
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 3 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 1½ days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 504 Tyhee

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MERLE	CHARLES	FOSTER	Oct. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Never married	Sept. 23, 1918	54	1 / 6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer, Bartender	Farm - Bar	Lamberton, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest L. Foster	Iowa	Elizabeth Fuchs	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	388-14-2039	From personal records	Am. Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 428X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive Intra cranial infarct	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic myocarditis	6 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-27-72, 19__, to 10-29-72, 19__, *that I last saw the deceased alive on* October 29, 1972, 19__, *and that death occurred at* 3:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris	M.D.	American Falls, Idaho 83211	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-31-72		Laurens, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 7, 1972	Irene Allen	H. L. Davis	M-253

FIRM NAME: Davis Furniture &Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5025
Local Reg. No. 173
Reg. Dist. No. 142

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Dimsdell	"Dan"	Harvey	10	2	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar 31- 03	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forman	Mining	Harvey Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dinsdale Harvey	Cal. Sacramento	Emma Higenbotham	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	518-03-2352	Mrs D.P. Harvey	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c acute Myocardial insufficiency
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/1, 1972 *to* 10/2, 1972 *that I last saw the deceased alive on* 10/2, 1972 *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
	461-1	Kellogg Ida	10/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	10-5-72	Smith Fun'l Home	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-10-72	Francis Farley		M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5026

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 409
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS Oct 13 1972 49 AM '72

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Apt House in Avery	d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print)	a. (First): Robert	b. (Middle): Lee	c. (Last): MacArthur	4. DATE OF DEATH (Month) Oct. (Day) 7. (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH: Feb. 25, 1925	9. AGE (In years last birthday): 47 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler 5	10b. KIND OF BUSINESS OR INDUSTRY: Milw. Railroad	11. BIRTHPLACE (State or foreign country): Dodgeville, New York	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Carlton MacArthur	BIRTHPLACE:	14. MOTHER'S MAIDEN NAME: Alice Bliss	BIRTHPLACE:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): World War #2	16. SOCIAL SECURITY NO.: 076-18-9633	17. INFORMANT'S OWN SIGNATURE: Robert MacArthur	ADDRESS: Avery

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary thombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 a m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10.7.72 *19___, to* 10.7.72 *19___, that I last saw the deceased alive on* 10.7.72 *19___ and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: William N. Dire	612 (Degree or title): M.D.	23b. ADDRESS: Osburn Idaho	23c. DATE SIGNED: 10.9.72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 10, 1972	24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Garden	24d. LOCATION (City, town, or county) (State): Missoula, Montana
DATE REC'D BY LOCAL REG: Oct. 12, 1972	REGISTRAR'S SIGNATURE: Darrell J. Juelfs	25. EMBALMER: Robert J. Johnston	LICENSE NO.: M-558

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Shoshone Funeral Service, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1972

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 6 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5027
Local Reg. No. 174
Reg. Dist. No. 143

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 19 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 331

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 53J
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 310 Crestline Street

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): E.
c. (Last): ROSE

4. DATE OF DEATH (Month) October (Day) 8, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 14, 1894
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Ironwood, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vsrl Ohman — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Betty Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 53124-2410-D
17. INFORMANT'S OWN SIGNATURE: Howard Rose — ADDRESS: 3144 E. 34th. Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* WHO DIED ON *19*72, Oct. 8th, *that I last saw the deceased* Oct. 8, *19*72, *and that death occurred at* 9:20 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert M. Peterson, M.D. 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 10-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 12, 1972
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Memorial Park
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: 10/18/72
REGISTRAR'S SIGNATURE: Frances Farley
25. EMBALMER: Duane H. Lynde — LICENSE NO.: QL 1000

FIRM NAME: Hazen & Jaeger Funeral Homes, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 0 1 2007

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5028
Local Reg. No. 176
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone — NOV 8 - 1972 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Convelscent Centr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Star Route Kingston Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elfie	E.	Spahn	10 10 72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	11- 20- 93	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse- Retired	Nursing	Lake Co. Tenn.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben	Spahn	Laura Wagster	Lake Co. Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	572-20-2782	Evelyn L. Blazyak	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Cardiovascular

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease c cerebral
DUE TO (c) ischemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
		Kellogg Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9 - 18 , 1972 , *to* 10 - 10 , 1972 , *that I last saw the deceased alive on* 10 - 4 , 1972 , *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Ic Rumbo MD	Kellogg	10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/25/72	Frances Farley	Grant C. Wyatt	M- 551

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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NW

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5029
Local Reg. No. 175
Reg. Dist. No. 142

BIRTH NO.

NOV 8 - 1972 400

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington b. COUNTY: King 48 530
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg	c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D. O. A. West Shoshone 600	d. STREET ADDRESS (If rural, give location): 2360 N.W. 73rd

3. NAME OF DECEASED (Type or Print)	a. (First) Douglas	b. (Middle) Charles	c. (Last) Pardue	4. DATE OF DEATH	(Month) 10	(Day) 10 (Year) 72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 8-25-54	9. AGE (In years last birthday): 18	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy	10b. KIND OF BUSINESS OR INDUSTRY: Defense	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Unobtainable	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Unobtainable	BIRTHPLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 531-58-2969	17. INFORMANT'S OWN SIGNATURE: Wilbert J. W. Ranielsen	ADDRESS (OCM)		

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute severe head injury	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): I 90 06	21c. (CITY, TOWN, OR TOWNSHIP): Kellogg 13-401	(COUNTY): Shoshone (STATE): Idaho
21d. TIME OF INJURY (Month) Oct (Day) 10 (Year) 1972 (Hour) 4 p.m. approx	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto accident	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4 p.m. from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 461 (Degree or title)	23b. ADDRESS: Kellogg Ida	23c. DATE SIGNED: 10/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 10-12-72	24c. NAME OF CEMETERY OR CREMATORY: Mittelstaat Mortuary	24d. LOCATION (City, town, or county): Seattle (State): Washington
DATE REC'D BY LOCAL REG.: 10/25/72	REGISTRAR'S SIGNATURE: Frances Farley	25. EMBALMER: David Carl Marrett	LICENSE NO.: M-551

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 9 1972
NOV 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 7 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5030
Local Reg. No. 410
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS OCT 17 1972

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thurston	Benjamin	Huff	October 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 16, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Drill Operator	Shoshone County	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Otis Walter Huff	Missouri	Sarah Owens	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		468-14-3862	Thomas N. Huff	

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months (R.N.)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma lung. — 6 months (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Spring 1972 to Oct 12, 1972, that I last saw the deceased alive on Oct 12, 1972, and that death occurred at 11:05 A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Robert T. Revelli M.D. (Degree or title)	Wallace Idaho	10/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Oct. 14, 1972	Smith and Company	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 13, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services

Federal Security Agency
United States Public Health Service FORM DH--63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5031
Local Reg. No. 177
Reg. Dist. No. 142

BIRTH NO.

RECEIVED
NOV 8 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John		Wines	October 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Jan. 1, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer 2	Contracting	Paris, France	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	516-10-6627	John Wines Jr.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart dis & Failure	2 Years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	essential Hypertension	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 17 Aug, 1967, to 10/12, 1972, that I last saw the deceased alive on 10/12, 1972, and that death occurred at 6:15 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gus M. Wheeler 539	MD	Kellogg, Idaho	10 Oct 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/16/1972	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/25/72	Frances Farley	Ernest Carl Wunsch	551

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5032
Local Reg. No. 411
Reg. Dist. No. 140

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S Highway #10 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): P.O. Box 152

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOGE	LEROY	HICKMAN	Oct. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Sept. 11, 1939	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bunker Hill Co. 5	Mine Smelter	Eugene, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hickman	Unknown	Miriam B. Mulkey	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes		543-42-6614	X L F Hickman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Compound Comminuted Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Contusion & Laceration of Chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 10	Wallace 15-400 Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-14-72 about 10:27 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile ran off road

22. I hereby certify that I attended the deceased [redacted] WHO DIED ON 10-14 1972, [redacted], that I last saw the deceased [redacted] on 10-14 1972, and that death occurred at about 10:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson, M.D. 414 (Degree or title)	Wallace, Idaho	10-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	October 18, 72	Yoncalla Cemetery	Yoncalla, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 17, 1972	Darrell Juelfs	Robert J. Joshnston	M-558

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 19 1972
SEP 18 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5033
Local Reg. No. 412
Reg. Dist. No. 140

BIRTH NO. 72-11133

RECEIVED BUREAU OF VITAL STATISTICS OCT 20 11 20 AM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place): 138
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DENNIS b. (Middle) MICHAEL c. (Last) CARROLL, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 16, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Silverton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis M. Carroll
BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Twyla Fisk
BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dennis M Carroll
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7719

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Strangulation, Umbilical Cord
INTERVAL BETWEEN ONSET AND DEATH: HOURS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Forceps Delivery
INTERVAL BETWEEN ONSET AND DEATH: MINUTES.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 16, 1972, *to* OCT. 17, 1972, *that I last saw the deceased alive on* OCT. 17, 1972, *and that death occurred at* 930 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 168 (Degree or title) MR
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 10-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY: Nine Mile Cemetery
24d. LOCATION (City, town, or county) (State): Wallace, Idaho

DATE REC'D BY LOCAL REG.: Oct. 20, 1972
REGISTRAR'S SIGNATURE: Darrell J Jones
25. EMBALMER: Robert J. JOhnston
LICENSE NO.: M-558

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

State File No. 5034
Local Reg. No. 178
Reg. Dist. No. 143

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write township): Kellogg
c. LENGTH OF STAY (In this place): 40
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): P. O. 1192

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Benjamin	Hillier	10	24	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Dec 14, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sectionman	Railroad	Saltease, Mont	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Hillier	Michigan	Sophia Wichelt	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		517-07-0676	Mrs Bess Bailey	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4867

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema, chronic, severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 17, 1972, to Oct 24, 1972, that I last saw the deceased alive on Oct 24, 1972, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Orland B Sard MD (Degree or title)	Kellogg Idaho	10/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-26-72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-72	Frances Farley		M-534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5035
Local Reg. No. 179
Reg. Dist. No. 142

BIRTH NO.

RECEIVED NOV 10 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Enaville Burke
c. LENGTH OF STAY (In this place) Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles above Enaville 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 106 E. Portland

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wesley	Jay	Gunderson	October 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	August 27, 54	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	High School	Kellogg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gordon Gunderson	North Dakota	Carol Falkenhagen	North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-68-7929	Gordon J. Gunderson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of chest & abdomen
DUE TO (c) Severe laceration of left forehead

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion of Skull — Multiple lacerations & abrasions of right chest — Abrasion & Contusion of both lower extremities

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Highway 10	Rural Enaville, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-28-72 about 6:30 p.m.		Car ran off road & hit tree

22. *I hereby certify that I attended the deceased* who died on 10-28 1972, [redacted], *that I last saw the deceased* [redacted] *on* 10-28, 1972, *and that death occurred at* 6:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson M.D. 414	Wallace, Idaho	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	NOV. 1, 1972	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/6/72	Frances Lasley	Glenn R. Peterson	M 524

FIRM NAME Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5036
Local Reg. No. 180
Reg. Dist. No. 142

BIRTH NO.

NOV 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General 141	d. STREET ADDRESS (If rural, give location): P. O. Box 852

3. NAME OF DECEASED (Type or Print)	a. (First) Kirk	b. (Middle) Virgil	c. (Last) Miller	4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb 26, 1907	9. AGE (In years last birthday): 65 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger - Retired	10b. KIND OF BUSINESS OR INDUSTRY: Logging	11. BIRTHPLACE (State or foreign country): Scott City Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Jack Miller BIRTHPLACE: Scotland		14. MOTHER'S MAIDEN NAME: Rinta ----- BIRTHPLACE: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 519-09-4614	17. INFORMANT'S OWN SIGNATURE: Mrs K. V. Miller ADDRESS:		

1621

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Epidermoid Carcinoma probable pulmonary origin	3 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic pulmonary fibrosis	12-18 mos

19a. DATE OF OPERATION: 7/25/72	19b. MAJOR FINDINGS OF OPERATION: Chronic interstitial pulmonary fibrosis	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1972 *to* Oct 30, 1972, *that I last saw the deceased alive on* Oct 30, 1972 *and that death occurred at* 9:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orland B. Swartz 461 (Degree or title)	23b. ADDRESS: Kellogg Idaho	23c. DATE SIGNED: 11/1/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-2-72	24c. NAME OF CEMETERY OR CREMATORY: Elwood Cemetery	24d. LOCATION (City, town, or county) (State): Deary Idaho
DATE REC'D BY LOCAL REG.: 11/9/72	REGISTRAR'S SIGNATURE: Frances Farley	25. EMBALMER: [signature]	LICENSE NO.: M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972
AUG 2 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
SEP 16 1983
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
NOV 16 1983
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5037
Local Reg. No. 181
Reg. Dist. No. 142

BIRTH NO.

RECEIVED NOV 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner Idaho c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 632 Main	d. STREET ADDRESS (If rural, give location): 632 Main

3. NAME OF DECEASED (Type or Print)	a. (First) Woodrow	b. (Middle) William	c. (Last) Grant	4. DATE OF DEATH (Month) (Day) (Year) 10-31-72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec 31, 1917	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inn Keeper 6	10b. KIND OF BUSINESS OR INDUSTRY: Taveran	11. BIRTHPLACE (State or foreign country): Spokane Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Oscar Grant BIRTHPLACE: Unobtainable		14. MOTHER'S MAIDEN NAME: Katherine Moen BIRTHPLACE: Unobtainable		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-03-9901	17. INFORMANT'S OWN SIGNATURE: Fontilla Grant	ADDRESS	

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* [redacted] WHO DIED ON 10-31-72, [redacted], *that I last saw the deceased* [redacted] *on* 10-31-, 1972, *and that death occurred at* about 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 11-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 11-4-72	24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home	24d. LOCATION (City, town, or county) (State): Spokane Washington
DATE REC'D BY LOCAL REG.: 11/7/72	REGISTRAR'S SIGNATURE: Frances Farley	25. EMBALMER: David Carl Merritt	LICENSE NO.: M-551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 17 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUN 25 1979
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 25 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5038
Local Reg. No. 13
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 miles So East of Victor
c. LENGTH OF STAY (In this place): immediate
d. FULL NAME OF HOSPITAL OR INSTITUTION: on highway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming 51
b. COUNTY: Teton 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
d. STREET ADDRESS (If rural, give location): none given (Box 720

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	C.	Thoren	Sept. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	Married	Sept 14, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 5	building	North Dakota, USA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl G. Thoren	Colorado	Bessie Olson	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	unknown	470-16-0208	[signature]	Family records from Jackson, Wyoming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart attack — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 583 (Degree or title) 4	Driggs, Idaho	Oct 14, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 21, 1972	Aspen Cemetery	Jackson, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-17-72	Ella Griggs	Tom Benson	

FIRM NAME: Benson Mortuary - Jackson, Wyoming

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 7 1973
OCT 25 1972
NOV 2 1973
DEC 30 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5039
Local Reg. No. 12
Reg. Dist. No. 620

RECEIVED OCT 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Teton 410	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs c. LENGTH OF STAY (In this place): 8 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital 142	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) FLORA	b. (Middle) MAE	c. (Last) HIGBEE BELL	4. DATE OF DEATH (Month) Oct., (Day) 10, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug., 13, 1903	9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Vernon (Fremont County) Ida	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Silas John Higbee	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Margaret Ann Cherry	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-28-8861	17. INFORMANT'S OWN SIGNATURE: Elmer H Bell	ADDRESS: Tetonia, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Complications of diabetes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Mellitus	6-12 months
DUE TO (c)	diabetes mellitus	30 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 20, 1972, *to* Oct. 10, 1972, *that I last saw the deceased alive on* Oct. 10, 1972, *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: K Heard 219 (Degree or title) MD	23b. ADDRESS: Driggs Id	23c. DATE SIGNED: 10-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 13 Oct 72	24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery	24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho
DATE REC'D BY LOCAL REG.: 10-14-72	REGISTRAR'S SIGNATURE: Ella Griggs	25. EMBALMER: M.D.Hansen M D Hansen	LICENSE NO.: M-354

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HANSEN MEMORIAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5040
Local Reg. No. 14
Reg. Dist. No. 620

BIRTH NO.

RECEIVED NOV 3 - 1972

1. PLACE OF DEATH
a. COUNTY: Teton — 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital — 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont — 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): Rural 2 miles East I mile north

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leona		Huntsman	Oct. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	1-14-1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	domestic	Clarkston, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William V. Hodges	Logan, Utah	Katherine E. Glover	Lewiston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-03-6609B	X Floyd B Huntsman	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarct	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	2-3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1961, *to* 10-17, 1972, *that I last saw the deceased alive on* 10-17, 1972, *and that death occurred at* 2:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L Heaton MD	Driggs Idaho 83422	10-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 20, 1972	Pineveiw cemetery	Ashton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-72	Ella Driggs	Brian Quinn Bean	M- 544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5041
Local Reg. No. 15
Reg. Dist. No. 620

RECEIVED NOV 20 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural area 4 mi east of Victor
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley Retirement Center 379

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Victor, Idaho
d. STREET ADDRESS (If rural, give location): 4 miles east of Victor, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Jess b. (Middle) c. (Last) Chess

4. DATE OF DEATH (Month) (Day) (Year): October 30, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan 13, 1893

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Ozark County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clyde Chess
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Cornelia Gillham
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-24-5750

17. INFORMANT'S OWN SIGNATURE: Family records
ADDRESS: Driggs, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): coronary heart disease — y ears
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Greene 593 (Degree or title) Coroner 4

23b. ADDRESS: Driggs, Idaho

23c. DATE SIGNED: 11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov 8, 1972

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 11-16-72

REGISTRAR'S SIGNATURE: Ella Driggs

25. EMBALMER: Robert Bean

LICENSE NO.: M-456

FIRM NAME: Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5042
Local Reg. No. D-293
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 565 Sparks

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GERALD	J.	HALL	Oct. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 1, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Powder Superintendent	Construction	New Rockford, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leota Everett Hall	UNK	Etta Marian Clure	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	518-14-1609	Heltha B. Hall	Twin Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cor Pulmonale 492X	4 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Emphysema	12 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/3, 1970, to 10/1, 1972, that I last saw the deceased alive on 10/1, 1972, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy D. Shank M.D.	466-1	562 Shoup Ave W, T.F. Ida	10/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/4/72	Twin Falls, Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-2-72	Marva D. Marsh	Jerry D. Holman	M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 5 1972
MAR 2 7 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 5 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5043
Local Reg. No. D-296
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital (143)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) (420)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): 116 West Elm Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HAZEL	ELIZABETH	MARTINSON	Oct.	1	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	July 4, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Calhoun	Unknown	Maude Worley	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		528-16-7443	x Annie M. Franklin	Box 686 Castleford, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Chronic Asthma	15 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Respiratory Distress	2 days.
DUE TO (c)	Emphysema	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

492X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1967, 19__, *to* Oct 1, 19 72, *that I last saw the deceased alive on* Oct 1, 19 72 *and that death occurred at* 10:04 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson	M.D.	Buhl Ida	10-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/4/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1972	Marva D. Marsh	Robert R. Dickard	M-312

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5044

Certificate of Death
STATE OF IDAHO

State File No. 5044
Local Reg. No. D-309
Reg. Dist. No. 460

BIRTH NO.

OCT 16 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls 421 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 5 weeks d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls d. STREET ADDRESS (If rural, give location): 568 Terry Courts

3. NAME OF DECEASED (Type or Print)	a. (First) MARIAN	b. (Middle)	c. (Last) INEAS	4. DATE OF DEATH (Month) Oct. (Day) 1, (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 28, 1897	9. AGE (In years last birthday): 75	IF UNDER 1 YR. Months 3 Days 3 / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): San Amoro, Island of Pico Azores	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Silverio Teixeira	BIRTHPLACE: Azores	14. MOTHER'S MAIDEN NAME: Maria Mattos Teixeira	BIRTHPLACE: Azores		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 519-52-2538-A	17. INFORMANT'S OWN SIGNATURE: X Mrs Henry Gabica	ADDRESS: 1644 Poplar Twin Falls, Ida.	

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heartfailure	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial infarction	3 wks.
DUE TO (c)	Generalized arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1970, *to* death, 19____, *that I last saw the deceased alive on* Sept. 31, 1972, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Verner H Kramer MD	293 OCT-1 72 (Degree or title)	23b. ADDRESS: Twin Falls, Idaho	23c. DATE SIGNED: 10-9-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10-3-72	24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery	24d. LOCATION (City, town, or county) (State): Shoshone, Idaho
DATE REC'D BY LOCAL REG.: Oct. 13, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Francis M. Bergin	LICENSE NO.: M-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5045
Local Reg. No. D-302
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
OCT 10 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALL 83301
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 285 Addison Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLORA	LOUISE	HOOBLER	October 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Married	March 7, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lucan West	Ohio	Unknown	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-24-5520	Robert L. Hoobler	Twin Falls, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CARDIAC ARREST — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BI VENTRICULAR FAILURE
DUE TO (c) CORONARY HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
DIABETES MELLITUS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-14, 1972, to 10-2, 1972, that I last saw the deceased alive on 10-2, 1972, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Patrick D. Desmond M.D.	Twin Falls, Idaho	Oct. 5, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 5, 1972	Sunset Memorial Park	Cem. Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct-6, 1972	Marva D. Marsh		M-507

FIRM NAME: WHITE MORTUARY — Twin Falls, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5046
Local Reg. No. D-304
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazeldel Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: T.Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 640 Filer Avenue West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PEARLE	ROSE	BORRESEN	October 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 18, 1887	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Millinery Store Opr.		Hampton, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Fields	Ireland	Martha Maxwell	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	[illegible]	518-09-6603	X Martha Nelson	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart decease — years
DUE TO (c) Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 23 Jan, 19 58 *to* 10/31, 19 72, *that I last saw the deceased alive on* 2 Oct, 19 72 *and that death occurred at* 1:05a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Uptegrove M.D.	Twin Falls, Idaho	10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/5/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6, 1972	Marna D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5047
Local Reg. No. D4303
Reg. Dist. No. 460

RECEIVED OCT 10 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY T.Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Skyview Manor 273	d. STREET ADDRESS (If rural, give location) 206 Caswell

3. NAME OF DECEASED (Type or Print)	a. (First) MARION	b. (Middle) S.	c. (Last) PERKINS	4. DATE OF DEATH (Month) (Day) (Year) October 3, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1881	9. AGE (In years last birthday) 91 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Shields	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Emaline Hankey	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-60-3145	17. INFORMANT'S OWN SIGNATURE Doris J. Sorenson	ADDRESS Twin Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypertensive arteriosclerotic cardiovascular disease	25 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Senile Dementia	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1948, *to* 10/31, 1972, *that I last saw the deceased alive on* Sept 7, 1972, *and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 460 (Degree or title) M.D.	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 10/5/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Oct. 6, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER James C. Reynolds [signature]	LICENSE NO. M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 0 1972
APR 2 1 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 3 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5048
Local Reg. No. D-301
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 639 Ash

3. NAME OF DECEASED (Type or Print): a. (First) ARCHIE b. (Middle) c. (Last) HOWARD
4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 23, 1890
9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Mt. Home, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles O. Howard BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Mollie Smith BIRTHPLACE: Arkansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: 554-30-9856
17. INFORMANT'S OWN SIGNATURE: Buhl, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic ischemia brain syndrome — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis. — Years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Left hemiplegia - stroke Parkinsonism. — 5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 11, 19 67, *to* 10-4-, 19 72, *that I last saw the deceased alive on* 10-4-, 19 72, *and that death occurred at* 8:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clarence S. Brown, MD (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-1972
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 6, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Jerry D. Holman
LICENSE NO.: M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5049
Local Reg. No. D-299
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazeldel Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Hazeldel Manor

3. NAME OF DECEASED (Type or Print): a. (First) Caroline b. (Middle) c. (Last) Bishner

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 10, 1899

9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hanson
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 475-05-4919a

17. INFORMANT'S OWN SIGNATURE: + Mrs James Fenemore
ADDRESS: Sun Valley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age + Gen debility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to Oct 5, 19 72, that I last saw the deceased alive on Oct 4, 19 72 and that death occurred at 3:10 A m., from the causes and on the date stated above.

23a. SIGNATURE: M D Drake (Degree or title) MD 146-1
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/5/72
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Donald Hamilton
LICENSE NO.: M-470
FIRM NAME: White Mortuary, Inc. Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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M-370

ruary, Inc. Twin Fall

Certificate of Death
STATE OF IDAHO

State File No. 5050
Local Reg. No. D-300
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 10 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital (43)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.R.#3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTHA	B.	YORK	October 5,1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	February 22,1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Rippley Co.,Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abner Bruce	Kentucky	Mary Elizabeth Armstrong	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-8902	x Dollie York Louder	Twin Falls, Idaho

4319

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral hemorrhage	24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	generalized and cerebral arterio-sclerosis	10-15 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-22 , 1970 , to 10/5/ , 19 72 , *that I last saw the deceased alive on* 10-4-72 , 19 , *and that death occurred at* 5:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. Austin (SM) M.D.	Twin Falls, Idaho	10-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/9/72	Sunset Mem.Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James O. Reynolds	LICENSE NO.
Oct. 6, 1972	Maria D. Marsh	James O. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 7 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5051
Local Reg. No. D - 306
Reg. Dist. No. 470

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Rural Route #4
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: At residence 1 mile North of Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Rural Route #4
d. STREET ADDRESS (If rural, give location): At residence one mile North Of Buhl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BROOKE	LYNN	HAUMONT	October 5 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	infant	April 8, 1968	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Jerome, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dean Haumont	Idaho	Maxine Bartlett	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Rosa Haumont	Buhl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Brain damage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) compression fracture of skull — minutes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	home	Buhl 13-422 Twin Falls Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Oct	5	72	5:15 p.m.		Fell from Tractor, Wheel passed over head

22. *I hereby certify that I attended the deceased from* 6/10/68, 19__, *to* 10/5/72, 19__, *that I last saw the deceased alive on* Oct 5, 1972, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	120 11th Ave. S., Buhl, Idaho	10/7/ 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 10, 1972	Marva D. Marsh	George Farmer	M-480

FIRM NAME: Albertson-Dickard Funeral Hom.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED OCT 18 1972 Bureau of Vital Statistics

State File No. 5052
Local Reg. No. 113
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital
d. STREET ADDRESS (If rural, give location): Box 632 [illegible] Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Raelynn; b. (Middle); c. (Last) Countryman
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	never Married	Oct. 5, 1972			1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
********	*******	Burley, Idaho	U.S.A.

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
Ernest H. Countryman-Blackfoot, Ida.	Ida Ailene Reed - Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
no	none	none	Ernest H Countryman Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Neonatal Atelectasis - Resp Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 1 Dy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 5, 1972, *to* Oct 6, 1972, *that I last saw the deceased alive on* Oct 6, 1972, *and that death occurred at* 3:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD (Degree or title)	Twin Falls	Oct 14, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	10/6/72	View Cemetery	R.F.D. Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 17 1972	Burke H. Pearson	[signature] FIRM NAME: Payne Mortuary	M-389

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5053
Local Reg. No. D 305
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mt. View Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 205 Borah Ave. W

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GOLDIE	M.	BOSSARD	Oct. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 21, 1880	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Homemaking	Clarinda, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorenzo Muckey	Illinois	Elizabeth Cagley	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---------	518-82-5194	C. E. Bossard	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	33 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive CV Disease	24 yrs
DUE TO (c)	Arteriosclerosis Gen.	over 24 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	20 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 25 1972 *to* Oct 7 1972, *that I last saw the deceased alive on* Oct 6 1972, *and that death occurred at* 6:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Elwood Rice MD (Degree or title)	Twin Falls Ida	10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/10/1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	EMBALMER	LICENSE NO.
Oct. 9, 1972	Marva D. Mauser	Edgar D. Robertson	M-507

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5054
Local Reg. No. D-307
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
OCT 12 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Harral Nursing H ome 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
TINA		MC ROBERTS	Oct.	8	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 16, 1894	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Manes, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Steve Willard	Missouri	Sarah Rose	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-32-7218	Vada Freeman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart failure due to — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Dis. — sev. year
DUE TO (c) severe degenerative Arthritis of Knees — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1969, to Oct 8, 1972, that I last saw the deceased alive on Oct 8, 1972, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson	M.D.	Buhl, Idaho	10-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	10/12/72	Buhl	Buhl,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1972	Mavis D. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5055
Local Reg. No. D-310
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 267 Taylor Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 267 Taylor Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	V.	KEYSER	October 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 9, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Highway Engineer		Buena Vista, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Keyser	unknown	Viola DeVore	unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-36-6702	x May L. Keyser	Twin Falls, Idaho

1519

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus, osteoarthritis cholelithiasis, HASHD with previous infarct

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-6, 19 72 to 10/10/, 19 72, that I last saw the deceased alive on 10-9-, 19 72, and that death occurred at 12:30a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy L. Shaub MD	M.D.	Twin Falls, Idaho	10-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/12/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER Paul D. Reynolds	LICENSE NO.
Oct. 13, 1972	Mamie D. Mabe	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 16 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5056
Local Reg. No. D-311
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 19 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: TWIN FALLS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: TWIN FALLS			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS 8330			LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS 83301			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: MAGIC VALLEY MEMORIAL HOSP				d. STREET ADDRESS (If rural, give location): TERRY COURTS #584			
3. NAME OF DECEASED (Type or Print) a. (First): GEORGE	b. (Middle): S.	c. (Last): LAHUE		4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 11, 1972			
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: JANUARY 10, 1891	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): WILLS PT. TEXAS	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME: MARSHALL LAHUE	BIRTHPLACE: IND.	14. MOTHER'S MAIDEN NAME: FANNIE B. HALL	BIRTHPLACE: IND.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): -----	16. SOCIAL SECURITY NO.: 518-26-4727	17. INFORMANT'S OWN SIGNATURE: Dewitt Lahue	ADDRESS: TwinFalls IDA			

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolis, right lung	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atrial Fibrillation, Intermittent	4 years
DUE TO (c)	Arteriosclerotic heart disease	10 years +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	5 years +
	Pulmonary Emphysema	5 years +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* June 14, 19 67 *to* October 11, 19 72 *, that I last saw the deceased alive on* October 11, 19 72 *, and that death occurred at* 7:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Jafford MD	23b. ADDRESS: 284 Martin - Twin Falls, Ida.	23c. DATE SIGNED: 10-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 10.14.72	24c. NAME OF CEMETERY OR CREMATORY: TWIN FALLS CEMETERY	24d. LOCATION (City, town, or county) (State): TWIN FALLS, IDAHO
DATE REC'D BY LOCAL REG.: 10/18/72	REGISTRAR'S SIGNATURE: Vera Ryals	25. EMBALMER: Jerry D. Holman	LICENSE NO.: M-516

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: White Mortuary TwinFalls, Ida

OCT 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5057
Local Reg. No. D-312
Reg. Dist. No. 460

RECEIVED OCT 25 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 420 a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic 144	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Truman R.	b. (Middle) Davidson	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1972
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-11-1904	9. AGE (In years last birthday) 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William A. Davidson	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Maryetta Durfee	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ********	16. SOCIAL SECURITY NO. 519-09-7016	17. INFORMANT'S OWN SIGNATURE Nellie Davidson	ADDRESS

4410

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Dissecting abdominal	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	aortic aneurysm	
DUE TO (c)	Arteriosclerosis & hypertrophic	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis and Hypertension	1-2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-26, 1971, *to* 10-13, 1972, *that I last saw the deceased alive on* 10-13, 1972, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE D. A. McCluskey MD (Degree or title) 338-1	23b. ADDRESS Twin Falls Idaho	23c. DATE SIGNED 10-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-16-72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. 10-24-72	REGISTRAR'S SIGNATURE Vera Ryals	25. EMBALMER [signature]	LICENSE NO. M389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5058
Local Reg. No. D-313
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 25 1972 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Pierce 355
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma 98702
d. STREET ADDRESS (If rural, give location): 7829½ Pacific Ave

3. NAME OF DECEASED (Type or Print): a. (First) MELVIN : b. (Middle) c. (Last) BUCK

4. DATE OF DEATH: (Month) Oct. (Day) 17, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 11, 1917

9. AGE (In years last birthday): 54 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Smithfield, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Buck BIRTHPLACE: West Weber, Utah

14. MOTHER'S MAIDEN NAME: Lucy Thirkell BIRTHPLACE: Grace, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): 0--------

16. SOCIAL SECURITY NO.: 518-30-7777

17. INFORMANT'S OWN SIGNATURE: Virginia Bingham ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

955X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) GUNSHOT WOUND TO HEAD — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ (Specify) Suicide

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Father's home

21c. (CITY, TOWN, OR TOWNSHIP) 13-421 (COUNTY) Twin Falls, Idaho (STATE) Twin Falls Ida.

21d. TIME OF INJURY (Month) Oct. (Day) 17, (Year) 1972 (Hour) 7:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Gunshot wound to head

22. I hereby certify that I attended the deceased from 4-2-, 1954, to 10-17-, 1972, that I last saw the deceased alive on 10-17-, 1972, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE: V. V. Welford, MD. 525 (Degree or title)

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/20/1972

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-24-72

REGISTRAR'S SIGNATURE: Vera Ryals

25. EMBALMER: Edgar J. Robertson

LICENSE NO.: M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 26 1972
NOV 6 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5059
Local Reg. No. D-317
Reg. Dist. No. 460

BIRTH NO.

OCT 30 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1225 6th Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 1225 6th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE; b. (Middle) GREENWALTER; c. (Last) KOON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 8, 1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Park superintendant

10b. KIND OF BUSINESS OR INDUSTRY: Parks

11. BIRTHPLACE (State or foreign country): Baxter, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 560-80-4210

17. INFORMANT'S OWN SIGNATURE: X Joseph P. Koon
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8-10-hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus — 9 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-20 *, 19* 72 *, to* 8020 *, 19* 72 *, that I last saw the deceased alive on* ------ *, 19*____ *, and that death occurred at* 6 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy J. Shaub M.D.
(Degree or title): 466-1
23b. ADDRESS: 562 Shoup Ave. W., Twin Falls,
23c. DATE SIGNED: Idaho 10-24-7

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/24/72
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 27, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Lowell D. Hamilton
LICENSE NO.: M-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 30 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5060
Local Reg. No. D-314
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: R.F.D. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEE	ELTON	REYNOLDS	October 20 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 8, 1927	45		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Huntsville, Arkansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Reynolds	Arkansas	Alred Bolinger	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	430-44-2435	Charlene Reynolds	Castleford

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 955X Gunshot wound to Head — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
2 Suicide	Home or	Buhl 13-422	Twin Falls	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct. 20 1972 a.m.		Shot self in forehead with 22 Cal. Revolver ~~Rifle~~

22. I hereby certify that I attended the deceased from Investigation only, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 9:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Official Title)	23b. ADDRESS	23c. DATE SIGNED
Loyce O. Edwards Twin Falls County Coroner 583-4	R.F.D. # 3 Twin Falls, Idaho	10/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/24/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Marna A. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 1972
DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. FEB 28 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5061
Local Reg. No. D-325
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 420			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Idaho b. COUNTY: Twin Falls 420	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer	c. LENGTH OF STAY (In this place): 53 yrs.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2			d. STREET ADDRESS (If rural, give location): Route 2	
3. NAME OF DECEASED (Type or Print) a. (First): Elmer b. (Middle): c. (Last): Fischer			4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 16, 1914	9. AGE (In years last birthday): 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Sylvan Grove, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herman Fischer		BIRTHPLACE: Kansas	14. MOTHER'S MAIDEN NAME: Mary Otting	BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 518-42-5896	17. INFORMANT'S OWN SIGNATURE: Dorothy Fischer	ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	many yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus.	many yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* July *19* 70 *, to* 10/20 *, 19* 72 *, that I last saw the deceased alive on* 10/1 *, 19* 72 *, and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John O Gibson	(Degree or title): MD 322-1	23b. ADDRESS: Twin Falls, Idaho	23c. DATE SIGNED: 10/21/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Clover Lutheran Cemetery	24d. LOCATION (City, town, or county) (State): Buhl, Idaho
DATE REC'D BY LOCAL REG.: Nov. 3, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Jim A. Hopkins Jim A Hopkins	LICENSE NO.: M-482

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

DEC 21 1972

SEP 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5062
Local Reg. No. D-321
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place) 6 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hazel Del Manor 285	d. STREET ADDRESS (If rural, give location) 239 Dubois Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) EDNA	b. (Middle) FERN	c. (Last) O'HARROW	4. DATE OF DEATH (Month) (Day) (Year) October 22, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1884	9. AGE (In years last birthday) 88 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Oshkosh, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Earl Chase	BIRTHPLACE Maine	14. MOTHER'S MAIDEN NAME Sarah Cotton	BIRTHPLACE Maine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - -	16. SOCIAL SECURITY NO. 518-82-4793	17. INFORMANT'S OWN SIGNATURE Earl O'Harrow	ADDRESS Twin Falls, Idaho 83301	

4379

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonitis	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	long standing chronic brain syndrome	
DUE TO (c)	from cerebral arteriosclerosis	6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16- *, 19* 61 *, to* 10-7 *, 19* 72 *, that I last saw the deceased alive on* 9-18-72 *, 19* ___ *, and that death occurred at* 2:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE C. F. Winsler M.D. 578 (Degree or title)	23b. ADDRESS 204 4th Ave. E. Twin Falls Ida	23c. DATE SIGNED 10-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Pk.	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho 83301
DATE REC'D BY LOCAL REG. 10-30-72	REGISTRAR'S SIGNATURE Marvin D. Marsh	25. EMBALMER William J. Boyd	LICENSE NO. M-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5063
Local Reg. No. D-320
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Buhl 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): #35 Mickelwait Trailer Court

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	B.	NELSON	October 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 3, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Johnson Co., Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Roberts	unknown	Anna Corey	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		531-22-5055	x Gilbert R. Nelson	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7230

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture, comminuted of rt. femur, supracondylar — INTERVAL BETWEEN ONSET AND DEATH: 3 mons.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Osteoporosis — " 5 yrs.
DUE TO (c) Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large Decubitus ulcer on buttocks — 2 mons

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	as in No. 1.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 19__, to 10/24/, 19 72, that I last saw the deceased alive on 10-24, 1972, and that death occurred at 1:20a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Anderson	M.D.	Buhl, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/25/72	Port Orchard Cemetery	Port Orchard, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James O. Reynolds	LICENSE NO.
10-30-72	Mavis D. Morse	James O. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5064
Local Reg. No. D-318
Reg. Dist. No. 460

BIRTH NO.

OCT 30 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location): Box 111

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	V.	BYERS	October 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	October 24, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
no	519-30-7603	Frank V Byers, Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular Occlusion — 9-19-72
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-19-72	Osteo arthritis Hip	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 10/24/, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:40a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Michael V Phillips M.D.	Twin Falls, Idaho	10/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10/26/72	Union Cemetery	Winfield, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Mamie De Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 1972

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5065
Local Reg. No. D-319
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 715 East Center St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HERBERT	JACKSON	ARNETT	October 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	May 4, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School bus driver	School dist.	Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry J. Arnett	Missouri	Lucinda Pannell	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		555-09-6972	Mary D. Holman	Twin Falls, Idaho

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction — 7 yrs ago
Leriche syndrome — 12 mon

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-25-72, 19__, to 10-25, 19 72, that I last saw the deceased alive on 10-25-72, 19__, and that death occurred at 4:20P m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Boyd Shaw MD, 466-1 (Degree or title)	562 Shoup Ave. W., Twin Falls	10-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	10/30/72	Rose Hill Cemetery	Whittier, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 27, 1972	Marva D. Marsh	Edgar Johnston	M-507

FIRM NAME: WHITE MORTUARY, INC.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 31 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5066
Local Reg. No. D-322
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 31 1972 Bureau of V

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor	d. STREET ADDRESS (If rural, give location): Skyview Manor

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) JANE	c. (Last) MATTHEWS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1972
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: July 28, 1889	9. AGE (In years last birthday): 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Berryville, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: J.H.P. Jones	BIRTHPLACE: Tennessee	14. MOTHER'S MAIDEN NAME: Margaret Tacker	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------	16. SOCIAL SECURITY NO.: 518-14-3355A	17. INFORMANT'S OWN SIGNATURE: X Vela J. Blades	ADDRESS: JEROME, IDAHO	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	2-3- days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	2nd to Chronic ASHD	8-10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* This is a patient of Dr. Affleck *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 578-1	23b. ADDRESS: 204 4th Ave. E, Twin Falls, Idaho	23c. DATE SIGNED: 10-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10/28/1972	24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Oct. 30, 1972	REGISTRAR'S SIGNATURE: Maria D. Marsh	25. EMBALMER: Ronald J. Hamilton	LICENSE NO.: M-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5067
Local Reg. No. D-315
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1316 11th Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1316 11th Avenue East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	E.	TURNER	October 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 3, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Knox Co., Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
no	518-42-5962	Gerald Turner, Filer, Idaho

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Sudden unexpected death — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Coroner's investigation only *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE	583 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Cloyce O. Edwards	4 Coroner	Twin Falls, Idaho	10/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/30/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
Oct. 29, 1972	Marva D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 0 1972

JUN 9 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 6 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5068
Local Reg. No. D-327
Reg. Dist. No. 460

BIRTH NO.

NOV 9 - 1972 Bureau of Vital Statistics

NOV 9 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 83301 (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazel Del Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls (420)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls (Rural)
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OTTO	AUGUST	SCHNITKER	October 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 9, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Golden, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Schnitker	Germany	Henrietta Koch	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - -	518-42-6781	Mrs. D. D. Humphrey	Gooding, ID

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bilateral pneumonia	5 days +
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Arteriosclerotic heart disease with congestive heart failure	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebrovascular arteriosclerosis with senility	5 days + / 5 yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 1, 1970 *to* October 28, 1972 *that I last saw the deceased alive on* October 28, 1972 *and that death occurred at* 6:30p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stafford MD	284 Martin Twin Falls, Idaho	10-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 1, 1972	Sunset Memorial Park	Twin Falls, Idaho 83301

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Marion D. Marsh	William J. Boyd	M-490

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: TWIN FALLS MORTUARY

JAN 30 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5069
Local Reg. No. D-324
Reg. Dist. No. 460

BIRTH No.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY (In this place) Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harral Nursing H ome 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) Harral Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MAY	HARDY	FENN	Oct.	29	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 24, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Oakley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Reed	Utah	Barbara Sprague	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		712-07-7207 B	Mrs Lowell Beers	Fresno Calif. 1605 N Pacific

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — several yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abd Perineal Surg with colostomy 7 yrs ago for Carcinoma of the Colon

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 27, 1972 *to* Oct 29, 1972, *that I last saw the deceased alive on* Oct 26, 1972, *and that death occurred at* 5:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson	M.D.	Buhl, Ida	11-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/31/72	Filer IOOF	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 2, 1972	Marva D. Marsh	George Fanner	M-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5070
Local Reg. No. D-329
Reg. Dist. No. 460

BIRTH NO. RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
c. LENGTH OF STAY (In this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Convalesent Center 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) Polk St. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Stella		Warren	Oct. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 21, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Own Home	Battle Ground, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Z. B. Sutton	Kentucky	Satira E. Daniels	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-8380	Layton Warren	Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4409 Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C Severe Mental
DUE TO (c) A Physical impairment

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 11, 1963, to Oct 29, 1972, that I last saw the deceased alive on 10-4, 1969, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Twin Falls, Ida.	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 8, 1972	Marian D. Marsh	Jim A. Hopkins Jima Hopkins	M-482

FIRM NAME Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5071
Local Reg. No. D-323
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 833 Shoshone St. North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DELTA	F.	SIDWELL	October 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Widowed	July 12, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Flickinger	Unk.	Susan Peck	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	521-16-6944	X Gerald E. Sidwell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1541 Cardiac arrest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
DUE TO (c) CA of uterus (Post op)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	CA of uterus	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 25, 1972, to Oct. 30, 1972, that I last saw the deceased alive on Oct. 30, 1972, and that death occurred at 3:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Russell W Newcomb MD	Twin Falls Idaho	10/31/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11/3/1972	Mt. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 1, 1972	Marva D. Marsh	Edgar J. Robertson	M-507

FIRM NAME: WHITE MORTUARY, INC.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5072
Local Reg. No. D-328
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 263 Buchanan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SIGRID		HUNT	October 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	Sept. 13, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hilgeson	Norway	Unk.	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-10-2752B	X Knight V. Hunt	Twin Falls, Idaho

4124

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemiplegia ASCVD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-22, 1972 *to* 10-31, 1972, *that I last saw the deceased alive on* 10-31, 1972, *and that death occurred at* 4:15p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gertrude Pohlmann M.D.	Twin Falls Clinic Twin Falls Idaho	11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 7, 1972	Marna D. Marsh	Ronald D. Hamilton	M-470

FIRM NAME: White Mortuary, Twin Falls,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5073
Local Reg. No. 41
Reg. Dist. No. 310

RECEIVED OCT 27 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Valley 430	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall c. LENGTH OF STAY (In this place) 4 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meadows
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Memorial Hospital 209	d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) a. (First) CLAIRE	b. (Middle) J.	c. (Last) HURD	4. DATE OF DEATH (Month) (Day) (Year) October 3, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1898	9. AGE (In years last birthday) 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster, retired 3	10b. KIND OF BUSINESS OR INDUSTRY U.S.Post Office	11. BIRTHPLACE (State or foreign country) Rushville, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter Reinhart	BIRTHPLACE U. S.	14. MOTHER'S MAIDEN NAME Eva Hayter	BIRTHPLACE Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-18-7096-B	17. INFORMANT'S OWN SIGNATURE Lima Gelbrecht	ADDRESS 617 N. 112 Seattle, Wn.	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular Fibrillation	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial infarction	4 days
DUE TO (c)	ASCVD	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 30, 1972, *to* Oct. 3, 1972, *that I last saw the deceased alive on* Oct. 3, 1972, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Eddie Droge, M.D. 931 (Degree or title)	23b. ADDRESS McCall, Idaho	23c. DATE SIGNED 10-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct.6, 1972	24c. NAME OF CEMETERY OR CREMATORY Meadows Valley	24d. LOCATION (City, town, or county) Meadows, (State) Idaho
DATE REC'D BY LOCAL REG. 10-26-72	REGISTRAR'S SIGNATURE Maryanne Hill	25. EMBALMER Burton E Walker	LICENSE NO. M-386

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1972
APR 7 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
OCT 18 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5074
Local Reg. No. 40
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY near border of Idaho and Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural McCall
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 25 mi no. McCall-Warren Wagon Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location) Whispering Pines Court

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NANCY	SUE	TAYLOR	October 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	never married	Oct. 19, 1951	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse Aide	Nursing Home	Grangeville, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		Billie Jean Harman	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
no	556-86-3012	by B. Walker Linda Walters	Riggins, Idaho

8161

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) traumatic head injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) partial decapitation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-430 (COUNTY) (STATE)
accident	Warren Wagon Road 06	rural McCall near border Idaho & Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
between Oct 7, '72 12 & 2 a m.		auto passenger in single car crash

22. I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.
INVESTIGATION ONLY

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Burton E Walker, Coroner 4 (Degree or title)	McCall, Idaho	10/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct 11, 1972	Grangeville Cemetery	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 11, 1972	Suzanne Hill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5075
Local Reg. No. 44
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montour
d. STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JENNIE	L.	CARRELL	October 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	August 23, 1881	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher, retired		Salmonsville, New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Lotridge	New York	Sarah Davis	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-56-6500-T	Marlene Lefford	Donnelly, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12h.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complete stroke syndrome — 24h
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-21, 1972 to 10-12, 1972, that I last saw the deceased alive on 10-12, 1972, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Allen MD 1966-1	McCall Idaho	11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct 14, 1972	Riverside, Cemetery	Emmett Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-72	Lorraine Hill	Burton E. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5076
Local Reg. No. 42
Reg. Dist. No. 310

RECEIVED NOV 7 - 1972

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Valley 430	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall c. LENGTH OF STAY (In this place): Moments	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warren Wagon Road, 1 mi no. Shore Lodge	d. STREET ADDRESS (If rural, give location): 1116 N. 9th St.

3. NAME OF DECEASED (Type or Print)	a. (First): Stacy	b. (Middle): Orval	c. (Last): DEWEY	4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 12, 1947	9. AGE (In years last birthday): 24 — IF UNDER 1 YR. Months: – Days: – — IF UNDER 24 HRS. Hours: – Min.: –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 9	10b. KIND OF BUSINESS OR INDUSTRY: Education	11. BIRTHPLACE (State or foreign country): Nampa, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Orval Dewey	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Wilma Hall	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Viet Nam	16. SOCIAL SECURITY NO.: 519-54-7393	17. INFORMANT'S OWN SIGNATURE: Gloria A. Dewey	ADDRESS: Payette, Idaho	

8160

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): traumatic crushing injuries of chest and back — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Warren Wagon Road 06	21c. (CITY, TOWN, OR TOWNSHIP): McCall 13-43 (COUNTY): Valley (STATE): Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/13/72 apx 4:50 P m.	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR? auto driver in one-car crash	

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

INVESTIGATION ONLY

23a. SIGNATURE: Burton E. Walker, Coroner 583 (Degree or title) 4	23b. ADDRESS: McCall, Idaho	23c. DATE SIGNED: 10/26/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemtery	24d. LOCATION (City, town, or county): Payette (State): Idaho
DATE REC'D BY LOCAL REG.: 10-3-72	REGISTRAR'S SIGNATURE: Jayanne Hill	25. EMBALMER: Keith M. Jensen	LICENSE NO.: M-517

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 7 1972
NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5077
Local Reg. No. 45
Reg. Dist. No. 310

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location): Box 223

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	REED	CAVIN	October 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 2, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cloverland, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
G. W. Shirley	Missouri	Rachel Nulph	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 538-24-9785-A
17. INFORMANT'S OWN SIGNATURE: Mrs. Kenneth Johnson ADDRESS: New Meadows, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36h.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complete Stroke Syndrome — 72h.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-13, 1968, to 10-15, 1972, that I last saw the deceased alive on 10-15, 1972, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Allen M.D.	006-1	McCall, Idaho	11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct 18, 1972	Meadows Valley	Meadows Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-72	Maryanne Hill	Burton E. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5078
Local Reg. No. 47
Reg. Dist. No. 310

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (In this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): Box 716

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST	GERALD	YOUNG	October 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 14, 1920	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Automobile Dealer 3	Cascade Auto, Inc	Stahl, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Young	Sidney, Missouri	Elizabeth Golphnee	Harrison Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-16-6400	Florence E. Young	Cascade, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY, 1972, *to* NOV, 1972, *that I last saw the deceased alive on* Oct. 27, 1972 *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John F. Moser 376 (Degree or title) M.D.	CASCADE IDA	11/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct 30, 1972	Alpha Cemetery	Valley County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-13-72	Marjorie Hill	Burton E. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
FORM DH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended December 11, 1972

Certificate of Death
STATE OF IDAHO

State File No. 5079
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural McCall
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 mile E. Yellowpine Road Cor Creek Forest Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California
b. COUNTY: San Diego
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Diego
d. STREET ADDRESS (If rural, give location): 3565 Boundary Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Paul	Eugene	Daw	October 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	never married	April 13,1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician 4	Navy	San Diego,California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Vern Wilson Daw	Illinois	Mary E. Nelson	Pawnee City, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	since 1966	571-72-3125	Vern W. Daw	San Diego, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) gunshot wound of head with massive hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Idaho Primitive Area 09	rural McCall T3-R3E Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct 31, 1972-10:00 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	self-inflicted with hunting rifle

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at the hour, from the causes and on the date stated above.*

INVESTIGATION ONLY

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton E. Walker,Coroner	McCall, Idaho	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-7-72	Fort Rosecrans National	San Diego, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 6, 1972	Maryanne Hill	Burton E. Walker	M-386

FIRM NAME: Walker Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Valley } ss.

DEC 8 9 37 AM '72

Certificate No. 72-5079

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Paul Eugene Daw (Name on Original Certificate) who died (Was Born or Died) on October 31, 1972 (Date of Event)
in Valley County rural, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Corrected by information from father (Bible Record, Insurance Policy, Etc.) prepared on Dec 1, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#24b Date of Burial	11-4-72	11-7-72
#24c Name of Cemetery	Mt. Hope	Fort Rosecrans National Cemetery

Subscribed and sworn to before me this 6th day of December, 1972

Bette R. Walters
Notary Public, residing at McCall Idaho
My commission expires 1974
(Seal)

Signed Burton E. Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 1043 McCall Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Valley } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 1972

Bette R. Walters
Notary Public, residing at McCall Idaho
My commission expires 1974
(Seal)

Signed Nancy J. Dodd
(Signature of Any Credible Person)

McCall, Idaho
(Street Address, City, State)

FORM DH 60-155

RECEIVED
NOV 13 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5079
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Valley	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California b. COUNTY: San Diego
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural McCall c. LENGTH OF STAY (In this place): 4 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Diego
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile E. Yellowpine Road Cor Creek Forest Rd.-	d. STREET ADDRESS (If rural, give location): 3565 Boundary Street

3. NAME OF DECEASED (Type or Print)	a. (First): PAUL	b. (Middle): EUGENE	c. (Last): DAW	4. DATE OF DEATH (Month) (Day) (Year): October 31, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: April 13, 1948	9. AGE (In years last birthday): 24 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician	10b. KIND OF BUSINESS OR INDUSTRY: Navy	11. BIRTHPLACE (State or foreign country): San Diego, California	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Vern Wilson Daw	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Mary E. Nelson	BIRTHPLACE: Pawnee City, Neb.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): since 1966	16. SOCIAL SECURITY NO.: 571-72-3125	17. INFORMANT'S OWN SIGNATURE: Vern W. Daw	ADDRESS: San Diego, Calif.	

955X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	gunshot wound of head with massive himorrhage	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Idaho Primitive area	21c. (CITY, TOWN, OR TOWNSHIP): rural McCall (COUNTY): Valley (STATE): Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 31,1972- 10:00 a m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? self-inflicted with hunting rifle	

22. *I hereby certify that I attended the deceased from _____ 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

INVESTIGATION ONLY

23a. SIGNATURE: Burton E Walker, (Degree or title): Coroner	23b. ADDRESS: McCall, Idaho	23c. DATE SIGNED: 11/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 11/4/72	24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope	24d. LOCATION (City, town, or county): San Diego (State): California
DATE REC'D BY LOCAL REG.: [illegible] 6, 1972	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Burton E Walker	LICENSE NO.: M-386

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

NOV 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 1 2 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 2 6 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5089
Local Reg. No. 21
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 16 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	WHEELER	LADD	10 9 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	divorced	2/23/1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 8	Air Force Base	Williams Ranch, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John N. Ladd	Texas	Fannie A. Brown	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 09 5486A	Hazel B. Steele	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma prostate c metastasis	3 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Gen. arteriosclerosis	years.

185X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1972, to Oct 9, 1972, that I last saw the deceased alive on Oct 9, 1972, and that death occurred at 1:15 A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Edward A. Wheeler MD 207 (Degree or title)	Weiser, Idaho	10/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	10/11/72	Mountain Home Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-9-72	K. Dale Thomason	K. Dale Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5081
Local Reg. No. 22
Reg. Dist. No. 320

BIRTH NO.

RECEIVED OCT 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RANDY	EVAN	BILLUPS	10/ 17 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	7/24/1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
guitarist, vocalist	Musician	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry K. Billups	Missouri	Wilma Long	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	544 58 3219	Mrs. Wilma Billups	

8167

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subject involved in one car accident. Car hit power pole and

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

subject died from head injuries. DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Hiway 30	Weiser Malhuer Oregon

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
10 17 72 appr. 9:45 p.m.		automobile accident

22. I hereby certify that I attended the deceased from Coroner's investigation, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at appr. 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Randall L Dickerson	Dep. Wash. Co. Coroner	Weiser, Idaho	10/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10/20/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-18-72	T. Dale Thomason	Maurice S. Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 8 1972
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAY 13 1999
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED.

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED OCT 30 1972 Bureau of Vital Statistics

State File No. 5082
Local Reg. No. 23
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place): Weiser	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Convalescent Center 392	d. STREET ADDRESS (If rural, give location): Weiser Convalescent Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IVA	I.	JENNINGS	10	23	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	5/27/1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Craigmont, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac I. Dykes	--	Susie Devlin	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Christine Christenson	Idaho - Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary metastases	1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma of the breast	Unknown
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome	

1747

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-7-71, 19__, to 10-23-72, 19__, that I last saw the deceased alive on 10-16-72, 19__, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Physician or Med. Officer)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Giever, M.D. 186-1	Weiser, Idaho	10-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	10/27/72	Orofino Cemetery	Orofino Clearwater, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-27-72	K. Lace Thomason	K. Lace Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5083
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

NOV 13 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: Baker
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RAY	ELMER	ABRAMS	10	31	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	8/3/1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ranching	cattle	Des Moines, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Abrams	--	Belle	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Alfred Abrams	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fall with Contusion abdominal Wall	12 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes; ASHD	yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	10	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 1971 *to* Oct 31 1972 *that I last saw the deceased alive on* Oct 30 1972 *and that death occurred at* 3:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward R Wheeler MD	Weiser, Idaho	11/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	11/2/72	Fairview Cemetery	Weiser Malhuer Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-72	R. Lee Thomsen	R. Lee Thomsen	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 6 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5084
Local Reg. No. 728
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #1, Beacon Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Rae; b. (Middle) Charlene; c. (Last) Hunsaker

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1972

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 21, 1971

9. AGE (In years last birthday): 1
IF UNDER 1 YR. Months: 5 Days:
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: 9

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Syrena Hunsaker
BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE ADDRESS: + Syrena Hunsaker

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Aspiration aspirin tablet — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Profound cerebral hypoxia — 2 days
cerebral infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-01D

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 Oct, 1972, *to* 1 Nov, 1972, *that I last saw the deceased alive on* 1 Nov, 1972, *and that death occurred at* 10:50 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Noble MD 945-1
23b. ADDRESS: 620 W. Hays St. Boise, Idaho 83702
23c. DATE SIGNED: 6 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3, 1972
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Nov 7 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ewell Waggoner
LICENSE NO.: M-422
FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5085
Local Reg. No. 719
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 818 North 30th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SYLVIA	J.	TAPPER	Nov. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	Nov. 5, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Switchboard Operator 3	Boise City	Henry, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans P. A. Rasmussen	Denmark	Josephine Emelia Biorn	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-10-8118	Mahine Horsley	818 N. 30th St. Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Vascular Disease	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 12, 1960, *to* Nov. 1, 1972, *that I last saw the deceased alive on* Oct. 31, 1972, *and that death occurred at* 2:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker, M.D.	721 E. Idaho Boise	11/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-3-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 6 1972	Myrtle Palmer	Clyde McMurtrey	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5086
Local Reg. No. 765
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 572 Gem Street

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Dee c. (Last) Griffith
4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1936
9. AGE (In years last birthday): 36 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Sheridan, Wyoming
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas D. Griffith BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Harriet Pratt BIRTHPLACE: Washington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-34-5372
17. INFORMANT'S OWN SIGNATURE: Harriet A. Griffith ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8817

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe head trauma — INTERVAL BETWEEN ONSET AND DEATH: about 3 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fall
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Acute Subdural hematoma, cerebral edema
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Inside a Warehouse 04
21c. (CITY, TOWN, OR TOWNSHIP): Boise 13-011 (COUNTY): Ada (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 1 72 2 p.m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? fell off scaffold

22. I hereby certify that I attended the deceased from 11-1, 19 72 to 11-1, 19 72, that I last saw the deceased alive on 11-1, 19 72 and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: John M Hawkins (Degree or title): MD
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov 24 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert J. Clifford
LICENSE NO.: M-554
FIRM NAME: Flahiff Funeral Chapel, Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

JUL 9 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5087
Local Reg. No. 178
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 6740 POMONA

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	MARION	DARTER	NOVEMBER 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	4-25-14	58	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FREIGHT FOREMAN 4	TRUCKING	MISSISSIPPI	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES O. DARTER	ILLINOIS	GRACE GREER	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	567-20-8794	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5710

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Esophageal varicosities with severe hemorrhage	one year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Alcoholic cirrhosis of the liver	one year
DUE TO (c)	Terminal bronchopneumonia	2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I [redacted] attended the deceased from OCTOBER 29, 1972, to NOVEMBER 2, 1972, [redacted], and that death occurred at 3:55a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. G. RIML, M.D. 597-1	VA HOSPITAL, BOISE, IDAHO	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-6-72		Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Myrtle Palmer	[signature]	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 5 1972
JAN 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 2 1 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. MAR 3 1 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5088
Local Reg. No. 729
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada 011 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 4½ Years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 332	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise d. STREET ADDRESS (If rural, give location): 445 Maple Grove Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EULA	VIOLA	IRVIN	Nov. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 12, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Alterations 4	Bon Marche	Elida, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. H. Brenneman	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No ---	518-26-9170	[signature]	414 N. Liberty Rd. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	1 wk.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Progressive Dementia	5 yr.
DUE TO (c)	Cerebral Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 4, 1965, *to* Nov. 2, 1972, *that I last saw the deceased alive on* Nov. 1, 1972, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker	MD 019-1	121 E. Idaho St.	11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-6-72	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 8 1972	Myrtle Palmer	[signature]	M-509

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5089
Local Reg. No. 734
Reg. Dist. No. 370

RECEIVED NOV 14 1972 ...tistics 011

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): residence	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1417 Denver St. 000	d. STREET ADDRESS (If rural, give location): 1417 Denver St.

3. NAME OF DECEASED (Type or Print)	a. (First) HOUSTON	b. (Middle) T.	c. (Last) HITT Sr.	4. DATE OF DEATH (Month) (Day) (Year) November 2, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 4, 1893	9. AGE (In years last birthday): 79; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer 4	10b. KIND OF BUSINESS OR INDUSTRY: Bee Producer	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joel I. Hitt	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Gillie May Lowery	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------	16. SOCIAL SECURITY NO.: 518 22 1167	17. INFORMANT'S OWN SIGNATURE: X Elizabeth S. Hitt	ADDRESS: Boise, Idaho	

185X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Prostatic Carsinoma. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Had a History of this for months. Treatments at Hospital & Home.
DUE TO (c): (Cancer of Prostrate Glans)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *19 to 19, that I last saw the deceased alive on 19, and that death occurred at* IOP *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. Paris	583 (Degree or title) 4 Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise,	23c. DATE SIGNED: II-7-72.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-6-1972	24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Mem. Gardens	24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Nov. 10 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-461

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972

JUN 8 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

Amended February 23, 1973

State File No. 5090
Local Reg. No. 179
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (004) Vets Admin Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 275 Heyburn Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph	W.	Ferris	November 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	10-13-09	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Janitor (8)	Maintenance	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Ferris	Oshkosh, Wisconsin	May Hansen	Marysville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519-01-5247	VA Hospital Records, Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchogenic carcinoma c metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 mo. ??

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and pathologic fracture rt. humerus.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus
ASHD c mitral aortic stenosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-26-72	Metastatic cervical nodes.	Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. [illegible] attended the deceased from October 31, 19 72 November 3, 19 72 [illegible] and that death occurred at 6:10a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William W. Laxson, M.D.	59-1	VA Hospital, Boise, Idaho	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-3-72		Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 6, 1972	Myrtle Palmer	A Dale McMurtrey	M 410

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 22 9 48 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 72-5090

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Ralph W. Ferris (Name on Original Certificate) who died (Was Born or Died) on November 3, 1972 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#13 Father's Name & Birthplace	Ralph W. Ferris, Utah	William A. Ferris, Oshkosh, Wisconsin
#14 Mother's Birthplace	Utah	Marysville, Idaho

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Stella Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 19 73

Notary Public, residing at Pleasant Grove, Utah

My commission expires Oct. 26, 1976

(Seal)

Signed Margery P. Lundell
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

L. 3-15-73

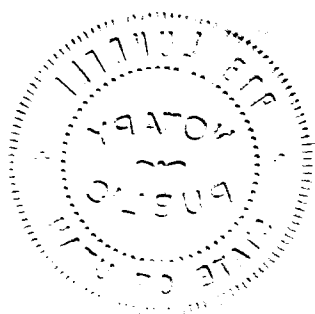

Certificate of Death
-STATE OF IDAHO

State File No. 5090
Local Reg. No. 179
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): 275 HEYBURN STREET

3. NAME OF DECEASED (Type or Print): a. (First) RALPH b. (Middle) W. c. (Last) FERRIS

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 3, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-13-09

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months: -- Days: --
IF UNDER 24 HRS. Hours: -- Min.: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED JANITOR

10b. KIND OF BUSINESS OR INDUSTRY: MAINTENANCE

11. BIRTHPLACE (State or foreign country): UTAH

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RALPH W. FERRIS
BIRTHPLACE: UTAH

14. MOTHER'S MAIDEN NAME: MAY HANSEN
BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 519-01-5247

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Bronchogenic carcinoma c metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.??

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and pathologic fracture rt. humerus.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus.
ASHD c mitral aortic stenosis.

19a. DATE OF OPERATION: 9-26-72

19b. MAJOR FINDINGS OF OPERATION: Metastatic cervical nodes.

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from OCTOBER 31, 1972, to NOVEMBER 3, 1972 of [illegible] and that death occurred at 6:10a m., from the causes and on the date stated above.

23a. SIGNATURE: Wm. W. Laxson (Degree or title)
WILLIAM W. LAXSON, M.D.

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-3-72

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 6, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38:206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972
NOV 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 6 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
FEB 23 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Copy

Certificate of Death
STATE OF IDAHO

State File No. 5091
Local Reg. No. 739
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (In this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dolores	Mae	Welberg	11-3-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	7-20-14	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Madison Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Lee	Marietta Minnesota	Lola Ransom	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-46-8481	Irma Lee	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1747

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma-Extensive — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Breast Carcinoma — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-30, 1972, to 11-3-72, 19____, *that I last saw the deceased alive on* 11-2, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Thuson	MD	Boise Ida	11-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-7-72	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 10, 1972	Myrtle Palmer	Walter Bolley	M-445

FIRM NAME THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 1972

JUN 29 2012

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 14 1972 Bureau of Vital Statistics

State File No. 5092
Local Reg. No. 180
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: V. A. HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 219 EAST BANNOCK

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	R.	COLLET	NOVEMBER 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	FEB. 17, 1897	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	SAME	PLEASANT GROVE, UTAH	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R. E. COLLET	ST. LOUIS, MO.	ELIZA B. TRINNEMAN	ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	W2	517-20-07-83	[signature]	V. A. HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cachexia	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
November 2, 1972	Fracture of right hip.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. [redacted] attended the deceased from October 30, 19 72 to November 3, 19 72, [redacted] and (to) death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. BUNGARD, M.D. [signature]	VAC, BOISE, IDAHO	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-4-72		Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 8, 1972	Myrtle Palmer	[signature]	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5093
Local Reg. No. 725
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 012 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 216 E. Third	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian d. STREET ADDRESS (If rural, give location): 216 E. Third

3. NAME OF DECEASED (Type or Print): a. (First) Thomas	b. (Middle) J.	c. (Last) Tetik	4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 27, 1891	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Ternowietz, Austria	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Thomas Tetik	BIRTHPLACE: Austria	14. MOTHER'S MAIDEN NAME: Katherine Unk	BIRTHPLACE: Austria		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I	16. SOCIAL SECURITY NO.: 445-05-2360	17. INFORMANT'S OWN SIGNATURE: Robert L Tetik	ADDRESS: Meridian		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Prostatic Carsinoma. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Has had a History of this for Months.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Did Not See Alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edgar D. Sams, Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise.	23c. DATE SIGNED: II-6-72.	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-7-72	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county) (State): Meridian, Idaho
DATE REC'D BY LOCAL REG.: Nov 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Gary A. Cowger	LICENSE NO.: M. 526

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5094
Local Reg. No. 724
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4502 Albion

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Earl	Pinneo	Nov. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 21, 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber		Crawford, Nebr.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert H. Pinneo	Nebraska	Rosetta Hess	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-9123A	Mrs. George E. Pinneo	4502 Albion Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4412 Circulatory Failure	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Ruptured aortic abd aneurysm	2 wks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Urinary tract infection	2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jul, 1972, *to* 3 Nov, 1972, *that I last saw the deceased alive on* 3 Nov, 1972, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	405 W Bannock	Chas D

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-7-1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 7 1972	Myrtle Palmer	[signature]	M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 9 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5095
Local Reg. No. 733
Reg. Dist. No. 370
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (011)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Alphonsus Hospital (003)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada (011)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2009 North 23rd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
REGINALD	J.	OWEN	Nov. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 5, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Actor	Movie & Stage	England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Fenwick	England	Francis Ellen	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	547-10-6358	Barbara Hibberd Owen	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4107 Congestive Heart Failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Myocardial Infarction	ca 7 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-29, 1972, to 11-5, 1972, that I last saw the deceased alive on Nov. 5, 1972 and that death occurred at 7:37 PM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	415 W Bannock	11/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-7-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 9 1972
NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
JUL 2 5 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 3 0 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5096
Local Reg. No. 740
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place) years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Nursing Home 292	d. STREET ADDRESS (If rural, give location) 1201 N. 17th. St.

3. NAME OF DECEASED (Type or Print)	a. (First) ROSE	b. (Middle) NALL	c. (Last) WOOD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 6, 1883	9. AGE (In years last birthday) 89; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Yancey Nall	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Ann Elizabeth Baker	BIRTHPLACE Kentucky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S OWN SIGNATURE Personal Records	ADDRESS [illegible]	

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH 24 HRS.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS

DUE TO (c) AND SENILITY

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/9, 1959, *to* 11/5, 1972, *that I last saw the deceased alive on* 11/2/, 1972, *and that death occurred at* 12:47 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard O. [illegible] (Degree or title) 545-1	23b. ADDRESS 201 E. Bannock, Boise	23c. DATE SIGNED 11/9/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov.7,1972	24c. NAME OF CEMETERY OR CREMATORY Morris Hill	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Nov. 15, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Robert G. Ross	LICENSE NO. M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5097

State File No.
Local Reg. No. 785
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2120 BANNOCK

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NORA	M.	ROST	NOV. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	JUNE 29, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		SAC CITY, IOWA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NICHOLAS H. CARTER	SAC CITY, IOWA	SARAH CANTRALL	SAC CITY, IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Ernest E. Rost Jr.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Possible Coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic history of Arterialsclorotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒ XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes		Ada, Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11-6-72 10:15 P.M.		Natural Causes

22. *I hereby certify that I attended the deceased from* Did not see subject *19__ to* alive *19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonske 515 (Degree or title) Deputy Coroner	1214 Ada, Boise, Idaho	12-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-9-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1972	Myrtle Palmer	J. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

MAY 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5098

Certificate of Death
STATE OF IDAHO

State File No. 5098
Local Reg. No. 776
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lee		Davis	Nov. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Single	July 8, 1875	97	3 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Silverton	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Davis	Silverton, Oregon	Irene Shrum	Silverton, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-62-2122	Mrs. Myrtle Lee	Parma Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) + Contusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Fall at Home

22. I hereby certify that I attended the deceased from Nov 2, 19 72 to Nov 6, 19 72, that I last saw the deceased alive on Nov. 6, 19 72 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 204-1		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-9-1972	Riverside Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 30 1972	Myrtle Palmer	Robert J. Clifford	M-554

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 20 1972

State File No. 5099
Local Reg. No. 759
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 8014 Holt Street

3. NAME OF DECEASED (Type or Print): a. (First) RUSSELL; b. (Middle) W.; c. (Last) IRELAND

4. DATE OF DEATH (Month) (Day) (Year): November 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 4, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Security Policeman	Bonded Police	Lawton, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Ireland	Kentucky	Mary E. Wylie	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-9348	X Mildred Ireland	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Cardiovascular disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 35? (Degree or title)	Boise Ida	11/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-8-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20 1972	Myrtle Palmer	G. W. Waters [signature]	M-461

FIRM NAME Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 20 1972
MAY 12 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5100
Local Reg. No. 183
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 17 1972 Vital Statistics 011 Bureau of

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 43 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: OREGON 38
b. COUNTY: LINN 537
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEBANON
d. STREET ADDRESS (If rural, give location): 610 HARDIN DRIVE

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) C. c. (Last) HARRINGTON

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 7, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 7-21-01

9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months -- Days --
IF UNDER 24 HRS. Hours -- Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PATRICK HARRINGTON
BIRTHPLACE: WISCONSIN

14. MOTHER'S MAIDEN NAME: VINNIE THURSTON
BIRTHPLACE: WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 518-14-0728

17. INFORMANT'S SIGNATURE: Charles Lee
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I [redacted] attended the deceased from SEPTEMBER 25, 1972, to NOVEMBER 7, 1972, [redacted] and that death occurred at 5:15p m., from the causes and on the date stated above.

23a. SIGNATURE: FRED B. HINE, M.D. Fred B. Hine, MD (Degree or title) 571

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-10-72

24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 14, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972

JUN 19 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5101
Local Reg. No. 737
Reg. Dist. No. 370

RECEIVED NOV 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2916 Stewart Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

3. NAME OF DECEASED (Type or Print): a. (First) DANNY; b. (Middle) NORMAN; c. (Last) DEALY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never-Married
8. DATE OF BIRTH: June 26, 1947
9. AGE (In years last birthday): 25
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: college
11. BIRTHPLACE (State or foreign country): Cottage Grove, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harold T. Dealy
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Fern R. Flowers
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-56-6873
17. INFORMANT'S OWN SIGNATURE: Fern R. Dealy
ADDRESS: 2916 Stewart St. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 2509 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c): Diabetes mellitus — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [x] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19 69, to Nov 7, 19 72, that I last saw the deceased alive on Nov 1, 19 72 and that death occurred at 11:08 AM from the causes and on the date stated above.

23a. SIGNATURE: [illegible] M.D. (Degree or title) 754
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-72
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 15 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [illegible]
LICENSE NO.: M-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 15 1972
APR 10 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5102
Local Reg. No. 761
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LUKE'S HOSPITAL 002	d. STREET ADDRESS (If rural, give location) 218 W. 35th

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) F. c. (Last) LINEBARGER			4. DATE OF DEATH (Month) (Day) (Year) NOV. 7, 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JUNE 6, 1883	9. AGE (In years last birthday) 89 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prospector 8	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VALE, OREGON	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ROBERT N. LINEBARGER BIRTHPLACE LITTLE ROCK, ARK.			14. MOTHER'S MAIDEN NAME ERMINA JOHNSTON BIRTHPLACE OREGON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 530-05-9366A		17. INFORMANT'S OWN SIGNATURE X Darrell J Farley ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4121

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary artery disease	propenie
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gastric surg for bleeding	1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10, 1961, *to* 8/25, 1972, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 318 (Degree or title)	23b. ADDRESS 401 N. Orchard	23c. DATE SIGNED 11-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE NOV. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY SYRINGA GARDEN	24d. LOCATION (City, town, or county) (State) BOISE, IDAHO
DATE REC'D BY LOCAL REG. Nov. 21, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER G. Conway Grant	LICENSE NO. M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 19[illegible]

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5103
Local Reg. No. 755
Reg. Dist. No. 370

RECEIVED NOV 21 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL 003	d. STREET ADDRESS (If rural, give location): 1906 SO. OWYHEE

3. NAME OF DECEASED (Type or Print) a. (First): JEAN	b. (Middle):	c. (Last): STEWART	4. DATE OF DEATH (Month) (Day) (Year): NOV. 8, 1972	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: OCT. 26, 1922	9. AGE (In years last birthday): 49 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): CHICO, CALIF.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: GEORGE LUTHER	BIRTHPLACE: NO RECORD	14. MOTHER'S MAIDEN NAME: NO RECORD	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Michael P. Brown	ADDRESS: 708 1st Wells	

5710

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Generalized motor seizures	3d
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	alcoholism	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fatty liver with cirrhosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Nov, 1972 *to* 8 Nov, 1972 *that I last saw the deceased alive on* 8 Nov, 1972 *and that death occurred at* 10:35 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 014 (Degree or title): MD	23b. ADDRESS: 999 No Curtis Suite 307 Boise Ida	23c. DATE SIGNED: 16 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: NOV. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: GRIDLEY CEMETERY	24d. LOCATION (City, town, or county) (State): GRIDLEY, CALIF.
DATE REC'D BY LOCAL REG.: Nov. 20, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. Conway Grant	LICENSE NO.: M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5104
Local Reg. No. 762
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 38 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian (rural)
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louis	C.	Peer	Nov. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 27, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Meridian, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert B. Peer	Illinois	Elsie Howery	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-6038A	Elsie Peer	Route # 3 Meridian, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

3960

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Rheumatic Valvular Heart Disease with Aortic valvular stenosis and Mitral Valvular stenosis & insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident ⇐ left hemiparesis; Acute Renal failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-30-72	Gross cardiomegaly, Aortic stenosis, Mitral stenosis & insufficiency	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-19 19 72 *to* 11-8 19 72 *that I last saw the deceased alive on* 11-8 19 72 *and that death occurred at* 1:00am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodney H Hon M.D.	123 E. Idaho St	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-72	Myrtle Palmer R.D.	Harry A. Cowger	M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM Di-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5105
Local Reg. No. 735
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 24 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 114 West 38th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 114 West 38th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRIS	F.	NELSON	Nov. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 17, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Battle Lake, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Nelson	Denmark	Marie (Unknown)	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-34-1667	Alice R. Nelson	114 W 38th St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Gastric Obstruction	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metastatic Carcinoma	
DUE TO (c)	Carcinoma of Stomach	1 Yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Dis.	

1519

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 8, 1967, *to* Nov. 8, 1972, *that I last saw the deceased alive on* Nov. 8, 1972, *and that death occurred at* 1:50 AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Eales	MD	121 E. Idaho St.	11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-11-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Myrtle Palmer	Howard Summers	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5106
Local Reg. No. 760
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 011	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vale
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location): 423 Harrison St. West

3. NAME OF DECEASED (Type or Print)	a. (First) Deane	b. (Middle)	c. (Last) Mahan	4. DATE OF DEATH (Month) (Day) (Year)	Nov. 8, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 27, 1908	9. AGE (In years last birthday): 64	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Employe 2	10b. KIND OF BUSINESS OR INDUSTRY: Government	11. BIRTHPLACE (State or foreign country): Delta, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Malcolm Mahan	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Stella May	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW 2 1945-1946	16. SOCIAL SECURITY NO.: 530-12-0397	17. INFORMANT'S OWN SIGNATURE: Ruby Ives. 2910 W. Grand #1	ADDRESS: Wisconsin Rapids Wisc 54494	

2022

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Malignant Lymphoma	3 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	11 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/16, 1970, *to* 11/8, 1972, *that I last saw the deceased alive on* 11/8, 1972, *and that death occurred at* 4:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm Burliholder, M.D. 071 (Degree or title)	23b. ADDRESS: 848 La Cassia, Boise	23c. DATE SIGNED: 11/20/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/14/72	24c. NAME OF CEMETERY OR CREMATORY: City Cemetery	24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah
DATE REC'D BY LOCAL REG.: Nov. 21, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Glenn E High	LICENSE NO.: 606

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: High Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

FEB 2 1973

MAY 1 0 1988

NOV 2 2 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BIRTH NOV 27 1972

Certificate of Death
STATE OF IDAHO

State File No. 5107
Local Reg. No. 764
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH — COUNTY: Bureau of Vital Statistics — Ada — 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 215 East Jefferson Street

3. NAME OF DECEASED (Type or Print): a. (First) DORA — b. (Middle) M. — c. (Last) AKER
4. DATE OF DEATH: (Month) (Day) (Year): Nov. 9, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 19, 1887
9. AGE (In years last birthday): 85 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Meridian, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Hercules Young — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Susan E. Thomas — BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-07-6226
17. INFORMANT'S OWN SIGNATURE: Harry T. Aker — ADDRESS: 215 E. Jefferson Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — Instan
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subdural Hemorrhage

4723

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Oct, 1972, to 9 Nov, 1972, that I last saw the deceased alive on 9 Nov, 1972, and that death occurred at 12:40 AM. The cause and on the date stated above.

23a. SIGNATURE: Bernice Lorene MD (Degree or title)
23b. ADDRESS: 6003 Overland Rd
23c. DATE SIGNED: 2 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-72
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Nov. 27 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Howard Summers
LICENSE NO.: M-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5108
Local Reg. No. 763
Reg. Dist. No. 370

BIRTH NO.

Dr. Hawkins

RECEIVED NOV 24 1972 Bureau of

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Ruben b. (Middle) Paul c. (Last) Asumendi

4. DATE OF DEATH: (Month) Nov. (Day) 9th, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1922

9. AGE (In years last birthday): 50
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Domingo Asumendi
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Belen Epalza
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 518-44-5308

17. INFORMANT'S OWN SIGNATURE: M Asumendi
ADDRESS: Nampa Rt-1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

929X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Stress associated with spine fracture and paraplegia — 10 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/31

19b. MAJOR FINDINGS OF OPERATION: Spinal cord Compression

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home-farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-14S

21d. TIME OF INJURY: (Month) 10 (Day) 30 (Year) 72 (Hour) 5 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-31, 19 72, *to* 11-9, 19 72, *that I last saw the deceased alive on* 11-9, 19 72 *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M Hawkins MD

23b. ADDRESS: 999 No Curtis R

23c. DATE SIGNED: 11/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-13-1972

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 11-24-72

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde Vassar

LICENSE NO.: M-535

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5109
Local Reg. No. 744
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2001 North 31st Street	d. STREET ADDRESS (If rural, give location): 2001 North 31st Street

3. NAME OF DECEASED (Type or Print)	a. (First) Wallace	b. (Middle)	c. (Last) Baker	4. DATE OF DEATH (Month) (Day) (Year)	Nov. 9, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 24, 1884	9. AGE (In years last birthday): 88	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer	10b. KIND OF BUSINESS OR INDUSTRY: farming	11. BIRTHPLACE (State or foreign country): Mineral Wells, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Wallace Baker	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Liza Withers	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --	16. SOCIAL SECURITY NO.: 519-22-2106A	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — ?
DUE TO (c) Coronary H.D — 10-2-70

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Oct 2, 1970, *to* Nov 9, 1972, *that I last saw the deceased alive on* Mar 21, 1972 *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Smithson (Degree or title) MD	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED: 11-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-13-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Nov. 16, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Lowell Waggoner	LICENSE NO.: M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

AUG 2 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5110
Local Reg. No. 741
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2⅓ Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Valley Sunset Home 335

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Nevada 29
b. COUNTY: Humboldt 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winnemucca
d. STREET ADDRESS (If rural, give location): 226 Garrison

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	LeROY	HAWKINS	Nov. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	May 14, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 5	Railroad	Golden City, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles P. Hawkins	Unknown	Emma A. Aldred	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	700-10-8222	Mrs Robert L. Kinkade	2010 N. 14th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-2, 1970, to 11-9, 1972, that I last saw the deceased alive on 11-9, 1972, and that death occurred at 10:00 PM from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 333 (Degree or title)	808 Valencia Dr Boise	11-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-11-72		Winnemucca, Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 15, 1972	Myrtle Palmer	Lowell Duncan	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

APR 2 1973
JUN 2 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 14 1982
JUN 22 1982

FEB 25 1991

MAY 28 2003

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5111
Local Reg. No. 748
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 21 1972 [illegible]

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4809 Albion Street	d. STREET ADDRESS (If rural, give location) 4809 Albion Street

3. NAME OF DECEASED (Type or Print)	a. (First) Carrie	b. (Middle) Mae	c. (Last) Crone	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1890	9. AGE (In years last birthday) 82; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Blaine County, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Dorsey Martin	BIRTHPLACE Boone Co., Mo.	14. MOTHER'S MAIDEN NAME Sarah Ella Fowler	BIRTHPLACE Jackson Co., Ind.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-09-4451D	17. INFORMANT'S OWN SIGNATURE x L. Arthur Crone	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	acute myocardial myoxctin	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic heart disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Oct, 1962 *to* 9 Nov, 1972, *that I last saw the deceased alive on* 29 June, 1972 *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE S. Hugh Atteley	014 (Degree or title) MD	23b. ADDRESS 999 No Curtis Suite 307 Boise Ida	23c. DATE SIGNED 16 Nov 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-13-1972	24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Nov. 17 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Earl Waggoner	LICENSE NO. M- 422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5112
Local Reg. No. 738
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2417 McKinney St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Arizona
b. COUNTY: Maricopa
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun City
d. STREET ADDRESS (If rural, give location): 10505 Caron Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	F.	WILLIAMS	Nov. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 14, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Vice President	Watkins Products	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Williams	Minnesota	Lola Addison	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	471-10-7346	Alma H. F. Williams	Sun City, Arizona

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 31, 1972, *to* Nov. 10, 1972, *that I last saw the deceased alive on* Nov. 2, 1972, *and that death occurred at* 1:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Noble	M.D.	6003 Overland Rd. Boise, Ida	11/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 11, 1972	Woodlawn	Winona, Minnesota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 15 1972	Myrtle Palmer	Edward Summers	M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 15 1972
NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 1 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5113
Local Reg. No. 754
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. INSTITUTION (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 413 North Orchard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 725 Idaho Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ralph	Norman	Link	Nov.	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 16, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Insurance	Chase Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl L. Link	Kansas	Helen Carrol	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW II	514-07-0717	x Helen Marie Link	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11-11-72 9:30 P.M.m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 583 (Degree or title) Deputy-Coroner 4	1214 Ada, Boise Idaho	11-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 12, 1972	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 20 1972	Myrtle Palmer	Andrew P. Stankowski	M-527

FIRM NAME: Mountain View Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 20 1972

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5114
Local Reg. No. 742
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home 235	d. STREET ADDRESS (If rural, give location): 3115 Sycamore Dr.

3. NAME OF DECEASED (Type or Print)	a. (First): IDA	b. (Middle): MAY	c. (Last): FITCH	4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 7, 1887	9. AGE (In years last birthday): 85 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel Stutzman	BIRTHPLACE: Indiana	14. MOTHER'S MAIDEN NAME: Sarah Waldon	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 487-05-8135	17. INFORMANT'S OWN SIGNATURE: By Benedict Capswell	ADDRESS: Jane Pagan, Redlands, Calif.	

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Coronary Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-30, 1971, *to* 11-11, 1972, *that I last saw the deceased alive on* 11-10, 1972, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 333-1	23b. ADDRESS: 808 Lalemia Dr Boise	23c. DATE SIGNED: 11/14/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov.14,1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Nov 15 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5115
Local Reg. No. 184
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 32 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: CASSIA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DECLO
d. STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MERLIN	J.	CURTIS	NOVEMBER 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	WIDOWED	JAN. 7, 1909	63	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RANCHER	SAME	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE W. CURTIS	UTAH	MINNIE CHRISTENSEN	UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	518-22-7529	Ramona Bentley	VA HOSPITAL RECORDS, BOISE, IDAHO

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stroke — INTERVAL BETWEEN ONSET AND DEATH: around 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from OCTOBER 10, 19 72 to NOVEMBER 11, 19 72, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Daniel Klein M.D. DANIEL, KLEIN, M.D. 597-1	VA HOSPITAL, BOISE, IDAHO	11-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-12-1972	Declo Cemetery	Declo, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 16 1972	Myrtle Palmer	Earl Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5116
Local Reg. No. 743
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 1926 N. 26th St.

3. NAME OF DECEASED (Type or Print) a. (First): Cecil	b. (Middle): Delmar	c. (Last): Dicus	4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 18, 1911	9. AGE (In years last birthday): 61 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Law enforcement	10b. KIND OF BUSINESS OR INDUSTRY: Ada County	11. BIRTHPLACE (State or foreign country): Hill City, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles Grant Dicus	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: Nettie Belts	BIRTHPLACE: Richfield, Ill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-01-9547	17. INFORMANT'S OWN SIGNATURE: X Rita M. Dicus	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of the Lung.	6 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1972 *to* Nov 11, 1972, *that I last saw the deceased alive on* 10 Nov, 1972, *and that death occurred at* 5 50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David J. Asklaugh MD (Degree or title) 1088-1	23b. ADDRESS: Boise, Idaho	23c. DATE SIGNED: 11-13-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/14/1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho		
DATE REC'D BY LOCAL REG.: Nov. 16, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Earl Waggoner
LICENSE NO.: M-422		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 1972

DEC 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 17 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 17 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5117
Local Reg. No. 747
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location) 200 North 3rd Street

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) F.	c. (Last) Van Voorhis	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1894	9. AGE (In years last birthday) 77; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) banker 2	10b. KIND OF BUSINESS OR INDUSTRY banking	11. BIRTHPLACE (State or foreign country) Kirwin, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David O. Van Voorhis	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Clara May Freeman	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 519-12-7351 A	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

188X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-14-72	19b. MAJOR FINDINGS OF OPERATION Inoperable bladder Cancer	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 23, 1972, *to* death, 19____, *that I last saw the deceased alive on* Nov 12, 1972 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 259 (Degree or title) MD 1	23b. ADDRESS Boise	23c. DATE SIGNED 11/16/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-15-1972	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Nov. 17 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER [signature]	LICENSE NO. M- 422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5118
Local Reg. No. 751
Reg. Dist. No. 570

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 110 E. 32nd Street

3. NAME OF DECEASED (Type or Print): a. (First) MICHAEL b. (Middle) DOMINIC c. (Last) SCRIMA
4. DATE OF DEATH: (Month) Nov. (Day) 12, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 21, 1928
9. AGE (In years last birthday): 44 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Allied Equipment Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boston, Mass.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Anthony Scrima BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Italy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.: 021-20-1275
17. INFORMANT'S OWN SIGNATURE: Joyce M. Scrima ADDRESS: 413 E. 32nd. Boise 495 E. 32nd, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

965X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun Shot in Chest. — INTERVAL BETWEEN ONSET AND DEATH: Inst;

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 3 Homicide.
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 10
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-011
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Did Not See Alive, 19, that I last saw the deceased alive on, 19, and that death occurred at 3:50am, from the causes and on the date stated above.

23a. SIGNATURE: [signature] 583 (Degree or title) 4 Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise
23c. DATE SIGNED: II-15-72.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/72
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 20 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Robert G. Ross
LICENSE NO.: E-497
FIRM NAME: SUMMERS

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5119
Local Reg. No. 745
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location): 829 E. Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	FRANKLIN	ELLWOOD	NOV.	12	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	NOV. 21, 1909	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Railroader	Railroad	Las Anamous, Colo,	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Ellwood	Kansas	OLA Miller	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		518 09 8962	Mrs Viola E Ellwood	829 E. Main Weiser

3208

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Staphylococci
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 10, 1972, *to* NOV 12, 1972, *that I last saw the deceased alive on* NOV 12, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Newson	MD	Boise Ida	11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-72	Rosedale Memorial Gdns	Payette Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 16, 1972	Myrtle Palmer	David T. Gibson	4ero

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 28 1972

NOV 24 1972

OCT 2 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5120
Local Reg. No. 763
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 27 1972

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3022 GROVER

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) H. c. (Last) QUINN

4. DATE OF DEATH: (Month) (Day) (Year) NOV. 13, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 16, 1908

9. AGE (In years last birthday): 64
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): IDAHO POWER CO.

10b. KIND OF BUSINESS OR INDUSTRY: Construction-Surveyor

11. BIRTHPLACE (State or foreign country): STATEN ISLAND, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT QUINN
BIRTHPLACE: NEW YORK

14. MOTHER'S MAIDEN NAME: MARY ELLEN O'CONNER
BIRTHPLACE: NEW JERSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 097-10-6904

17. INFORMANT'S OWN SIGNATURE: X Ronald A. Somers - Nyssa
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Thrombosed Coronary Artery
INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-13-72 3:30P. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX
21f. HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Steven Johnson (Degree or title) Deputy Coroner
23b. ADDRESS: 1214 Ada Boise Idaho
23c. DATE SIGNED: 11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 17, 1972
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 24 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Andrew L. Blankenship
LICENSE NO.: M-527
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 ? 1972
DEC 1 8 1972
FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5121
Local Reg. No. 736
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 34 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1329 Tetonia Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna		Slavin	Nov. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 25, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Russia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Cahan	Russia	Rose (unknown)	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		558-44-2082	Ida K Harlat	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of liver	3 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary artery disease Diabetes mellitus	8 yrs. Several yrs

1978

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. , 1965 *to* Nov. 13 , 1972 *that I last saw the deceased alive on* Nov 13 , 1972 *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner M.D. 364-1	1333 W. Jefferson St Boise, Idaho 83702	11/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-14-72	Hillside Cemetery	Los Angeles, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 15 1972	Myrtle Palmer	Dale McGuckin	M-410

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5122
Local Reg. No. 757
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 755 VALE

3. NAME OF DECEASED (Type or Print): a. (First) J O E b. (Middle) c. (Last) O L L I E

4. DATE OF DEATH: (Month) (Day) (Year) NOV. 13, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 15, 1891

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: SYRIAN PRODUCTS

11. BIRTHPLACE (State or foreign country): DAMSACUS, SYRIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE: SYRIA

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE: SYRIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 527-24-3904 A

17. INFORMANT'S OWN SIGNATURE: Ida Ollie
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1538 Colon Cancer
INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 12, 1920, *to* 11-13, 1972, *that I last saw the deceased alive on* 11-13-72 19____, *and that death occurred at* 3:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title)

23b. ADDRESS: 548 La Cassia, Boise

23c. DATE SIGNED: 11/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOV. 15, 1972

24c. NAME OF CEMETERY OR CREMATORY: JOPLIN CEMETERY

24d. LOCATION (City, town, or county): BOISE, IDAHO (State)

DATE REC'D BY LOCAL REG.: Nov. 20, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: L. Conway Grant

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5123
Local Reg. No. 749
Reg. Dist. No. 370

BIRTH NO.

REC NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6728 Fairview Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Pearl	M.	Sanders	November 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	Sept. 7, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
restaurant operator	restaurant	Dana, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Caufield	Bloomington, Illinois	Mary Emma Irwin	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
No	---	519-20-7290A	X Robert H. J. Kung

8147

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Massive head injury — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile-pedestrian accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident--Fairview and Fry St.		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11-13-72 10:04 P.m.		Auto Accident

22. *I hereby certify that I attended the deceased from* As coroner only, 19__, *to* did not see alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski, Deputy Coroner	1214 Ada, Boise Idaho	11-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11/16/1972	Mtn. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Myrtle Palmer	Earl Waggoner	M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5124
Local Reg. No. 752
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 4 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boise Valley Sunset Convalescent Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1209 N. 22nd Street

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) MARGARET c. (Last) KIBBLE

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1972

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 14, 1890

9. AGE (In years last birthday) 82
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fort Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J. Keane BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Margaret Nibler BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-16-5055

17. INFORMANT'S OWN SIGNATURE Dave Kibble ADDRESS Boise, Idaho 3102 N. 32nd St.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 30 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of Spine — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12/72, 19__, to 11/13/72, 19__, that I last saw the deceased alive on 11/13/72, 19__, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD 516-1

23b. ADDRESS 703 Hall Road, Boise, Idaho

23c. DATE SIGNED 11/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/15/72

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Nov. 20, 1972

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Robert G. Lee

LICENSE NO. E-497

FIRM NAME: SUMMERS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-8840 BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5125
Local Reg. No. 774
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): residence
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2106 Allumbaugh St. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2106 Allumbaugh St.

3. NAME OF DECEASED (Type or Print): a. (First) TAMERA b. (Middle) LYNN c. (Last) STURGIS

4. DATE OF DEATH (Month) (Day) (Year): November 15, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: August 20, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 2 Days 25; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 4

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph R. Sturgis BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Nicki L. Valleau BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Joseph R Sturgis ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7767

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crib Death of undetermined origin — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No specific pathological conditions

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-15-72 8 :40A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX

21f. HOW DID INJURY OCCUR? Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 333 (Degree or title) 4 Deputy Coroner

23b. ADDRESS: 1214 Ada Boise Idaho

23c. DATE SIGNED: 11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-17-1972

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Nov. 29 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER

LICENSE NO. M-535

FIRM NAME: GIBSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5126
Local Reg. No. 95
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 20/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home d. STREET ADDRESS (If rural, give location): 610 North 18th East

3. NAME OF DECEASED (Type or Print)	a. (First): JESUS	b. (Middle):	c. (Last): MUNOZ	4. DATE OF DEATH (Month) (Day) (Year): November 15, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 9, 1950	9. AGE (In years last birthday): 22	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Row Crops	11. BIRTHPLACE (State or foreign country): Harlingen, Texas	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Jose Munoz	BIRTHPLACE: Texas	14. MOTHER'S MAIDEN NAME: Maria Gonzalez	BIRTHPLACE: Texas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-	17. INFORMANT'S OWN SIGNATURE: Esther Munoz Esther Munoz Smith	ADDRESS: Harlingen, Texas		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Brain Injury & cerebral hematoma — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mountain Home, Idaho (Elmore)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 15, 1972 6:06PM m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Car-train accident

22. I hereby certify that I attended the deceased from 11-15, 1972 to 11-15, 1972, that I last saw the deceased alive on 11-15, 1972, and that death occurred at 8:00PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Donna L. Bell, M.D.	23b. ADDRESS: Mountain Home, Idaho	23c. DATE SIGNED: 11/17/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/20/72	24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho		
DATE REC'D BY LOCAL REG.: Nov. 28, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: A. Verl Humphreys
LICENSE NO.: M-502		

FIRM NAME: SMITH MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5127
Local Reg. No. 766
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1917 ½ - N. 8th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: [illegible] 55?
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Helens, Oregon
d. STREET ADDRESS (If rural, give location): 955 S. Hw'y.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Douglas	R	Hood	11-16-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	11-8-50	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic apprentice	Automobile	Bristol, Oklahoma	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray W. Hood	Oklahoma	Bonnie F. Lawson	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND ADDRESS
No		542-68-3688	[signature] Mortuary records Box 7212-Boise

955X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Self-inflicted Gun shot wound to head	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Self-inflicted	01	Boise 13-01	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11-16-72 5:28P m.		Self-inflicted Gun Shot Wound

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	583 4 Deputy Coroner	1214 Ada, Boise, Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-19-72	St. Helens, Oregon	same

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	EMPLOYER	LICENSE NO.
Nov. 24, 1972	Myrtle Palmer	[signature]	1527

FIRM NAME: Mountain View Funeral Home
Box 7212-83707-Boise, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5128
Local Reg. No. 750
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: New Mexico 3 b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3408 Meadow Drive 2020	d. STREET ADDRESS (If rural, give location): 1105 Orchard Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruth	Lesla	Clohessy	Nov. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 13, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Public Schools	Kansas City, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Bosque Smith	Texas	Helen McCleary	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-14-3954	+ Curtice E Clohessy	

1531

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Abdominal Carcinomatosis	3 Months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Obstructing Carcinoma of Tranverse Colon	3+ MOS
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1972	Obstructing CA of Transverse Colon	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 18, 1972, *to* November 16, 1972, *that I last saw the deceased alive on* November 16, 1972, *and that death occurred at* 3:40 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J. L. Tuckstad, M.D. 426 (Degree or title)	6613 Ustick Road Boise, Idaho 83704	11/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/18/1972	Memory Gardens Cem	Farmington, New Mexico

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 17 1972	Myrtle Palmer	Paul Waggoner	M-422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972

NOV 2 0 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED Certificate of Death
STATE OF IDAHO

State File No. 5129
Local Reg. No. 789
Reg. Dist. No. 370

BIRTH NO.

DEC 7 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6808 Poplar Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6808 Poplar Street

3. NAME OF DECEASED (Type or Print): a. (First) ANDREW b. (Middle) J. c. (Last) POULSEN

4. DATE OF DEATH (Month) (Day) (Year): November 17, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 12, 1900

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stillman

10b. KIND OF BUSINESS OR INDUSTRY: American Oil Co.

11. BIRTHPLACE (State or foreign country): Richfield, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Poulsen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Nicholina P. Nielsen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 529-05-7902

17. INFORMANT'S OWN SIGNATURE: X Harvey L. Poper
ADDRESS: 6808 Poplar Boise Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Short

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — frequent
DUE TO (c) Hypertension — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/13, 1969, *to* 11/11, 1972, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): 318 MD

23b. ADDRESS: 40 Woodland Boise Ida

23c. DATE SIGNED: 11/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-20-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec. 7 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5130
Local Reg. No. 791
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place) 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 005	d. STREET ADDRESS (If rural, give location) 4424 Albion Street

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIES	b. (Middle) W.	c. (Last) PEARSON	4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1905	9. AGE (In years last birthday) 67; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Placerville, Calif.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John D. Bendfeldt	BIRTHPLACE California	14. MOTHER'S MAIDEN NAME Francies Louise Crane	BIRTHPLACE California	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 572-28-0479A	17. INFORMANT'S OWN SIGNATURE E. O. Baumhoff	ADDRESS Boise Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ~~Cloud Head Injury~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix
DUE TO (c) c̄ Metatonic.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~11-16-72~~ m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 11-16, 1972 *to* 11-18, 1972, *that I last saw the deceased alive on* 11-18, 1972, *and that death occurred at* 5:00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 204-1	23b. ADDRESS	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-22-72	24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Dec. 7, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER [signature]	LICENSE NO. M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5131
Local Reg. No. 758
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Boise 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 23 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lowman
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First): SOPHRONIA	b. (Middle): ANN	c. (Last): FARBER	4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 9, 1892	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Bradford, Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Fred E. Davis	BIRTHPLACE: Maine	14. MOTHER'S MAIDEN NAME: Sophronia Ann Brackett	BIRTHPLACE: Maine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-14-2446	17. INFORMANT'S OWN SIGNATURE: Leslie S. Farber	ADDRESS: Lowman, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1538

✓ DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of colon with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Oct, 1972, *to* Nov 18, 1972, *that I last saw the deceased alive on* Nov 18, 1972, *and that death occurred at* 9 30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald Koons	801 (Degree or title): MD.	23b. ADDRESS: Mtn State Tumor Inst Boise	23c. DATE SIGNED: 11/18/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-21-72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Nov. 20, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Lowell [illegible]	LICENSE NO.: M-509

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Mrs Fronia Farber C-007220

JAN 24 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5132
Local Reg. No. 767
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 005
d. STREET ADDRESS (If rural, give location): 1501 Fort St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Georgia	Grace	Bienapfl	11-18-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	1-28-96	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher-ret.	Public Schools	Kingman, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Geo. A. Laverly	Indiana	Samantha A. Parker	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No		519-44-8070	Mortuary Records-A.P.Dembowski	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

887X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Vascular Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture Hip
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/9/72	Fracture Hip	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Home	Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
11	9	72	A m.		Fell on rug

22. *I hereby certify that I attended the deceased from* 11/8, 19 72 *to* 11/18, 19 72 *that I last saw the deceased alive on* 11/18, 19 72 *and that death occurred at* P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Keith A Taylor M D 523-1	999 N Curtis Rd	11/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment	11-21-72	Mt'n.View Mausoleum	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	EMBALMER	LICENSE NO.
Nov. 27, 1972	Myrtle Palmer	Chadwick P. Dembowski	M-527

FIRM NAME: Mountain View Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Idaho [illegible]

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5133
Local Reg. No. 775
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2½ Months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 700 Breamere Road

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Nursing Home 235

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD b. (Middle) CANUTE c. (Last) PILBLAD

4. DATE OF DEATH (Month) (Day) (Year): November 18, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 28, 1887

9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): Rhode Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter U. Pilblad BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Matilda Peterson BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 518 10 7163 A

17. INFORMANT'S OWN SIGNATURE: Mrs. Elmer W. Balzer ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Lung Cancer — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease — 15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1952, to 11/18, 1972, that I last saw the deceased alive on 11/13, 1972, and that death occurred at 7:15 p m., from the causes and on the date stated above.

23a. SIGNATURE: M. M. Pilblad M.D. (Degree or title)

23b. ADDRESS: 848 La Cassia, Boise

23c. DATE SIGNED: 11/24/72

24a. BURIAL, CREMATION, REMOVAL: Removal Cremation

24b. DATE: 11-22-1972

24c. NAME OF CEMETERY OR CREMATORY: Little Chapel of the Chimes Portland Oregon

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: Nov. 29 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde Vassar LICENSE NO.: M-535

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972
DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 4 1973

DEC 5 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 29 1972
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5134
Local Reg. No. 768
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 25 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 West Boise Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ANNA; b. (Middle) MAY; c. (Last) HOPFFGARTEN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 12, 1884

9. AGE (In years last birthday): 88
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Grand Forks, N. D.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. E. Williams
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Emma Carpenter
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-54-3107

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 1115 W. Boise Ave. Boise, Idaho

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1972, to Nov. 18, 1972, that I last saw the deceased alive on Nov. 18, 1972, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE: George R Baker III (Degree or title) MD

23b. ADDRESS: 121 E. Idaho St.

23c. DATE SIGNED: 11- -72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-21-72

24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov 27 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Lowell Summers

LICENSE NO.: M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5135
Local Reg. No. 783
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): ½ day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Rt. # 3
d. STREET ADDRESS (If rural, give location): McGlochin Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KIP	RAY	BUELL	Nov. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Jan. 16, 1965	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	Education	Cody, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ronald L. Buell	New Mexico	Emma Admidin	Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	Ronald L Buell	Route #3 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Closed Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
/	10	01

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
11-18 72 m.		Car

22. I hereby certify that I attended the deceased from 11-18, 1972 to 11-18, 1972 that I last saw the deceased alive on 11-18, 1972, and that death occurred at 6:00 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 004-1		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-21-72	Joplin Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1972	Myrtle Palmer	[signature]	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5136
Local Reg. No. 185
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 22 1972

1. PLACE OF DEATH
a. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (In this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE CALIFORNIA b. COUNTY GLENN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WILLOWS
d. STREET ADDRESS (If rural, give location) 629 SOUTH MURDOCK

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIS	D.	BAPTISTE	NOVEMBER 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	DEC. 6, 1921	50	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN	UNKNOWN	OKLAHOMA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOSEPH BAPTISTE	KANSAS	ROSE MARVEL COPAUGH	OKLAHOMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
YES	WWII	462-22-4731	[illegible]	VA HOSPITAL RECORDS, BOISE, IDAHO

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
VA m.		

22. I last attended the deceased from NOVEMBER 18, 19 72, to NOVEMBER 18, 19 72, and last saw the deceased on [illegible], and that death occurred at 8:15p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
FRED B. HINE, M.D. 597 (Degree or title)	VA HOSPITAL, BOISE, IDAHO	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal for Burial	11-19-72	Williams Cemetery	Williams Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-72	Myrtle Palmer	H. Conway Grant	3428

FIRM NAME: Reliable Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

DEC 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5137
Local Reg. No. 187
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 013
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GARDEN CITY
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3425 Hwy. 20

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 7701 USTICK RD.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	WINSLOW	SIMPSON	11	19	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	9/25/13	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BAR TENDER	BEVERAGE BUS	SIKESTON MO.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN BERT SIMPSON	PUNXSUTAINEY PA	CAROLINE TUCKER	KEEWANEE. MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
MERCHANT MARINES WWII	518-07-4661	Mrs. Ann Simpson Peddicord	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/89

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11	19	72	4:30 p.m.		Natural Causes

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steve Jablonski 583 Deputy Coroner	1214 Ada - Boise Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-22-72	Mountain View Mem.	BOISE IDAHO (ADA COUNTY)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Myrtle Palmer	Ted Lee V. Kenkersee	M-527

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5138

State File No.
Local Reg. No. 769
Reg. Dist. No. 370

RECEIVED NOV 29 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4118 Catalpa Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARA	E.	HAASCH	Nov. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 18, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Martin Burns	Missouri	Mary Elizabeth Pfost	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	+ C. E. Haasch	4118 Catalpa Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1519 Coronary Art Disease — Interval between onset and death: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca from Stomach Past 5 mo.
DUE TO (c) Malnutrition 5 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 13, 1972 *to* Nov. 19, 1972 *that I last saw the deceased alive on* Nov. 19, 1972, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B. Knutson	MD	Boise Idaho	Nov. 23, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-22-72	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Myrtle Palmer	[signature]	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-10639 RECEIVED DEC5-1972 Bureau of Vital Statistics

State File No. 5139
Local Reg. No. 781
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 0 11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gabriela		Garcia	Nov. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Mexican	Infant	Oct. 17, 1972		1 / 3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
9		Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mario Garcia	Mexico	Domitila Lopez	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	† Mario Garcia	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7462

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tetralogy of Fallot — birth
DUE TO (c) Congestive Heart Failure — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 November, 1972, *to* 20 November, 1972, *that I last saw the deceased alive on* 20 November, 1972, *and that death occurred at* 12:40A *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arnold MD 945-1	620 W. Hays St. Boise, Idaho 83702	29 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-22-72	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4 1972	Myrtle Palmer	Rodney W. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5140
Local Reg. No. 771
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 28 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada c/o
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John		Jasica	Nov. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 24, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired		Tarnow, Poland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Jasica	Poland	Unk.	Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-40-0977A	Anne Jankowski	Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3479

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diffuse degenerative disease of the brain — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-2, 1972, *to* 11-20, 1972, *that I last saw the deceased alive on* 11-19, 1972, *and that death occurred at* 8:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ward G. Dicken MD (Degree or Title)	100 Warm Springs Boise	11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-22-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28, 1972	Myrtle Palmer	Gary L. Courser	M-526

FIRM NAME: Robison-Jerreat Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 28 1972

DEC 13 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 1 - 1972 Bureau of Vital Statistics

State File No. 5141
Local Reg. No. 188
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01D
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Meridian
c. LENGTH OF STAY (In this place): 52 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01D
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Meridian
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) JACOB b. (Middle) J. c. (Last) JOSSIS

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 24, 1882

9. AGE (In years last birthday): 89
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Vasa, Finland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Jossis
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Anna Lisa Enges
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-2224

17. INFORMANT'S OWN SIGNATURE: X Anna L. Jossis
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 517X Myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Edema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1939, to November, 1972, that I last saw the deceased alive on Nov. 19, 1972 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] Thomas MD (Degree or title)

23b. ADDRESS: 305 Fort St Boise

23c. DATE SIGNED: 11/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-22-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec 4 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 - 1972
FEB 22 1973
SEP 8 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 1 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5142
Local Reg. No. 779
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE c. LENGTH OF STAY (In this place) 1 hr.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LUKES HOSPITAL 002	d. STREET ADDRESS (If rural, give location) 1404 N. 16th St.

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle)	c. (Last) HANSEN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer 2	10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) Clinton, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Heinrich Hansen	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Catherine	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-07-8371	17. INFORMANT'S OWN SIGNATURE X Alvin Hansen	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial Infarction	2 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Urinary retention & BPH	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/27, 1971, *to* 11/20, 1972, *that I last saw the deceased alive on* 11/20, 1972, *and that death occurred at* 8:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. M. Briggs, M.D. (Degree or title)	23b. ADDRESS 1499 W. Hays	23c. DATE SIGNED 11/24/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/22/72	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cloverdale Funeral Home	24d. LOCATION (City, town, or county) Boise, (State) Idaho
DATE REC'D BY LOCAL REG. Dec. 1, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Clyde Vassar	LICENSE NO. M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5143
Local Reg. No. 795
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2515½ ELLIS

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SHANE	M.	LATHAM	NOV. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE		NOV. 18, 1972		2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOISE, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RICHARD LATHAM BIRTHPLACE: TWIN FALLS, IDAHO
14. MOTHER'S MAIDEN NAME: LEE ANNA BOSWORTH BIRTHPLACE: KELLOGG, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Richard E. Latham ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7468

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypoplastic Left Heart — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1972, *to* Nov 20, 1972, *that I last saw the deceased alive on* Nov 20, 1972, *and that death occurred at* 12 30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mary Lynn O'Brien 1035 (Degree or title) MD
23b. ADDRESS: 999 N Curtis Rd
23c. DATE SIGNED: 12-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOV. 22, 1972	SYRINGA GARDENS	BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Dec 11 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: D. Conway Grant
LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5144
Local Reg. No. 190
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 91 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V. A. HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): COLLINS ROAD

3. NAME OF DECEASED (Type or Print): a. (First) IVAN b. (Middle) J. c. (Last) COATES
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 22, 1972
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: FEB. 26 1899
9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SHEEPHERDER
10b. KIND OF BUSINESS OR INDUSTRY: SHEEP
11. BIRTHPLACE (State or foreign country): MOUNT PLEASANT, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: JOSEPH E. COATES BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: ANNIE GUNDERSON BIRTHPLACE: UTAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 518-30-8557
17. INFORMANT'S (Signature): Christine Love ADDRESS: V. A. HOSPITAL RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer of the lung — INTERVAL BETWEEN ONSET AND DEATH: Many months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. VA attended the deceased from August 23, 1972, to Nov. 22, 1972, that death occurred at 6:15p m., from the causes and on the date stated above.

23a. SIGNATURE: Daniel Klein M.D. (Degree or title) 577-1 VAC
DANIEL KLEIN, M.D.
23b. ADDRESS: BOISE, IDAHO
23c. DATE SIGNED: 11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27, 1972
24c. NAME OF CEMETERY OR CREMATORY: Carey City
24d. LOCATION (City, town, or county): Carey (State): Idaho

DATE REC'D BY LOCAL REG.: Dec 4, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Bruce L. Dalke
LICENSE NO.: M-559

FIRM NAME: BIRO FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5145

Certificate of Death
STATE OF IDAHO

3435
4281

State File No. 5145
Local Reg. No. 770
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 28 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 300 S. Straughan

3. NAME OF DECEASED (Type or Print): a. (First) Edythe; b. (Middle) P.; c. (Last) Campbell

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 18, 1907

9. AGE (In years last birthday): 65
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Perrault
BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Edythe Ewing
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-7608 D
519-72-4035

17. INFORMANT'S OWN SIGNATURE: Mrs. George Parker
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Cerebral Arteriosclerosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Jakob Creutzfeld
DUE TO (c): Hypertension / Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bedridden Cardiac Arrest

INTERVAL BETWEEN ONSET AND DEATH: 10 yr / 6 yr / 5 minutes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Autopsy Luke H.
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. CITY, TOWN, OR TOWNSHIP: Boise (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 19 72 to Nov 22, 19 72, that I last saw the deceased alive on Nov 22, 19 72, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/1972
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise, Idaho (State)

DATE REC'D BY LOCAL REG.: Nov. 28 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl Waggoner
LICENSE NO.: M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5146
Local Reg. No. 782
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 97I

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew	Dewey	Hansen	Nov. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Nov. 3, 1970	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
child	---	Emmett, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Dewey Hansen	Payson, Utah	Linda Rekow	Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x George D. Hansen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3200

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Meningitis due to H. Influenza — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 21 November, 1972 *to* 24 November, 1972, *that I last saw the deceased alive on* 24 November, 1972, *and that death occurred at* 10:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Noble, M.O. 945-1	620 W. Hays St. Boise, Idaho 83702	29 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 27, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 4 1972	Myrtle Palmer	Ford W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5147
Local Reg. No. 772
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 1 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1810 Allumbaugh St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edward		Miller	Nov. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 3, 1900	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 4	Building	Kemmerer, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ruben Miller	Pennsylvania	Elizabeth Sutton	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-01-2745 A	Robert W White	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction — 12 hrs.
DUE TO (c) Coronary Vascular Disease — 2 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 23, 1972, to Nov 24, 1972, that I last saw the deceased alive on Nov. 24, 1972, and that death occurred at 5:20 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker	MD	121 E. Idaho, Boise, Idaho	11/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/27/1972	Joplin Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 30 1972	Myrtle Palmer	Earl Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D. Forney 342-8221

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5148
Local Reg. No. 778
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (In this place): 5 Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor Nursing Home 243	d. STREET ADDRESS (If rural, give location): 516 W. Franklin St.

3. NAME OF DECEASED (Type or Print) a. (First): MAUDE	b. (Middle): E.	c. (Last): SMITH	4. DATE OF DEATH (Month) (Day) (Year): November 24, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 17, 1878	9. AGE (In years last birthday): 94 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY: Retail Store	11. BIRTHPLACE (State or foreign country): Nevada	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John O'Connor	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 519 36 1964	17. INFORMANT'S OWN SIGNATURE: Juanita G Smith	ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Cardio Vascular disease	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 62 *to* 11-24, 1972, *that I last saw the deceased alive on* 11-24, 1972, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W D Forney	173 (Degree or title): M D	23b. ADDRESS: 425 Bannock	23c. DATE SIGNED: 11-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-27-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Dec. 1, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-461

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GIBSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

NOV 30 1972

Bureau of Vital Statistics

State File No. 5149
Local Reg. No. 773
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5⅓ Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1311 Johnson Street

3. NAME OF DECEASED (Type or Print): a. (First) RUTH; b. (Middle) FERNE; c. (Last) RAFTERY

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1910

9. AGE (In years last birthday): 62
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Belgrade, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas E. Babbitt
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Mabel Smith
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-82-5359

17. INFORMANT'S OWN SIGNATURE: James A Rafferty
ADDRESS: 1311 Johnson St. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4723

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart Failure
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Desease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from April, 1969, to Nov 24, 1972, that I last saw the deceased alive on ____, 19____, and that death occurred at 10:40 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 425 Bannock, Boise, Idaho
23c. DATE SIGNED: 11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-27-72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov. 30 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M-509
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 30 1972

FEB 28 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5150
Local Reg. No. 186
Reg. Dist. No. 371

RECEIVED NOV 29 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE-RURAL
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 MILE E. OF EAGLE ON HIWAY 44

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): R. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DEBRA	JEAN	DEALY	NOV. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	NEVER MARRIED	SEPT. 23, 1954	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER	NURSING HOME	JOHN DAY, OREGON	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT MERL DEALY	HAILEY, IDAHO	WILDA MARY CHAFFIN	WOODVILLE, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		L. Conway Grant	Mortuary Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8147

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Injury to Head & Chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto-pedestrian accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	1 mi E. of Eagle on Hiway 44	Boise (Rural) 13-010 Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov 25, 1972 6:00 p.m.		auto-pedestrian accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Stephen A Cook 583 (Degree or title) Deputy Coroner 4	1214 ADA Boise Idaho	11/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	DEC.-1-1972	CLOVERDALE CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29 1972	Myrtle Palmer	Eldon T. Pearson	M-512

FIRM NAME: RELYEA FUNERAL SERVICE

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 13 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5151
Local Reg. No. 796
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 2½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boise Valley Sunset Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 501 Riverview Drive

3. NAME OF DECEASED (Type or Print)
a. (First) HORACE
b. (Middle) BRESSLER
c. (Last) DAVIES

4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 6, 1893
9. AGE (In years last birthday) 79
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising 2
10b. KIND OF BUSINESS OR INDUSTRY Newspaper
11. BIRTHPLACE (State or foreign country) Lone Mountain, N. M.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Davies
BIRTHPLACE Arizona
14. MOTHER'S MAIDEN NAME Fannie Rutland
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 518-09-4883
17. INFORMANT'S OWN SIGNATURE Hazel M Davies
ADDRESS 501 Riverview Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 14, 19 72 *to* Sept 13, 19 72, *that I last saw the deceased alive on* Sept. 13, 19 72 *and that death occurred at* 11 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE David A Weeks M (Degree or title) 557-1
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 7 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-29-72
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Dec. 11, 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Lowell L Demaray
LICENSE NO. M-509

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1979

MAY 12 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5152
Local Reg. No. 189
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 31 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): IDAHO VETERANS HOME 320 COLLINS ROAD

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FELIX	LOPEZ	DE VINASPRE	NOV. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	NEVER MARRIED	JAN. 14, 1892	80	--- / ---	--- / ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SHEEPHERDER	SAME	SPAIN	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
TERAFIN L. DE VINASPRE	SPAIN	ANAGUILATA OTIZ DE MUGA	SPAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	519-34-7316	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

600X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia, Progressive	30 Plus Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertrophy of Prostate and Arterionephrosclerosis	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. VA attended the deceased from OCTOBER 26, 1972, to NOVEMBER 26, 1972 [redacted], and that death occurred at 3:40 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
WAYNE G. BROOKSTON, M.D.	597-1	VA HOSPITAL, BOISE, IDAHO	11-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	11-29-1972	Morris Hill Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1972	Myrtle Palmer	[signature]	M-535

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5153
Local Reg. No. 784
Reg. Dist. No. 370

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (In this place): 20 days
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002	d. STREET ADDRESS (If rural, give location): 6211 York St.

3. NAME OF DECEASED (Type or Print)	a. (First): PHILIP	b. (Middle): C.	c. (Last): HAMON	4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 8, 1907	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil Plant Mgr. 2	10b. KIND OF BUSINESS OR INDUSTRY: Shell Oil Co.	11. BIRTHPLACE (State or foreign country): Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Alfred Hamon	BIRTHPLACE: Isle of Jersey, Eng.	14. MOTHER'S MAIDEN NAME: Lydie Callas	BIRTHPLACE: Isle of Guernsey, Eng.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-07-6154	17. INFORMANT'S OWN SIGNATURE: Myrtle Hamon	ADDRESS: 6211 York St. Boise, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1972, *to* 11-27, 1972, *that I last saw the deceased alive on* 11-22, 1972, *and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ward E. Hickey	984 (Degree or title): MD	23b. ADDRESS: 100 Warm Springs Boise	23c. DATE SIGNED: 11-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 30, 1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 4, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Lowell O. McMurray	LICENSE NO.: M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 - 1972
AUG 3 1 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 1 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5154
Local Reg. No. 780
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2420 S. Orchard

3. NAME OF DECEASED (Type or Print): a. (First) WARREN b. (Middle) FRANCIS c. (Last) DUNN
4. DATE OF DEATH (Month) (Day) (Year): November 27, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1901
9. AGE (In years last birthday): 71 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant 2
10b. KIND OF BUSINESS OR INDUSTRY: Heating-Air Conditioning
11. BIRTHPLACE (State or foreign country): Sacramento, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Dunn BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Nancy Adelia Chance BIRTHPLACE: California
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 565-10-9573
17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 5990
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Septic Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bacteremia
DUE TO (c) Urinary tract infection

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 221 (Degree or title) 1
23b. ADDRESS: 1499 W Hays
23c. DATE SIGNED: 11-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-30-72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 1, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clyde J. Vassar [signature]
LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5155
Local Reg. No. 797
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 293 Treasure Valley Manor Nursing Home
d. STREET ADDRESS (If rural, give location): 2222 No. 33rd. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDMOND	DENNIS	FERGUSON	November 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	February 27 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 5	Construction	Indiana	Usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Ferguson	Indiana	Unknown	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	542 05 8895A	X George B. Ferguson	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular accident	1 wk
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 67, *to* Nov 27, 19 72, *that I last saw the deceased alive on* Nov 24, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Boise Idaho	11/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	11-29-1972	Meridian Cemetery	Meridian	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11 1972	Myrtle Palmer		M-461

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5156

Certificate of Death
STATE OF IDAHO

State File No. 5156
Local Reg. No. 786
Reg. Dist. No. 370

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA St. Alphonsus Hospital 000	d. STREET ADDRESS (If rural, give location) 3115 Sycamore Dr.

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle)	c. (Last) Mootz	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 28, 1888	9. AGE (In years last birthday) 84; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith 4	10b. KIND OF BUSINESS OR INDUSTRY Metal	11. BIRTHPLACE (State or foreign country) Long Prairie, Minn.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Unknown	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 516-20-6025	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS	

18. CAUSE OF DEATH 4379
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral + Cardio-Vascular disease

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: prepared

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/11, 1967, *to* 11/1, 1972, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 318 (Degree or title)	23b. ADDRESS 401 N. Orchard, Boise, Ida.	23c. DATE SIGNED 12/1/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/1/72	24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Dec. 4 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER [signature]	LICENSE NO. M- 422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5157
Local Reg. No. 792
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 20 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 1103 North Roosevelt Street

3. NAME OF DECEASED (Type or Print)	a. (First): LACY	b. (Middle): H.	c. (Last): ALTER	4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Jan. 8, 1899	9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Goodland, Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lewis I. Alter	BIRTHPLACE: Indiana	14. MOTHER'S MAIDEN NAME: Sarah Ella Nash	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 452-07-3511	17. INFORMANT'S OWN SIGNATURE: Lester K. D. Alter Jr.	ADDRESS: Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardio-respiratory arrest	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive heart failure	
DUE TO (c)	Myocardial infarction	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Ruptured papillary muscles	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 19 72 *to* Nov. 28, 19 72, *that I last saw the deceased alive on* Nov. 28, 19 72 *and that death occurred at* 9:50 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Ray P. P. Sett M.D. (Degree or title) 1120-1	23b. ADDRESS: 401 N Orchard	23c. DATE SIGNED: 12/4/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-1-72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 7, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: A. Dale McMurphey	LICENSE NO.: M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5158

State File No.
Local Reg. No. 798
Reg. Dist. No. 370

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 7 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 524 Bitteroot Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 524 Bitteroot Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LANCY	JAMES	CAMP	Nov. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 23, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Quality Manager- IBM	Office Machines	LeRaysville, Penn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Camp	Pennsylvania	Emma E. Whawalem	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	077-05-0467	Fay E. Camp	103 S. Duane Ave. Endicott, N. Y.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Condition for some — Mons;
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. E. Davis	Coroner	3720 Meadow Drive, Boise	12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-1-72	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Myrtle Palmer	Lowell L. Summers	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973
JAN 16 1973
MAR 13 1973
JUN 14 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 18 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5159
Local Reg. No. 810
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 3 Weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Luke's Hospital	d. STREET ADDRESS (If rural, give location): 20 Harrell

3. NAME OF DECEASED (Type or Print) a. (First): BELVA	b. (Middle): MAE	c. (Last): SEITZ	4. DATE OF DEATH (Month) (Day) (Year): November 28, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 23, 1922	9. AGE (In years last birthday): 50; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Capefair, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Henry Calhoun	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Virginia Windham	BIRTHPLACE: Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-40-0951	17. INFORMANT'S OWN SIGNATURE: X [signature]	ADDRESS	

174X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Breast Cancer — INTERVAL BETWEEN ONSET AND DEATH: 30 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1972, *to* Nov. 28, 1972, *that I last saw the deceased alive on* Nov. 28, 1972, *and that death occurred at* 11 25 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] Rubelholder, M.D. (Degree or title)	23b. ADDRESS: 848 La Cassia, Boise	23c. DATE SIGNED: 12/8/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-1-72	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 15 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: G. W. Waters [signature]	LICENSE NO.: M-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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342-8221

Certificate of Death
STATE OF IDAHO

State File No. 5160
Local Reg. No. 804
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS DEC 13 4 54 PM 72

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3210 No. 28th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MICHAEL	J.	KEYES	November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	August 17, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Priesthood	Catholic Church	Ireland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Keyes	Ireland	Unknown	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	519 40 2437 A	[illegible] (Hosp. Records)	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atherosclerotic Heart Disease (severe)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis
Alcoholic Hepatomegaly

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-21, 1972 *to* 11-29, 1972, *that I last saw the deceased alive on* 11-28, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Johnson MD	Boise Ida	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-5-1972	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-72	Myrtle Palmer	[signature]	M-535

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

State File No. 5161
Local Reg. No. 191
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 010	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City c. LENGTH OF STAY (In this place): residence	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 214 E. 36th. St. 000	d. STREET ADDRESS (If rural, give location): 214 E. 36th. St.

3. NAME OF DECEASED (Type or Print)	a. (First) DAVID	b. (Middle) —	c. (Last) CUNNINGHAM	4. DATE OF DEATH (Month) (Day) (Year) November 29, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 11, 1946	9. AGE (In years last birthday): 26 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboratory Chemist	10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho	11. BIRTHPLACE (State or foreign country): Colorado	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Patrick. L. Cunningham	BIRTHPLACE: Colorado	14. MOTHER'S MAIDEN NAME: Mary Bailey	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	(If yes, give war or dates of service): Viet Nam	16. SOCIAL SECURITY NO.: 553 66 2243	17. INFORMANT'S OWN SIGNATURE: X Mary E Cunningham	ADDRESS

7960

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Undetermined. Patholgist	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	indicate no pathological abnormalitys. He evidently had a seizure. and fell on face.	
DUE TO (c)	obstructing his breathing.	Brief.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 4 Undetermined.	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-010
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19____, that I last saw the deceased alive on ____ 19____, and that death occurred at* 130A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	585 (Degree or title) 4 Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise.	23c. DATE SIGNED: 12-6-72.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-4-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Dec. 8 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: 101.335

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 - 1972

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 11 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

JAN 12 1973

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5162
Local Reg. No. 787
Reg. Dist. No. 270

BIRTH NO.

RECEIVED DEC 6 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Albert		Leach	Nov. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 13, 1877	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	near Blythedale, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene T. Leach	Illinois	Mary Frances Smith	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-36-0866A	X Lucille McConnell	

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension & Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/17, 1972 to 11/29, 1972 that I last saw the deceased alive on 11/17, 1972 that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
306-1	Boise Idaho	11/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/2/1972	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 4, 1972	Myrtle Palmer	Lowell Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5163

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5163
Local Reg. No. 353
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 01Y	d. STREET ADDRESS (If rural, give location): 622 Park

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): MARY MAGNOLIA (MAGGIE) ANDREW				4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 20, 1887	9. AGE (In years last birthday): 84	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Union, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Jones	BIRTHPLACE		14. MOTHER'S MAIDEN NAME: Laura Green	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX		16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Alma Curzon	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): C.V.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Oct 8, 1972 *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Calvin Buhler MD 069 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Inkom Cemetery	24d. LOCATION (City, town, or county) (State): Inkom, Bannock, Idaho
DATE REC'D BY LOCAL REG.: DEC 1 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972
MAR 30 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5164
Local Reg. No. 349
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (If in this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019	d. STREET ADDRESS (If rural, give location): 744 North 11th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First): DEO	b. (Middle):	c. (Last): HOFHINE	4. DATE OF DEATH (Month) (Day) (Year): October 30, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 25, 1896	9. AGE (In years last birthday): 76 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier and Farmer	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Chesterfield, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Hofhine	BIRTHPLACE:		14. MOTHER'S MAIDEN NAME: Lois McCrary	BIRTHPLACE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): World War I	16. SOCIAL SECURITY NO.:	17. INFORMANT'S OWN SIGNATURE: Dale Hofhine	ADDRESS:

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Emphysema. Arteriosclerotic heart disease.	Not known
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Smoking	Not known
DUE TO (c)	Arteriosclerotic heart disease	Not known
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic brain syndrome.	Not known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/19/72, 19___, *to* 10/30/72, 19___, *that I last saw the deceased alive on* 10/30/72, 19___, *and that death occurred at* 12:35 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Ostler M.D. 400-1	23b. ADDRESS: 246 No. 18th Pocatello, Idaho	23c. DATE SIGNED: 11/21/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Groveland Cemetery
24d. LOCATION (City, town, or county) (State): Groveland, Idaho		
DATE REC'D BY LOCAL REG.: NOV 27 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller
LICENSE NO.: M-534		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5165
Local Reg. No. 337
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Marion Hotel 240 W. Center St.

3. NAME OF DECEASED (Type or Print): a. (First) RALPH b. (Middle) C. c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 6, 1908

9. AGE (In years Last birthday): 63
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 5

10b. KIND OF BUSINESS OR INDUSTRY: Industrial

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13. FATHER'S NAME: Fred W. Green BIRTHPLACE: Provo, Utah

14. MOTHER'S MAIDEN NAME: Elmeda Hofhine BIRTHPLACE: Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 519-07-1672

17. INFORMANT'S OWN SIGNATURE: James F Green ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4360

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular accident, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive cardiovascular disease — many years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 31st, 19 72, *to* Nov. 2, 19 72, *that I last saw the deceased alive on* Nov. 2, 19 72, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lyle Stones, M. A. 5051

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 11-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 6, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 14 1972

REGISTRAR'S SIGNATURE: Gloria Lopita

25. EMBALMER: Jack Henderson

LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 4 1972
NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 21 1972 Bureau of Vital Statistics

State File No. 5166
Local Reg. No. 344
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) THELMA	b. (Middle) VAN LEUVEN	c. (Last) MC KINNEY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1915	9. AGE (In years last birthday) 57 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Downey, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hyrum J. Naef	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Elizabeth Baker	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Russell McKinney	ADDRESS Downey, Idaho	

403X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Glomerulonephritis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Hypertension

DUE TO (c) Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Nov 3, 1972, *that I last saw the deceased alive on* Nov 3, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Ed G Burke (Degree or title)	23b. ADDRESS 11-6-72 Downey, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY Downey Cemetery	24d. LOCATION (City, town, or county) (State) Downey, Bannock, Idaho
DATE REC'D BY LOCAL REG. 11-10-72	REGISTRAR'S SIGNATURE Ila Mae Cunningham	25. EMBALMER Theron Miller	LICENSE NO. M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

APR 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5167
Local Reg. No. 339
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 348 North 13th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	K.	WILLES	November 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 4, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Union Pacific Railroad	Company	Paradise, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter John Willes	Utah	Harriet Kay	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX	712 03 1522	Information from Family Records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8746

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Traumatic shock.	4 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured ribs.	6 hrs.
DUE TO (c)	Collision of auto & bike.	6 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Auto accident.	Street. 06	Pocatello, Idaho 13-181

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11/3/72 12P m.		Auto accident.

22. *I hereby certify that I attended the deceased from* 11/3/72, 19____, *to* 11/3/72, 19____, *that I last saw the deceased alive on* 11/3/72, 19____, *and that death occurred at* 6 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Ostler MD R.E. Ostler, M.D. 400-1	246 No. 18th	11/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 7, 1972	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 13 1972	Gloria Rosita	Theron Spiller	M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5168
Local Reg. No. 345
Reg. Dist. No. 310

BIRTH NO.

RECEIVED NOV 21 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 905 No. Hayes Ave.

3. NAME OF DECEASED (Type or Print): a. (First) VOY b. (Middle) c. (Last) MERCER

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sep. 25, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 5	Railroad	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adam T. Mercer	Unknown	Bessie (Unk)	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-18-1046	Josie Mercer	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumothorax due to ruptured pulmonary cyst, left lung — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) P
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema, severe — Many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* December, 19 70, *to* Nov. 03, 19 72, *that I last saw the deceased alive on* NOV. 3, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
L Thompson MD 009 (Degree or title)	Pocatello, Idaho	11-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7 Nov 72	Mt. Moriah Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 16 1972	Blonia Davis	George V. Knopp	M- 409

FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

JUN 22 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5169
Local Reg. No. 340
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1234 South 3rd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) BEATRICE b. (Middle) c. (Last) RAYNOR

4. DATE OF DEATH: (Month) November (Day) 4, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21, 1888
9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Grantsville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steven Smith BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Martha Ann Lund BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lea L. Smith ADDRESS: 242 Reid

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1972, *to* 11-4, 1972, *that I last saw the deceased alive on* 11-4, 1972 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: NOV 10 1972
REGISTRAR'S SIGNATURE: Gloria Sparta
25. EMBALMER: Theron Miller
LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 16 1972
APR 2 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5170

Amended
January 3, 1973
BIRTH NO.

RECEIVED
NOV 13 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 338
Reg. Dist. No. 510

1. PLACE OF DEATH a. COUNTY: BANNOCK	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO c. LENGTH OF STAY (In this place): 16 mos	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HILLCREST HAVEN NURSING HOME	d. STREET ADDRESS (If rural, give location): 769 Ebony Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY ANN	JONES	DUNCAN	Nov.	6	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Sept. 10, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	--	Republic, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DANIEL W. JONES	-	MARY JONES	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	518-28-7604	Mearl J. Duncan	Pocatello, Idh

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4122 Generalized Arteriosclerosis; Hypertensive Cardio-vascular disease.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 4, 1969, to _____, 1972, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D. 862-1	Pocatello Idaho	11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 9, 1972	St. John Cemetery	St John, Oneida, Idaho

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 10 1972	Gloria Dopp	RAIFORD G. BENSON [signature]	M-351

FIRM NAME BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

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IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 22 11 33 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Mary Ann Jones Duncan (Name on Original Certificate) who died (Was Born or Died) on NOV 6, 1972 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#8 Date of Birth	Sept 10, 1912	September 10, 1887

Subscribed and sworn to before me this 20th day of December 1972
Barbara Colton, Deputy
~~Notary Public~~, residing at Malad
My commission expires .....
(Seal) Clerk of the district court

Signed Dana S. Benson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of December, 1972
Barbara Colton, Deputy
~~Notary Public~~, residing at .....
My commission expires .....
(Seal) Clerk of the district court

Signed Viola G. Capener
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

JAN 3 1973

Certificate of Death
STATE OF IDAHO

State File No. 5171
Local Reg. No. 341
Reg. Dist. No. 511

RECEIVED NOV 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Inkom
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Creek Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE California
b. COUNTY San Bernadino
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Bernadino
d. STREET ADDRESS (If rural, give location) 2595 Alameda Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) HOWARD
b. (Middle) CALVIN
c. (Last) COWLISHAW

4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 29, 1916
9. AGE (In years last birthday) 56
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY Medicine
11. BIRTHPLACE (State or foreign country) Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Cowlishaw
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Pearl Quinlan
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 520-07-6865
17. INFORMANT'S OWN SIGNATURE Irma Cowlishaw
ADDRESS San Bernadino, Ca.

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fract. Cervical Vertebrae
INTERVAL BETWEEN ONSET AND DEATH Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) County Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-030 Bannock Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-7-72 4:50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? One car rollover.

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~saw~~ saw the deceased ~~dead~~ dead on* 11-7-72, 19__, *and that death occurred at* 4:50 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H John (Degree or title) Coroner
23b. ADDRESS Bannock Co. Ida.
23c. DATE SIGNED 11-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 11-72
24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery
24d. LOCATION (City, town, or county) (State) Ogden, Utah

DATE REC'D BY LOCAL REG. NOV 13 1972
REGISTRAR'S SIGNATURE Gloria Dopita
25. EMBALMER John P. Gomm
LICENSE NO. M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home
Pocatello, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972
FEB 2 8 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5172
Local Reg. No. 342
Reg. Dist. No. 510

RECEIVED NOV 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 6 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): Apt. 2 J Pocatello Heights

3. NAME OF DECEASED (Type or Print)	a. (First) LUELLA ANN	b. (Middle) JENKINS	c. (Last) WARNER	4. DATE OF DEATH (Month) NOV (Day) 8 (Year) 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Feb. 2, 1885	9. AGE (In years last birthday): 87 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Newton, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: WILLIAM T. JENKINS	BIRTHPLACE: Council Bluff, Iowa	14. MOTHER'S MAIDEN NAME: MARGARETJANE GLOVER	BIRTHPLACE: Farmington, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --	16. SOCIAL SECURITY NO.: 518-44-4824	17. INFORMANT'S OWN SIGNATURE: Charles V. Warner	ADDRESS: Pocatello, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4119

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Cardiac Arrest	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Coronary	
DUE TO (c)	Heart disease with recent	yes
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Coronary insufficiency	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960 *19*__, *to* 11-8- *19*72 *that I last saw the deceased alive on* 11-8- *19*72, *and that death occurred at* 9P *m., from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, Mrk 362 (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 11-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Nov. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery	24d. LOCATION (City, town, or county) (State): Malad City, Idaho
DATE REC'D BY LOCAL REG.: NOV 13 1972	REGISTRAR'S SIGNATURE: Gloria Dopeta	25. EMBALMER: Raiford G. Benson	LICENSE NO.: M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDA

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5173
Local Reg. No. 359
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 601 Packard

3. NAME OF DECEASED (Type or Print): a. (First) KATHRYN b. (Middle) M. c. (Last) RAINEY

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 11, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 5, 1898
9. AGE (In years last birthday): 74
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Shindurling BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Victoria Woodhead BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-5499D
17. INFORMANT'S OWN SIGNATURE: Mrs Everett M. Evans ADDRESS: Pocatello, Idaho

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Inanition — INTERVAL BETWEEN ONSET AND DEATH: sev. months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe generalized arteriosclerosis with cerebral and myocardial arteriosclerotic insufficiency — sev. yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Remote history peptic ulcer with severe gastrointestinal hemorrhage — sev. yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1966, to November 11, 1972, that I last saw the deceased alive on November 11, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John E. Comstock, M.D. 101-1
23b. ADDRESS: Box 852, Pocatello, Id.
23c. DATE SIGNED: 11/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 14-72
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 4 1972
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: John P. Thomas
LICENSE NO.: M-292

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5174
Local Reg. No. 350
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 180 Henry Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DELPHINA	JULIA	BALLARD	November 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Indian	Divorced	Feb. 3, 1940	32		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Fort Duchesne, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Ballard		Christine Pedro	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Christine Ballard	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5609

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gram negative Septicemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Necrosis of small intestine secondary to closed loop intestional obstruction.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Paraplegia secondary to old fracture of spine.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/11/72		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5 October, 1972, *to* 11 November, 1972, *that I last saw the deceased alive on* 11 November, 1972 *and that death occurred at* 5:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
867 M.D.	Pocatello Idaho	11/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 15, 1972	Farm Creek Reed Cemetery	Ft. Duchesne, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 28 1972		Theron Miller	M-554

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to SEP 2 2 2005

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5175
Local Reg. No. 340
Reg. Dist. No. 511

BIRTH NO.

RECEIVED NOV 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Inkom c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Inkom
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) WENDLE	b. (Middle) GEORGE	c. (Last) CHRISTENSEN	4. DATE OF DEATH (Month) (Day) (Year) November 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1925	9. AGE (In years last birthday) 46 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wilford Christensen	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Amelia Naef	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Mrs. Wendle S. Christensen	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Diabetic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~saw~~ saw the deceased ~~alive~~ Read on* 11-13-72 *, and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H. John 583 (Degree or title) Coroner 4	23b. ADDRESS Bannock Co. Id	23c. DATE SIGNED 11-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1972	24c. NAME OF CEMETERY OR CREMATORY Inkom Cemetery	24d. LOCATION (City, town, or county) (State) Inkom, Bannock, Idaho
DATE REC'D BY LOCAL REG. NOV 25 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 13 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5176
Local Reg. No. 351
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 9 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 435½ North 8th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First): EDITH	b. (Middle): ELIZABETH	c. (Last): BELL	4. DATE OF DEATH (Month) (Day) (Year): November 15, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 5, 1885	9. AGE (In years last birthday): 87 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Norwich, Norfolk, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Thomas Edwards	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Mary Ann Nichols	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Carol Owen Marston	ADDRESS: Pocatello, Ida	

1892

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of right ureter	Undetermined
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 11/8/72	19b. MAJOR FINDINGS OF OPERATION: Biopsy of right ureter; Carcinoma cells	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 6, 1972, *to* November 15, 1972, *that I last saw the deceased alive on* November 15, 1972, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jay P. Merkley (Degree or title) 354-1 — Jay P. Merkley, M.D.	23b. ADDRESS: P.O.Box 4064 Pocatello, Idaho 83201	23c. DATE SIGNED: 11/20/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov.18,1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho		
DATE REC'D BY LOCAL REG.: NOV 27 1972	REGISTRAR'S SIGNATURE: Gloria Dorita	25. EMBALMER: Theron Miller
LICENSE NO.: M-524		

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5177
Local Reg. No. 360
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1121 East Bridger

3. NAME OF DECEASED (Type or Print) a. (First) HALVOR b. (Middle) N. c. (Last) ERICKSON

4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 22, 1893
9. AGE (In years last birthday) 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Water Dept. and 5
10b. KIND OF BUSINESS OR INDUSTRY U.P. Railroad
11. BIRTHPLACE (State or foreign country) Oslo, Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Erick Anderson Erickson BIRTHPLACE
14. MOTHER'S MAIDEN NAME Gertrude Lundhuim BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Halvor Erickson ADDRESS

18. CAUSE OF DEATH 209X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombocytopenia
DUE TO (c) Fibrosis of the bone marrow

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gout

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1972, *to* Nov 15, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Calvin Buhler M.D. 069 (Degree or title)
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov.17,1972
24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial Gardens
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. DEC 7 1972
REGISTRAR'S SIGNATURE Gloria Dopita
25. EMBALMER Theron Miller
LICENSE NO. M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5178
Local Reg. No. 347
Reg. Dist. No. 511

BIRTH NO.

REC NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence	d. STREET ADDRESS (If rural, give location) Philbin Road

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) HENRY	c. (Last) WOODLAND	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1894	9. AGE (In years last birthday) 78 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Willard, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry S. Woodland	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Louisa Jane Morrison	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Edith Jane Woodland	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro-Vascular Accident (Stroke)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~last~~ saw the deceased ~~alive~~ dead on* 11-16-72 *, 19____, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H John (Degree or title) Coroner 583 4	23b. ADDRESS Bannock Co. Ida.	23c. DATE SIGNED 11-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery,	24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG. NOV 20 1972	REGISTRAR'S SIGNATURE Flora Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5179
Local Reg. No. 354
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 5012 Yellowstone

3. NAME OF DECEASED (Type or Print): a. (First) Doris; b. (Middle); c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1923

9. AGE (In years last birthday): 49
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Los Angeles, California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bateson
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Dorothy Crosby
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: C. G. Moore
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5770

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute hemorrhagic pancreatitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1972, to Nov. 17, 1972, that I last saw the deceased alive on Nov. 17, 1972, and that death occurred at 8p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 22, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 2 - 1972
REGISTRAR'S SIGNATURE: Ilona Loseta
25. EMBALMER: Dale A. Turner
LICENSE NO.: M-560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 197?
DEC 15 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5180
Local Reg. No. 361
Reg. Dist. No. 511

BIRTH NO.

RECEIVED DEC 11 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (In this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAX	AUGUSTUS	VALENTINE	NOV	18	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 25 1915	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Barber	Brigham City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LEON AUGUSTUS VALENTINE,	Willard, Utah	HANNAH CHRISTENSEN PETT	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes W W II	529-10-9572	Beth S. Valentine	Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5320

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hemorrhage Duodenal Ulcer

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1957, *to* Nov. 18, 1972, *that I last saw the deceased alive on* Nov. 18, 1972, *and that death occurred at* 3:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. 020-1	Downey, Idaho	11/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 21, 1972	Downey City Cemetery	Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	LICENSE NO.
11/20/72	Alta Mae Cunningham	Rulford G. Benson	M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

JAN 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 1 8 1973

MAR 3 1 2017

AUG 2 9 2017

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5181
Local Reg. No. 348
Reg. Dist. No. 54

BIRTH NO.

RECEIVED NOV 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 209 W. Siphon Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pocatello
d. STREET ADDRESS (If rural, give location): 209 W. Siphon Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	J.	FREY	Nov. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 3, 1884	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restauranr Manager	Restaurant	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Frey	Germany	Jesena Hausenbruch	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-09-9436	Ethel Frey	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from — ?, 19___, to —, 19___, that I saw the deceased dead on 11-18-72, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton Hyde	583 Coroner 4	Bannock Co. Id.	11-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 21, 1972	Restlawn Mem. Gardens	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 22 1972	Gloria Hopkins	John P. Downard	M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5182

Certificate of Death
STATE OF IDAHO

State File No. 5182
Local Reg. No. 368
Reg. Dist. No. 510

RECEIVED DEC 18 1972 Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 019	d. STREET ADDRESS (If rural, give location): 723 West Lewis Street

3. NAME OF DECEASED (Type or Print)	a. (First) LULU	b. (Middle) VERL	c. (Last) KAUFMAN	4. DATE OF DEATH (Month) (Day) (Year) November 20 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Mar. 21, 1906	9. AGE (In years last birthday): 66 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Geneva Nebraska	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Charles Mills	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Venice Hafer	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: 712-05-9908 F	17. INFORMANT'S OWN SIGNATURE: Jovin Stephens	ADDRESS: Riverton, Wyoming	

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18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute cor pulmonale	several dys
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary fibrosis and probable associated metastatic carcinoma of undetermined primary site.	Undetermined.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): No	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 1972, *to* Nov. 20, 1972, *that I last saw the deceased alive on* Nov. 20, 1972, *and that death occurred at* 2:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Comstock (Degree or title) 101-1 J E Comstock MD	23b. ADDRESS: Box 852 Pocatello, Idaho	23c. DATE SIGNED: Dec. 11, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainveiw Cemetery	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: DEC 13 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Jack Henderson	LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 4 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5183
Local Reg. No. 358
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Bannock 031

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - McCAMMON
c. LENGTH OF STAY (In this place)

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello, Idaho

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JUNCTION US91 + US30N

d. STREET ADDRESS (If rural, give location) 4914 Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First) Lori b. (Middle) Jones c. (Last) Callantine

4. DATE OF DEATH (Month) (Day) (Year) November 20, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 25, 1955
9. AGE (In years last birthday) 17
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Hillard Jones BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Bonita Joyce Beasley BIRTHPLACE Shelley, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-68-6680
17. INFORMANT'S OWN SIGNATURE Gayland B Jones ADDRESS 4914 Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fract. dislocation, Cerv. Vert.

INTERVAL BETWEEN ONSET AND DEATH Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ~~Two Car~~ Bannock 13-030 Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-20-72 1:48 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Two car Collision

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I ~~last~~ saw the deceased ~~alive~~ deed on* 11-20-72, 19__, *and that death occurred at* 1:48 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Burton H Johns (Degree or title) Coroner
23b. ADDRESS Bannock Co. Idaho
23c. DATE SIGNED 11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-24-72
24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cem.
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. NOV
REGISTRAR'S SIGNATURE Gloria Dopita
25. EMBALMER John P. Gonnar
LICENSE NO. M-292
FIRM NAME Walder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5184
Local Reg. No. 357
Reg. Dist. No. 510

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - McCAMMON
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JUNCTION US 91 + US 30 N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho.
d. STREET ADDRESS (If rural, give location): 4914 Yellowstone

3. NAME OF DECEASED (Type or Print): a. (First) Bonita b. (Middle) Joyce c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1929
9. AGE (In years last birthday): 43
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Buford Beasley BIRTHPLACE: Taylorville, Ida.
14. MOTHER'S MAIDEN NAME: Hilda Beasley Cates BIRTHPLACE: Cottonwood, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-5260
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Fracture Skull, Basal — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-030 Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-20-72 1:48 A m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Two car collision

22. *I hereby certify that I attended the deceased from* — *, 19*__ *, to* — *, 19*__ *, that I ~~last~~ saw the deceased ~~alive~~ dead on* 11-20-72 *, 19*__ *, and that death occurred at* 1:48 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. John (Degree or title): Coroner 583 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-72
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest CEM.
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: NOV 30 1972
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: John P. Hamm
LICENSE NO.: M-292

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES: FEB 15 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5185
Local Reg. No. 356
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics 030

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL McCAMMON; LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JUNCTION US91 + US30N	d. STREET ADDRESS (If rural, give location): 4914 Yellowstone

3. NAME OF DECEASED (Type or Print)	a. (First) Gerald	b. (Middle) H.	c. (Last) Jones	4. DATE OF DEATH (Month) Nov. (Day) 20, (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 23, 1948	9. AGE (In years last birthday): 24	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Pocatello, IDAHO	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Hillard Jones	BIRTHPLACE: Penn.	14. MOTHER'S MAIDEN NAME: Bonita Joyce Jones	BIRTHPLACE: Shelley, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): Navy	16. SOCIAL SECURITY NO.: 518-60-1475	17. INFORMANT'S OWN SIGNATURE: Gayland B Jones	ADDRESS: Pocatello, Idaho	

8129

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fract. Skull, Fract neck.	Immed.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Internal Injuries	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-030 Bannock Idaho.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-20-72 1:48A m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Two car collision	

22. *I hereby certify that I attended the deceased from* — *, 19*__*, to* — *, 19*__*, that I ~~last~~ saw the deceased ~~alive~~ dead on* 11-20-72 *, 19*__*, and that death occurred at* 1:48A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H John	(Degree or title): Coroner	23b. ADDRESS: Bannock Co. Idaho	23c. DATE SIGNED: 11-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 11-24-72	24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cem.	24d. LOCATION (City, town, or county) (State): Shelley, Idaho
DATE REC'D BY LOCAL REG.: NOV 30 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: John P. Gomez	LICENSE NO.: M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972
DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 15 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
MAR 8 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5186
Local Reg. No. 355
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - McCAMMON c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JUNCTION US 91 + US 30 N	d. STREET ADDRESS (If rural, give location) 4914 Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First) Hillard	b. (Middle)	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1972		
5. SEX Male	6. COLOR OR RACE Caucasion	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1922	9. AGE (In years last birthday) 49	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Hatler Jones	BIRTHPLACE Kentucky		14. MOTHER'S MAIDEN NAME Martha Newsom	BIRTHPLACE Kentucky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW 2 N Vy	16. SOCIAL SECURITY NO. 406-16-7823	17. INFORMANT'S OWN SIGNATURE Gayland B Jones	ADDRESS Pocatello Idaho	

8129

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fract. Skull. Basal	Immed.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Internal Injuries	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Highway 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-030 (COUNTY) Bannock	(STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-20-72 1:48 A m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Two car collision	

22. *I hereby certify that I attended the deceased from* —, 19___, *to* —, 19___, *that I ~~last~~ saw the deceased ~~alive~~ dead on* 11-20-72, 19___, *and that death occurred at* 1:48 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Burton L John	583 (Degree or title) Coroner 4	23b. ADDRESS Bannock Co. Ida.	23c. DATE SIGNED 11-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 24 72	24c. NAME OF CEMETERY OR CREMATORY Hill Crest CEM.	24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho
DATE REC'D BY LOCAL REG. NOV 30 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gorman	LICENSE NO. M-292

FIRM NAME Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 5 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5187
Local Reg. No. 352
Reg. Dist. No. 511

BIRTH NO.

RE NOV 28 1972 031

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Bureau of Vital Statistics	c. LENGTH OF STAY (In this place):
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pocatello	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 012	d. STREET ADDRESS (If rural, give location): 4944 Cherokee

3. NAME OF DECEASED (Type or Print) a. (First): AUGUST	b. (Middle): A.	c. (Last): BRUSATI	4. DATE OF DEATH (Month) (Day) (Year): Nov. 22, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 12, 1913	9. AGE (In years last birthday): 59 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker 6	10b. KIND OF BUSINESS OR INDUSTRY: Bakery	11. BIRTHPLACE (State or foreign country): Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Brusati	BIRTHPLACE: Italy	14. MOTHER'S MAIDEN NAME: Rose Calcaterra	BIRTHPLACE: Italy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 516-12-2550	17. INFORMANT'S OWN SIGNATURE: Margaret Brusati	ADDRESS: Pocatello, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocardial infarction with heart failure (myocardial)	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Hypertension	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Nephritis	30 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14-, 1972, *to* 11-22-, 1972, *that I last saw the deceased alive on* 11-22-72, 19__, *and that death occurred at* 6:20p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, M.D. 362 (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 11-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 11-24-72	24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mausoleum	24d. LOCATION (City, town, or county) (State): Butte, Montana
DATE REC'D BY LOCAL REG.: NOV 2 , 1972	REGISTRAR'S SIGNATURE: Blanca Dopita	25. EMBALMER: John P. Gorman	LICENSE NO.: M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
JUN 2 1 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 5 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5188
Local Reg. No. 362
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Community Hospital 019	d. STREET ADDRESS (If rural, give location) 1540 Homer Drive

3. NAME OF DECEASED (Type or Print) a. (First) Bernard	b. (Middle) Lee	c. (Last) Judy	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 18, 1889	9. AGE (In years last birthday) 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station 6	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) Slade, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard Judy	BIRTHPLACE Kentucky	14. MOTHER'S MAIDEN NAME Arminta Faulkner	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-38-9635 A	17. INFORMANT'S OWN SIGNATURE Nellie Barton	ADDRESS Pocatello, Idaho	

5990

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fever and circulatory collapse	hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gram negative septicemia	days
DUE TO (c)	chronic urinary tract infection	days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary and cardiac disease.	months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Nov. 22, 19 72, *that I last saw the deceased alive on* Nov. 22, 1972, *and that death occurred at* noon *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] MD (Degree or title) 493-1	23b. ADDRESS Pocatello Idaho	23c. DATE SIGNED 12/4/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 25, 1972	24c. NAME OF CEMETERY OR CREMATORY Carey Cemetery	24d. LOCATION (City, town, or county) Carey (State) Idaho
DATE REC'D BY LOCAL REG. DEC 6 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER [signature]	LICENSE NO. M -560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 18 1972 Bureau of Vital Statistics

State File No. 5189
Local Reg. No. 369
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 09	d. STREET ADDRESS (If rural, give location): 851½ Broadway

3. NAME OF DECEASED (Type or Print)	a. (First): EDWIN	b. (Middle): A.	c. (Last): GOOCH	4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Nov. 25, 1943	9. AGE (In years last birthday): 29 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 0	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Eldon C. Gooch	BIRTHPLACE: Blackfoot	14. MOTHER'S MAIDEN NAME: Lottie Merrell	BIRTHPLACE: Pocatello	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-52-5634	17. INFORMANT'S OWN SIGNATURE: Elden C. Gooch	ADDRESS: Blackfoot, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9299

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Subdural hemorrhage	20 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	skull fracture	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Epilepsy	20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT X SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Nursing home 08	21c. (CITY, TOWN, OR TOWNSHIP): Pocatello 13-031	(COUNTY): Bannock (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): not known m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? not known	

22. *I hereby certify that I attended the deceased from* July 1, 1970, *to* 23 Nov, 1972, *that I last saw the deceased alive on* Nov. 23, 1972, *and that death occurred at* 12:42a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 113 (Degree or title) M.D.	23b. ADDRESS: 804 E. Center Pocatello	23c. DATE SIGNED: Nov. 24, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas	24d. LOCATION (City, town, or county): Bingham (State): Idaho
DATE REC'D BY LOCAL REG.: DEC 15 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Dr. Crandall 804 E Center

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5190
Local Reg. No. 364
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 11 1972 031

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 532 West Pine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 532 West Pine

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hjalmar		Edeen	Nov. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec. 20, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith	Self-employed	Vanersborg, Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars Edeen	Sweden	Sofia Bloom	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****		(s) Henry O. Edeen	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Natural Causes - Incident to Age

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* November 23, 19 72, *that I last saw the deceased* ~~XXX~~ *alive on* Nov. 23, 19 72, *and that death occurred* ~~XX:XX XX~~ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Curtis G. Johnson	583 4 Bannock County Coroner	Pocatello, Idaho	Nov. 27, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 27, 1972	Mountainview Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 8 1972	Gloria Dopita	Dale A. Turner	M-560

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5191
Local Reg. No. 363
Reg. Dist. No. 51

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bannock 03 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 03 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello d. STREET ADDRESS (If rural, give location): Mink Creek Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	W.	SIEVERS	November 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	April 19, 1956	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	Public School	Whittier, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Stanley Sievers		Linden Muther	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Linden E. McBratney	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4309

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral sub-arachnoid hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Berry aneurysm. — 8 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/16/72, 19___, *to* 11/23/72, 19___, *that I last saw the deceased alive on* 11/23/72, 19___, *and that death occurred at* 10:45PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Professional title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Ostler M.D. R.E. Ostler, M.D. 400-1	246 N. 18th Pocatello, Idaho	12/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Nov. 28, 1972	Aultorest Mem. Corp.	Ogden, Weber, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 7 1972	Gloria Dopita	Thora Miller	M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 2 1972

MAY 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Born: 6:54 AM
Died 8:05 AM

Certificate of Death
STATE OF IDAHO

State File No. 5192
Local Reg. No. 365
Reg. Dist. No. 510

BIRTH NO. 72-11450 RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 110 South Lucky

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
STEWART	RAY	NELSON	Nov. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Nov. 24, 1972			1 / 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 9	xxxxx	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stewart Nelson		Cynthia Armstrong	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	xxxx	xxxx	Louise Mingo	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7769

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Neonatal atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 2 H

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Pocatello	Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1972.xi.24 , 19____ , *to* 1972.xi.24 , 19____ , *that I last saw the deceased alive on* 1972.xi.24 , 19____ , *and that death occurred at* 8:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. J. Sharp, M.D. 465-1	5th Ave. @ Center	1972.xi.30

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 27, 1972	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 1 1972	Gloria Dopita	Theron Miller	M-524

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5193
Local Reg. No. 366
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hosp/145 019	d. STREET ADDRESS (If rural, give location): S. 18th

3. NAME OF DECEASED (Type or Print) a. (First): JUANITA	b. (Middle): C.	c. (Last): PARIS	4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 12, 1913	9. AGE (In years last birthday): 59 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor 2	10b. KIND OF BUSINESS OR INDUSTRY: Child Foundation	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Rex Clark	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Etta Jones	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 570-12-1331	17. INFORMANT'S OWN SIGNATURE: Afton C. Pares	ADDRESS: Pocatello, Idaho	

880X

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral edema and contusion — INTERVAL BETWEEN ONSET AND DEATH: 11/19/72

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compound parieto-occipital skull fracture

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-24-72	19b. MAJOR FINDINGS OF OPERATION: Right basilar skull fcarture with contrecoup lesion, by X-ray	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, 13-031 Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-19-72 m.	21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? found at bottom of stairs

22. *I hereby certify that I attended the deceased from* 11-19-72, 19___, *to* 11-25-72, 19___, *that I last saw the deceased alive on* 11-25-72, 19___, *and that death occurred at* 7:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Lanscher	(Degree or title): M.D. 1149-1	23b. ADDRESS: 1352 E Center Pocatello Idaho	23c. DATE SIGNED: 12/5/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 11-27-72	24c. NAME OF CEMETERY OR CREMATORY: Mt. Tamalpais Cem.	24d. LOCATION (City, town, or county) (State): San Rafael, Calif.
DATE REC'D BY LOCAL REG.: DEC 8 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: John P. Grossman	LICENSE NO.: M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5194
Local Reg. No. 371
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Apt 7-H Pocatello Heights

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	J.	SWANSON	November 26 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 28, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney at Law	Self Employed	Litchfield, Minnesota	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Swanson	Sweden	Mary (NA)	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	519-09-9392	Elsie R. Swanson	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	3 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocarditis, pulmonary congestion	6 mo.
DUE TO (c)	Arterio - Sclerosis Hypertension	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	age.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Nov. 26, 19 72, *that I last saw the deceased alive on* November 26, 19 72, *and that death occurred at* 2:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John R. McMahon, M.D. 347 (Degree or title)	Pocatello, Idaho	Dec. 11, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Cremation	Nov. 29, 1972	Aultorest Memorial Corp	Ogden	Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. EMBALMER	LICENSE NO.
DEC 1 - 1972	Gloria Lopita	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5195
Local Reg. No. 378
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Gate Health Care Center 370

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: Cache 557
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Horace
b. (Middle): Raymond
c. (Last): Pond

4. DATE OF DEATH (Month) (Day) (Year): November 26, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1893
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Fairview, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Brigham Pond — BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: Catherine Whittle — BIRTHPLACE: Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 528-50-6268
17. INFORMANT'S OWN SIGNATURE: Mabel H Pond — ADDRESS: Richmond, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-9, 1972, *to* 11-26, 1972, *that I last saw the deceased alive on* 11-26, 1972, *and that death occurred at* 9:20 *pm., from the causes and on the date stated above.*

23a. SIGNATURE: Sydney A Hornocks, M.D. 733 (Degree or title)
23b. ADDRESS: B.3 Center Plaza Pocatello, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
24b. DATE: November 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Richmond, Cemetery
24d. LOCATION (City, town, or county) (State): Richmond, Utah

DATE REC'D BY LOCAL REG.: DEC 15 1972
REGISTRAR'S SIGNATURE: Gloria Dopite
25. EMBALMER: John L. Wheeler
LICENSE NO.: M-557

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Nelson Memorial Funeral Chapel-

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 15 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5196
Local Reg. No. 372
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 83 1
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 05 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 652 West Maple Street

3. NAME OF DECEASED (Type or Print): a. (First) MARVIN; b. (Middle); c. (Last) NEWBOLD

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1903

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R.

11. BIRTHPLACE (State or foreign country): Murray, Utah

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Newbold
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Sarah Gerber
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 716-03-4869

17. INFORMANT'S OWN SIGNATURE: Nellie Newbold
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Auto myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic mellitus — 4 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 19 72, *to* Nov. 29, 19 72, *that I last saw the deceased alive on* November 29, 19 72, *and that death occurred at* noon m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 113 (Degree or title) MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Nov. 30, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county): Pocatello

(State): Idaho

DATE REC'D BY LOCAL REG.: DEC 12 1972

REGISTRAR'S SIGNATURE: Gloria Dopita

25. EMBALMER: [signature]

LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5197
Local Reg. No. 373
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 18 1972 Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location) 226 Fairbanks

3. NAME OF DECEASED (Type or Print) a. (First) Alan	b. (Middle)	c. (Last) Loveland	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1906
9. AGE (In years last birthday) 66	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Payette, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Horace S. Loveland	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Mary Elnora Gorton	BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 550-16-1430	17. INFORMANT'S OWN SIGNATURE Mrs Alan Loveland	ADDRESS Pocatello, Idaho

5719

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hepatic Cirrhosis	3 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Esophageal Varices	6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1970, *to* Nov 30, 1972, *that I last saw the deceased alive on* Nov 30, 1972, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE L Henderson MD (Degree or title) 009-1	23b. ADDRESS Pocatello Idaho	23c. DATE SIGNED 12-7-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Dec. 4, 1972	24c. NAME OF CEMETERY OR CREMATORY Aultorest Memorial Corp.
24d. LOCATION (City, town, or county) (State) Ogden, Utah		
DATE REC'D BY LOCAL REG. DEC 12 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Dale A. Turner
LICENSE NO. M-560		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972
JUL 9 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5198
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED DEC 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
c. LENGTH OF STAY (In this place) 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ovid
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DEWEY b. (Middle) c. (Last) JOHNSON
4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 21, 1902
9. AGE (In years last birthday) 70
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ovid, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Johnson BIRTHPLACE Ovid, Idaho
14. MOTHER'S MAIDEN NAME Catherine Carlsen BIRTHPLACE Ovid, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-16-6726
17. INFORMANT'S SIGNATURE Dewey Johnson ADDRESS Ovid Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1967, to 10-14, 1972, that I last saw the deceased alive on 10-13, 1972, and that death occurred at 6:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE Paul C. Maines (Degree or title) M.D.
23b. ADDRESS Montpelier Ida.
23c. DATE SIGNED 11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 16, 1972
24c. NAME OF CEMETERY OR CREMATORY Ovid Cemetery
24d. LOCATION (City, town, or county) Ovid, Idaho (State)

DATE REC'D BY LOCAL REG. 11-27-72
REGISTRAR'S SIGNATURE Ruby Gotcinsky
25. EMBALMER Leonard H. Matthews
LICENSE NO. M-542
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 4 1972
AUG 3 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5199
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED DEC 1 - 1972

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming
b. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lyle	Wilson	Wagstaff	Nov.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 29, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
High School Instructor		West Jordan, Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Eugene Wagstaff	Salt Lake City	Julia C. Wilson	Midway, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W II	528-12-4819	Margaret W. Wagstaff	Cokeville, Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocardial infarction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept, 19 72 *to* 15 Nov, 19 72, *that I last saw the deceased alive on* 15 Nov, 19 72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Montpelier Idaho	11/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 18, 1972	Cokeville Cemetery	Cokeville Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-72	Ruby Botcherby	Leonard H. Matthews	M542

FIRM NAME: Matthews Mortuary Inc.

Federal Security Agency
United States Public Health Service FORM DH-53021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5200
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED DEC 1 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bear Lake 04/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital 024	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake 04/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier d. STREET ADDRESS (If rural, give location): 340 North 10th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	King	Matthews	Nov.	19	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 22, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Liberty, Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas King	Liberty, Idaho	Ruella Rogers	Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-28-7964B	Harvey K. Matthews	Montpelier Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-14, 19 59, *to* 11-19, 19 72, *that I last saw the deceased alive on* 11-19, 19 72 *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul D. Edwards M.D.	Montpelier Ida.	11-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 22, 1972	Liberty Cemetery	Liberty Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-72	Ruby Gotcsnaky	Leonard H. Matthews	M 542

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5201
Local Reg. No. 53
Reg. Dist. No. 130

BIRTH NO.

RECEIVED NOV 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 St.Maries
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Georgia	Lenore	Fletcher	Nov. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	4-4-1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Colton Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Jefferson Maynard	Iowa	Mary E. Marshall	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	518-48-9634	X Ida Fletcher	St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-1, 1972 *to* 11-2, 1972 *that I last saw the deceased alive on* 11-1, 1972 *and that death occurred at* 10:55 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
D. A. Rapp M.D. 428 (Degree or title)	St. Maries, Ida	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11-6-1972	Hazen & Jaeger Crem.	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Donna Brown		M-543

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

State File No. 5202
Local Reg. No. 54
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 051
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (In this place) 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries (Rural)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Daniel c. (Last) Ducommun

4. DATE OF DEATH (Month) (Day) (Year) November 4, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-12-1886

9. AGE (In years last birthday) 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7

10b. KIND OF BUSINESS OR INDUSTRY Wheat-Cattle

11. BIRTHPLACE (State or foreign country) St. Maries, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emile Ducommun BIRTHPLACE Switzerland

14. MOTHER'S MAIDEN NAME Rachel Gentil BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-40-6916

17. INFORMANT'S OWN SIGNATURE x Vernon Ducommun St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart dis. — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart attack - May 72 — 5 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 May, 1972 to 4 Nov, 1972, that I last saw the deceased alive on 4 Nov, 1972, and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Thurston (Degree or title) MD 533

23b. ADDRESS St. Maries, Idaho

23c. DATE SIGNED 6 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-7-1972

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) St. Maries, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 7, 1972

REGISTRAR'S SIGNATURE Donna Brown

25. EMBALMER

LICENSE NO. M-543

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5203
Local Reg. No. 55
Reg. Dist. No. 130

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Benewah 051	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries LENGTH OF STAY (In this place): 3 mos	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calder
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Vista, Conv. Ctr. 352	d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	a. (First) Sylvester	b. (Middle) —	c. (Last) Hutchison	4. DATE OF DEATH (Month) Nov (Day) 11 (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 2-27-1897	9. AGE (In years last birthday): 75	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scaler	10b. KIND OF BUSINESS OR INDUSTRY: Woods Work	11. BIRTHPLACE (State or foreign country): Malta, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Joseph Hutchison	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Harriett Wheeler	BIRTHPLACE: Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 536-30-3751	17. INFORMANT'S OWN SIGNATURE: Valley Vista Conv. Ctr.	ADDRESS: St. Maries Idaho	

5932

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Renal failure	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ASHD	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Nov, 1972 *to* 11 Nov, 1972, *that I last saw the deceased alive on* 10 Nov, 1972, *and that death occurred at* 8 3/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Henriksen M.D. 1056 (Degree or title)	23b. ADDRESS: St Maries, Ida	23c. DATE SIGNED: 13 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial → Removal → 11-14-72; 11-18-72	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY: Payne Mortuary Malta, Cemetery	24d. LOCATION (City, town, or county) (State): Malta Idaho
DATE REC'D BY LOCAL REG.: Nov. 14, 1972	REGISTRAR'S SIGNATURE: Donna Brown	25. EMBALMER: Gerald E. Browning	LICENSE NO.: M-411

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972
JAN 24 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5204
Local Reg. No. 56
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Benewah	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Benewah 051
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries; c. LENGTH OF STAY (In this place): 30 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 910 Center Ave. (Residence)	d. STREET ADDRESS (If rural, give location): 910 Center Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Philip	b. (Middle): Leonard	c. (Last): Ziglar	4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 11-17-1894	9. AGE (In years last birthday): 78; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodswork 5	10b. KIND OF BUSINESS OR INDUSTRY: Logging	11. BIRTHPLACE (State or foreign country): Fraser, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James R. Ziglar	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Ellen Batts	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------	16. SOCIAL SECURITY NO.: 519-05-5891	17. INFORMANT'S OWN SIGNATURE: Larry B. Ziglar	ADDRESS: Seattle, Wash.	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 511 (Degree or title)	23b. ADDRESS: St Maries	23c. DATE SIGNED: 1 Dec 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-2-1972	24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State): St. Maries, Idaho
DATE REC'D BY LOCAL REG.: Dec. 1, 1972	REGISTRAR'S SIGNATURE: Donna Brown	25. EMBALMER: M. J. O'Connor	LICENSE NO.: M543

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5205
Local Reg. No. 137
Reg. Dist. No. 601

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bingham 060	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 051
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interchange—Interstate #15 000	d. STREET ADDRESS (If rural, give location): 910 North 8th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) RICKY	b. (Middle) ARNELL	c. (Last) WARD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: March 11, 1959	9. AGE (In years last birthday): 13 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student	10b. KIND OF BUSINESS OR INDUSTRY: Franklin Jr. High School		11. BIRTHPLACE (State or foreign country): Travis A.F.B., Calif.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Monte B. Ward	BIRTHPLACE		14. MOTHER'S MAIDEN NAME: Barbara Sevenan	BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX	16. SOCIAL SECURITY NO.: XXX		17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS: Pocatello, Idaho

8199

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broken neck + severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2

21c. (CITY, TOWN, OR TOWNSHIP) 13-060 (COUNTY) (STATE): 5 mile S. I 15 Blackfoot Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Idaho not see victim *to* Alive *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley	583 (Degree or title) 4 Coroner	23b. ADDRESS: Blackfoot	23c. DATE SIGNED: 11-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Fielding Mem. Cemetery	24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho
DATE REC'D BY LOCAL REG.: NOV 14 1972	REGISTRAR'S SIGNATURE: Dorothy J Jones	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5206
Local Reg. No. 134
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot LENGTH OF STAY (In this place): 27 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 295 Elaine St.	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot d. STREET ADDRESS (If rural, give location): 295 Elaine St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANCIS	SIDNEY	HAWKES	November 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 19, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Panguitch	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sidney W. Hawkes	England	Jennie F. Till	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-28-3925 A	Rowland S. Hawkes	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — Arteriosclerotic Heart Disease with severe cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostate tumor — year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 29, 19 72 to November 7, 19 72, that I last saw the deceased alive on November 7, 19 72, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. E. Mullen Jr	M. D.	Blackfoot, Idaho	Nov 8, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov 9, 1972	Riverside-Thomas cemetery	Bingham county Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 10 1972	Dorothy J. Jones	Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 4 1972
AUG 2 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 2 6 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 1 8 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5207
Local Reg. No. 138
Reg. Dist. No. 601

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bingham	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fir St. R. R. Crossing	d. STREET ADDRESS (If rural, give location): 1325 Elmore

3. NAME OF DECEASED (Type or Print) a. (First): OLEN	b. (Middle): DOILE	c. (Last): CORAM	4. DATE OF DEATH (Month) (Day) (Year): November 18, 1972	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: May 10, 1909	9. AGE (In years last birthday): 63 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ditch Rider	10b. KIND OF BUSINESS OR INDUSTRY: Irrigation	11. BIRTHPLACE (State or foreign country): Marion Co, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Lester Coram	BIRTHPLACE: Sullivan Co., Mo.	14. MOTHER'S MAIDEN NAME: Mary Jane Morris	BIRTHPLACE: Marion, Co., Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.: 518-18-1991	17. INFORMANT'S OWN SIGNATURE: Dorothea M. Sturm	ADDRESS: Idaho Idaho Falls,	

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MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): crushed skull
DUE TO (c): car-train accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13-962
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ *to* alive *, 19*____*, that I last saw the deceased alive on* I did not see victim *, 19*____*, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley	(Degree or title): Coroner	23b. ADDRESS: Blackfoot	23c. DATE SIGNED: 11-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-21-72	24c. NAME OF CEMETERY OR CREMATORY: Lost River	24d. LOCATION (City, town, or county) (State): Moore, Idaho
DATE REC'D BY LOCAL REG.: NOV 28 1972	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: Lloyd M Nalder	LICENSE NO.: M275

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Nalder Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5208
Local Reg. No. 139
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 9 South Fisher

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE	WHEELER	HILL	Nov. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 5, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Fireman	Blackfoot, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Hill	Utah	Emma Flora Wheeler	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-18-4708	Myrtle K. Hill	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	10 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Infarction	13 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1959, 19__, *to* Nov 23, 1972, *that I last saw the deceased alive on* Nov 23, 1972 *and that death occurred at* 8:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Coates MD	Blackfoot, Idaho	Nov. 24, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1972	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 1 1972	Dorothy J. Jones	L. Dean Hill	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 4 - 1972
DEC 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5209
Local Reg. No. 140
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1200 W. Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1200 W. Bridge

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August	William	Ziebarth	Nov	23	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married	Oct. 2, 1910	62	1 / 21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mechanic - salesman	parts garage- shop	Wilcox, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Ziebarth	Illinois	Lisette Doering	Wilcox, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	516-14-6992	Edna Ziebarth	1200 W. Bridge Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Urinary bladder carcinoma metastatis	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1887

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1960, *to* 23 Nov., 1972, *that I last saw the deceased alive on* 23 Nov., 1972 *and that death occurred at* 6:15p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Dean Packer M.D.	625 W. Pacific Blackfoot, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-27-72	Fielding Memorial	Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 29 1972	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5210
Local Reg. No. 141
Reg. Dist. No. 600

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot c. LENGTH OF STAY (In this place): 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029	d. STREET ADDRESS (If rural, give location): 224 North Shilling Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) T.	c. (Last) Hughes	4. DATE OF DEATH (Month) Nov. (Day) 26, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Oct. 24, 1904	9. AGE (In years last birthday): 68 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd. Cheesmaker	10b. KIND OF BUSINESS OR INDUSTRY: Kraft Foods	11. BIRTHPLACE (State or foreign country): Pleasantview, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Taliesin Hughes	BIRTHPLACE: Samaria, Idaho	14. MOTHER'S MAIDEN NAME: Sara Elizabeth Thorpe	BIRTHPLACE: Sheffield, England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-07-6708	17. INFORMANT'S OWN SIGNATURE	ADDRESS: Blackfoot, Idaho	

5719

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hepatic cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Aug, 1972, *to* 26 Nov., 1972, *that I last saw the deceased alive on* 26 Nov., 1972, *and that death occurred at* 1:50p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge	234 (Degree or title): M.D.	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED: 11-28-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-29-72	24c. NAME OF CEMETERY OR CREMATORY: Malad Cemetery	24d. LOCATION (City, town, or county): Malad (State): Idaho
DATE REC'D BY LOCAL REG.: NOV 29 1972	REGISTRAR'S SIGNATURE: Dorothy J Jones	25. EMBALMER: Howard Packham	LICENSE NO.: M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5211
Local Reg. No. 142
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 So. University

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 720 So. University

3. NAME OF DECEASED (Type or Print): a. (First) DALICE b. (Middle) O. c. (Last) HARTWELL

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1894
9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Winston Salem, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Taylor BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Sarah Rose BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-8965 B
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism, ca of breast
Chronic obstructive pulmonary disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Jan, 1968, to 12 Feb, 1971, that I last saw the deceased alive on 12 Feb, 1971, and that death occurred at 6 a m., from the causes and on the date stated above.

23a. SIGNATURE: A. E. Miller Jr. (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Nov. 27, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county): Blackfoot (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 1 1972
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Dean Hill
LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Dr. Miller

DEC 14 1972

AUG 14 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5212
Local Reg. No. 47
Reg. Dist. No. 410

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (In this place) 2days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 521 4th Ave. South

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blaine Co. Hospital 037
d. STREET ADDRESS (If rural, give location) Hailey, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANDREW		SELANDER	Nov. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Aug. 6, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Minning&Timber	Knorp, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unk	Sweden	unk	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	516-12-6540	Ethel Selander	Hailey, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-7, 1972 to 11-8-72, 19____, that I last saw the deceased alive on 11-7, 1972 and that death occurred at 2:20 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph A. Swinyard MD	Box 637 Hailey	11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11/10/72	Hailey Cemetery	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 9-1972	Cynthia B. Wright	Keith Bird	M-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5213
Local Reg. No. 48
Reg. Dist. No. 410

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (In this place): 2Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Moritz Community Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location): North of Ketchum

3. NAME OF DECEASED (Type or Print): a. (First) Coy b. (Middle) Belle c. (Last) Grace

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 72

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1918
9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pay Master 5
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacfic R.R.
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Alexander Petty BIRTHPLACE: Utah St.George,
14. MOTHER'S MAIDEN NAME: Mary Donald Elder BIRTHPLACE: Utah Castle Dale,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 720-03-1889
17. INFORMANT'S OWN SIGNATURE: Boyd Grace ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5710

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gastrointestinal hemorrhage probably from esophageal varicosities — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Laennec's Cirrhosis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Osteo arthritis bath hips — 12 years
psoriasis — 17 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1971, *to* Nov 19, 1972, *that I last saw the deceased alive on* Nov 19, 1972, *and that death occurred at* 7:35 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: B L Kreilbaum M.D. (Degree or title) 296-1
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: Nov 27 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 22, 1972
24c. NAME OF CEMETERY OR CREMATORY: Ketchum City
24d. LOCATION (City, town, or county) (State): Ketchum, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29-1972
REGISTRAR'S SIGNATURE: Cynthia B. Wright
25. EMBALMER: Bruce K. Rathke
LICENSE NO.: M-559

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5214
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ---
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deadwood River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1900 Main St. Apt. 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ronald	Wayne	Acox	May 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	March 13, 1971	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 9	child	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert William Acox	Council Bluffs, Ia.	Janice Irene Parker	Logan, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Robert W Acox	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) probable drowning

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. only right foot and lower leg recovered

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	river 07	---- 13-080 Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
May 29, 1972 m.		child fell into river

22. *I hereby certify that I attended the deceased from* never *, to* _____ *, 19____, that I last saw the deceased alive on* _____ *, 19____, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard N. Hanby	583 Coroner 4	Canoe Valley Idaho	11-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal		Council Bluffs	Council Bluffs, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/16/72	Evelyn A. Craig	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 2006

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended December 12,1972

Certificate of Death
STATE OF IDAHO

State File No. 5215
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BOISE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIONEERVILLE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: RURAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1819 ANNETT

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) c. (Last) COATES

4. DATE OF DEATH (Month) (Day) (Year): NOV. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	APRIL 12, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHIEF ENGR. 4	SCHOOL DIST.	MT. PLEASANT, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE WILFORD COATES	MT. PLEASANT, UTAH	HELEN MARIAN SHELLEY	MT. PLEASANT, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Conway Grant	Mortuary Records

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard H. Hanby 583 Coroner 4	Garden Valley Idaho	11-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Nov. 9, 1972	SYRINGS GARDEN	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/16/72	Evelyn A. Craig	H. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 12 10 01 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed Nov. 20, 1972

The undersigned does solemnly swear that certain facts on the certificate of death
(Birth or Death)
for Samuel Coates (Name on Original Certificate) who died (Was Born or Died) on Nov. 5, 1972 (Date of Event)
in Pioneerville, Boise Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#18 Cause of Death	omitted	Apparent Heart Attack

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed X Richard F. Hanley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

DEC 12 1972

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 11 1972 Bureau of Vital Statistics

State File No. 5216
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BOISE 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- IDAHO CITY
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MOBILE COURT 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3212 TAMARACK

3. NAME OF DECEASED (Type or Print): a. (First) ARCHIE b. (Middle) c. (Last) TURNER

4. DATE OF DEATH: (Month) (Day) (Year) NOV. 25, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 26, 1915

9. AGE (In years last birthday): 57 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN 4

10b. KIND OF BUSINESS OR INDUSTRY: PAINT CO.

11. BIRTHPLACE (State or foreign country): BOISE, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE TURNER BIRTHPLACE: KANSAS

14. MOTHER'S MAIDEN NAME: LOUISE THOMASSON BIRTHPLACE: RICHMOND, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 518-07-1741

17. INFORMANT'S OWN SIGNATURE: Barbara Trentham ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard H. Hanley (Degree or title) 4

23b. ADDRESS: Coroner Boise Co. Garden Valley, Idaho

23c. DATE SIGNED: 11-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: NOV. 28, 1972

24c. NAME OF CEMETERY OR CREMATORY: MORRIS HILL CEMETERY

24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: 12/7/72

REGISTRAR'S SIGNATURE: Evelyn A. Craig

25. EMBALMER: L. Conway Grant

LICENSE NO.: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 12 1972

JUN 6 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of the local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

5217

Certificate of Death
STATE OF IDAHO

State File No. 5217
Local Reg. No. 108
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 10 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Division Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1220 W. Michigan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	FREDRICK	MURPHY	November 1 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Sept. 22, 1911	61	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
street maintennance &	city government	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Murphy	Ireland	Rose Klett	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	518-05-0281	Anna M. Murphy	1220 w Mech. City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - m.		- - - - -

22. I hereby certify that I ~~attended the deceased from~~ made ~~, 19---, to~~ ----inquiry ~~, 19----, that I last saw the deceased alive~~ on November 1, 1972, and that death occurred at 6:50am from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dana D Nelson	Coroner	Sandpoint Idaho	Nov 4, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Nov. 6, 1972	Moon Crematory	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 8, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 10 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5218
Local Reg. No. 106
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Blanchard c. LENGTH OF STAY (In this place) Short	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4½ Miles N. Blanchard	d. STREET ADDRESS (If rural, give location) Route #4

3. NAME OF DECEASED (Type or Print) a. (First) Elmer	b. (Middle) Kile	c. (Last) Fields	4. DATE OF DEATH (Month) (Day) (Year) November 1, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-9-1903	9. AGE (In years last birthday) 69 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Filer-Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY N.W. Timber Co.	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Gully Fields	BIRTHPLACE Not Available	14. MOTHER'S MAIDEN NAME Mimmie Starnes	BIRTHPLACE Not Available	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 539-07-5318	17. INFORMANT'S OWN SIGNATURE James H. Fields (BW)	ADDRESS Coeur d'Alene, Idaho	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* made *19* *to* inquiry *19* *, that I last saw the deceased alive on* Nov. 1 *, 19* 72 *, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Barry D. Nelson	583 (Degree or title) Coroner 4	23b. ADDRESS Sandpoint Idaho	23c. DATE SIGNED Nov 4, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho
DATE REC'D BY LOCAL REG. Nov 8, 1972	REGISTRAR'S SIGNATURE Ramona Spickelmire	25. EMBALMER Bill Neuff	LICENSE NO. M-439

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel, Inc., Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972
JUL 1 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5219
Local Reg. No. 109
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 5 weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location): Box 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRTLE	MAY	REED	November 2 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	January 10, 1886	86	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	own home	New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C.H. Hawley	unknown	Vivie Alderich	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	519-60-8703	Marion Ellett	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory & cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: several

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD with recent CHF — several
DUE TO (c) and pneumonia - Uremia — WKS (7)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
-	-	-	m.	-	-

22. I hereby certify that I attended the deceased from 1957 19__, to November 2 1972, that I last saw the deceased alive on November 2 1972, and that death occurred at 1350 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Tom Duncan MD	MD	Sandpoint Idaho	11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 6, 1972	Pinecrest Memorial Park	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 10, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5220
Local Reg. No. 110
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 501 S. 2nd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 501 S. 2nd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HILDUR	VICTORIA	CARLSON	November 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	August 17, 1893	79	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Phillips, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erik Westerlund	Sweden	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no - - -	519-36-3088 B	Herb Carlson	501 S. 2nd

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sudden death — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ventricular Fibrillation
DUE TO (c) ASHD (Coronary — severe) — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		-

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* Nov 3, 1972, *that I last saw the deceased alive on* October 2, 1972 *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Sandpoint, Idaho	11/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 7, 1972	Grandview Cemetery	Bonner Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 10, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 16 1973
AUG 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-11519
BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

State File No. 5221
Local Reg. No. 113
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonner 091 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 18 hrs. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 091 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint d. STREET ADDRESS (If rural, give location): Bonner General Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Heather	Ann	Lunde	November 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) / IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
female	white	never married	November 4, 1972	18	infant 9	infant	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Lunde	Colorado	Teresa Davis	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	none	Donald G Lunde	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	RAPIDLY PROGRESSIVE HYDROCEPHALUS	18 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	MULTIPLE CNS ANOMALIES	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	SACRAL MENINGOMYELOCELE	

7492X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - m.	-	- - - - - -

22. *I hereby certify that I attended the deceased from* NOV. 4, 1972, *to* NOV - 4 -, 1972, *that I last saw the deceased alive on* NOV - 4 -, 1972, *and that death occurred at* 11:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George Robin Back MD	321 N. Second, Sdpt.	11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Burial	Nov. 10, 1972	Pack River Cemetery	Bonner Idaho	Nov 15, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5222
Local Reg. No. 111
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1000 Superior

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1000 Superior

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	LOUIS	RAUER	November 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 2, 1908	64	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician (4)	Building Contractor	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Rauer	Austria	Anna M. Hartz	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	519-03-5348	Richard F. Rauer	Milwaukie Oregon

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent previous Myo. Infarct.
DUE TO (c) (Recent Gallbladder surgery)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	-

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.	-	-

22. I hereby certify that I attended the deceased from July 10, 1972, to Nov. 7, 1972, that I last saw the deceased alive on Oct 11, 1972, and that death occurred at 12:01A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward A Dwyer	MD	514 N. 3rd Sandpoint	11/10/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 9, 1972	Pinecrest Memorial Park	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 10, 1972	Ramona Spichelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5223
Local Reg. No. 114
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 4 weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 203 River

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELMORE	GOWEN	GOSDEN	November 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	March 26, 1889	83	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
electrician	Mining	Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Percy J. Gosden	England	Marion Babot	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.I.	518-03-1105 A	David J. Gosden	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardio Vascular Renal	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Failure	1 yr.
DUE TO (c)	1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lymphedema, Chronic	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	-

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		-

22. I hereby certify that I attended the deceased from June, 1972 to Nov, 1972; that I last saw the deceased alive on Nov 12, 1972; and that death occurred at 5:00 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Munson MD	392	Sandpoint Ida	11/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial-Removal	Nov. 16, 1972	St. Mary's Cemetery	Missoula	Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 27, 1972	Ramona Spickelmier	Dale. G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5224
Local Reg. No. 116
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (In this place): 3 1/2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Route 1 Box 152

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	DEWEY	JOHNSTON	November 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	December 13, 1899	72	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farm foreman	U.of I. Exp. Farm	Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Johnston	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	518-36-1394 A	Margaret Johnston	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Prostatic Adenoca

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		- - -

22. I hereby certify that I attended the deceased from Aug, 1961, to Nov, 1972, that I last saw the deceased alive on Nov 7th, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] Munson MD		Sandpoint Ida	11/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1972	Pinecrest Memorial Park	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 30, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

MAY 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 1 3 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5225
Local Reg. No. 117
Reg. Dist. No.

BIRTH NO.

DEC 4 - 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint c. LENGTH OF STAY (In this place): 4 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route Box 127 B 000	d. STREET ADDRESS (If rural, give location): Star Route Box 127 B

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) SCOTT	c. (Last) GERBER	4. DATE OF DEATH (Month) November (Day) 20 (Year) 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Oct. 27, 1917	9. AGE (In years last birthday): 55 — IF UNDER 1 YR. Months - Days - — IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse	10b. KIND OF BUSINESS OR INDUSTRY: health care	11. BIRTHPLACE (State or foreign country): Rocksboro, North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: A. Hester Wagstaff	BIRTHPLACE: North Carolina	14. MOTHER'S MAIDEN NAME: Bessie Connally	BIRTHPLACE: North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 244 28 5432	17. INFORMANT'S OWN SIGNATURE: Donald R. Gerber	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction acute — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) - -	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) - -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* Nov 20, 1972, *to* Nov 20, 1972, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J Munson MD (Degree or title) 332	23b. ADDRESS: Sandpoint Ida	23c. DATE SIGNED: 11/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Nov. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory	24d. LOCATION (City, town, or county): Sandpoint (State): Idaho
DATE REC'D BY LOCAL REG.: Nov 30, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-4531 BIRTH NO.

RECEIVED DEC 1 - 1972 Bureau of Vital Statistics

State File No. 5226
Local Reg. No. 115
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1009 Hickory

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 611 Forest

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DELANE	GLEE	HOWDEN	November 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	May 20, 1972	- -	6	3	-	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Howden	California	LeEtta Sarff	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	none	LeEtta Howden	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7969 Sudden-Death Syndrome — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild Pulmonary Congestion

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	- - -	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
- - - m.		- - - - -

22. I hereby certify that I ~~attended the deceased from~~ made ~~, 19--, to~~ inquiry ~~, 19--~~, that I last saw the deceased alive on November 23, 19 72, and that death occurred at 11:00 AM, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dale G. Coffelt	Coroner	Box 949 Sandpoint, Idaho	Nov. 28, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	November 27, 1972	Pinecrest Park	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 29 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5227
Local Reg. No. 123
Reg. Dist. No.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope c. LENGTH OF STAY (In this place): 25 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3rd Level East Hope 600	d. STREET ADDRESS (If rural, give location): 3rd Level East Hope

3. NAME OF DECEASED (Type or Print)	a. (First) ORVILLE	b. (Middle) HERMAN	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) November 23 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 16, 1900	9. AGE (In years last birthday): 72 — IF UNDER 1 YR. Months - Days - — IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 4	10b. KIND OF BUSINESS OR INDUSTRY: Power Company	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Elmer Johnson	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Harriet L. Hunt	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I	16. SOCIAL SECURITY NO.: 505-03-4183	17. INFORMANT'S OWN SIGNATURE: Mrs Frances F. Johnson	ADDRESS:	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Same

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* July, 1964, *to* November 23, 1972, *that I last saw the deceased alive on* Nov 18, 1972, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 327-1	23b. ADDRESS: Sandpoint, Idaho	23c. DATE SIGNED: 12-4-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Nov. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory	24d. LOCATION (City, town, or county) (State): Sandpoint Idaho
DATE REC'D BY LOCAL REG.: Dec 12, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 14 1972

DEC 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 27 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5228
Local Reg. No. 118
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location): Box 71

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRTLE	MAY	BAILEY	November 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	June 25, 1896	76	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Conneticut	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willam Tilton	no record	Hannah Weston	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	519-82-4470	Florence Schauer	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Renal Failure, Chronic	5 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Rheumatoid Arthritis Chronic	40 yrs

5 82X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - m.		- - - -

22. *I hereby certify that I attended the deceased from* June, 1963, to Nov, 1972, *that I last saw the deceased alive on* Nov 26, 1972, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Munson MD	283	Sandpoint Ida	11/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 28, 1972	Pinecrest Memorial Park	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 30, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IEA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 2 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5229
Local Reg. No. 127
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 09

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bonner 09

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 4 days

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bonner General Hospital 034

d. STREET ADDRESS (If rural, give location): 601 N. Boyer

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
INEZ	EDITH	CARTER	November	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	August 15, 1900	72	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Percy J. Gentle	Maine	Etta L. Hay	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	541-20-8875	[signature]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease--cardiomegaly — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.		-

22. I hereby certify that I attended the deceased from Aug. 27, 1964 to Nov. 27, 1972, that I last saw the deceased alive on Nov. 27, 1972, and that death occurred at 8:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Sandpoint, Idaho	12/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Cremation	Dec.1, 1972	Moon Crematory	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 13, 1972	Ramona Spickelmier	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5230
Local Reg. No. 383
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location): 306 E. Center

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Cortez c. (Last) Christensen

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Cauc

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 23 May 1901

9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate & Insurance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ezra Christensen
BIRTHPLACE: Logan, Utah

14. MOTHER'S MAIDEN NAME: Rachel Killian (Mrs)
BIRTHPLACE: Glenwood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-3065 A

17. INFORMANT'S OWN SIGNATURE: Barlow Christensen
ADDRESS: Chicago

1530

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of Cecum
INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Pyelonephritis Uremia, Diabetes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 10/27/71, 19__, to 9/10/72, 19__, that I last saw the deceased alive on 9/10/72, 19__, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Byron T Weeks MD (55b (Degree or title))
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 Sept 1972
24c. NAME OF CEMETERY OR CREMATORY: Goshen Cemetery
24d. LOCATION (City, town, or county): Shelley, Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 22 '72
REGISTRAR'S SIGNATURE: Emma Budge
25. EMBALMER: L.M. Nalder
LICENSE NO.: M 275
FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5231
Local Reg. No. 398
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, LENGTH OF STAY (In this place) 23 hr	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital 042	d. STREET ADDRESS (If rural, give location) R#4

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) R.	c. (Last) Balmforth	4. DATE OF DEATH (Month) Oct (Day) 16 (Year) 1972	
5. SEX Male	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 27 March 1897	9. AGE (In years last birthday) 75	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 7	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph R. Balmforth	BIRTHPLACE Salt Lake City, Utah	14. MOTHER'S MAIDEN NAME Annie Meakin	BIRTHPLACE England		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW 1 1621	16. SOCIAL SECURITY NO. 519-10-9360	17. INFORMANT'S OWN SIGNATURE Eleanor Davie	ADDRESS R#1 Shelley Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Adenocarcinoma primary lungs.	9 Mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16- *, 19*70*, to* 10-16- *, 19*72*, that I last saw the deceased alive on* 10-16- *, 19*72*, and that death occurred at* 12:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 104-1	23b. ADDRESS 798 So. Blvd., Idaho Falls, Ida.	23c. DATE SIGNED 11-29-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 19 Oct 72	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonneville, Idaho
DATE REC'D BY LOCAL REG. 12/4/1972	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER [signature]	LICENSE NO. M 444

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 2000

DEC 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated un to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the sig the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5232
Local Reg. No. 386
Reg. Dist. No. 610

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R#1 Blackfoot,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Mary c. (Last) Burke

4. DATE OF DEATH (Month) Oct (Day) 26 (Year) 1972

5. SEX Female
6. COLOR OR RACE Cauce
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3 Dec 1919
9. AGE (In years last birthday) 52 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Aberdeen, South Dakota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Syle Howard BIRTHPLACE N.K
14. MOTHER'S MAIDEN NAME Margaret Garren BIRTHPLACE N.K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 504-03-6477
17. INFORMANT'S OWN SIGNATURE John W. Burke ADDRESS

18. CAUSE OF DEATH 5931
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute tubular necrosis of Kidney — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ileo-Jejunal By-pass - Extreme obesity - years — 6 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 15, 1972 *to* Oct. 26, 1972, *that I last saw the deceased alive on* Oct. 26, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Harvey A. Hatch 208 (Degree or title) M.D.
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 22 Nov. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 30 Oct. 72
24c. NAME OF CEMETERY OR CREMATORY Firth,
24d. LOCATION (City, town, or county) Firth R# 1 (State) Idaho

DATE REC'D BY LOCAL REG. Nov 29 '72
REGISTRAR'S SIGNATURE Luma Bridges
25. EMBALMER Gary L. Naeder
LICENSE NO. M444

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972
JUL 30 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5233
Local Reg. No. 369
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1088 Kearney St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1088 Kearney St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARTHUR	ELMER	LESSON, JR.	November 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	June 22, 1933	39		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Business College	Stillwater, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur E. Lesson, Sr.	New York	Chrisina Mae Rivette	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean	121-24-7887	Wilma Lesson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 July, 1972, to 31 October, 19 72, that I last saw the deceased alive on 31 October, 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David P. Baumann MD	2525 So. Blvd. Idaho Falls, Id	3 Nov. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 4, 1972	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	LICENSE NO.
Nov 8-1972	Emma Rudges	Buck-Sullivan	M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972

SEP 28 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5234
Local Reg. No. 369
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 3 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Hospital 042	d. STREET ADDRESS (If rural, give location) 243 2nd Street

3. NAME OF DECEASED (Type or Print)	a. (First) Prentice	b. (Middle) S.	c. (Last) Sessions	4. DATE OF DEATH (Month) (Day) (Year) November 1 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1888	9. AGE (In years last birthday) 84 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Eden, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Sessions	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Alice Boydan	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 16 0126	17. INFORMANT'S OWN SIGNATURE Minnie Sessions	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 - 12 - 10 35, 1972, *to* 10 - 31, 1972, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* 55 *m., from the causes and on the date stated above.*

23a. SIGNATURE John S. McMillan M.D. 348 (Degree or title)	23b. ADDRESS 550 - 4th St Idaho Falls	23c. DATE SIGNED 11-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/4/72	24c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery	24d. LOCATION (City, town, or county) Bingham County (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 9-72	REGISTRAR'S SIGNATURE Emma Bridger	25. EMBALMER Ralph M. Wood Ralph M. Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 4 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5235
Local Reg. No. 374
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 042	d. STREET ADDRESS (If rural, give location): 640 Garfield

3. NAME OF DECEASED (Type or Print)	a. (First): Edward	b. (Middle): Otto	c. (Last): Cannon	4. DATE OF DEATH (Month) (Day) (Year): November 1, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 25, 1891	9. AGE (In years last birthday): 81 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Hooper, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Stephen Cannon	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Mary Ann West	BIRTHPLACE: USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 14 3441	17. INFORMANT'S OWN SIGNATURE: x Ellen Cannon	ADDRESS: Idaho Falls	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5321

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Perforated duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 25, 1972, *to* Nov. 1, 1972, *that I last saw the deceased alive on* Nov. 1, 1972, *and that death occurred at* 2:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title) 546-1	23b. ADDRESS: Idaho Falls, Ida	23c. DATE SIGNED: 11/6/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/4/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county): Shelley (State): Idaho
DATE REC'D BY LOCAL REG.: Nov 16-'72	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Ralph M. Wood [signature]	LICENSE NO.: 413

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5236
Local Reg. No. 375
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Nursing Home 348	d. STREET ADDRESS (If rural, give location) Rt. #5

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) FRIDOLPH	c. (Last) HOLMER	4. DATE OF DEATH (Month) (Day) (Year) November 5, 1972	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 7, 1881	9. AGE (In years last birthday) 91 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Humla, Vasterlotland Sweden	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Holmer	BIRTHPLACE Sweden	14. MOTHER'S MAIDEN NAME Johanna Unk.	BIRTHPLACE Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-16-4654-A	17. INFORMANT'S OWN SIGNATURE X Rose Torneten	ADDRESS	

18. CAUSE OF DEATH 4379
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro Vascular Accident	3 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebro Vascular Arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart disease	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	(Degree or title) 104-1	23b. ADDRESS Idaho Falls, Ida	23c. DATE SIGNED 11.9.72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY New Sweden Cemetery	24d. LOCATION (City, town, or county) Bonneville County (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 15 '72	REGISTRAR'S SIGNATURE [signature]	EMBALMER [signature]	LICENSE NO. M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

BIRTH NO. 72-6994

RECEIVED NOV 21 1972 Bureau of Vital Statistics

State File No. 5237
Local Reg. No. 376
Reg. Dist. No. 610

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 7 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location) 2200 North Yellowstone Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Brandi	b. (Middle) Lee	c. (Last) Messick	4. DATE OF DEATH (Month) November (Day) 6 (Year) 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 24, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months 3 Days 12 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 9	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Stanley Messick	BIRTHPLACE Kansas	14. MOTHER'S MAIDEN NAME Jacquelyn Britt	BIRTHPLACE Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Stanley E Messick	ADDRESS Idaho Falls	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7472

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cyanotic congenital heart disease	2 mo.
DUE TO (c)	Aortic atresia	Birth
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute viral gastroenteritis	

19a. DATE OF OPERATION Aug 1972	19b. MAJOR FINDINGS OF OPERATION Aortic atresia	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1972 *to* 11-6, 1972, *that I last saw the deceased alive on* 11-5, 1972 *and that death occurred at* 2:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. K. Leibelt MD (Degree or title) 304-1	23b. ADDRESS 9th & Orford, Idaho Falls, Idaho	23c. DATE SIGNED 11-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/8/72	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 16-72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Ralph M. Wood Ralph M Wood	LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5238
Local Reg. No. 377
Reg. Dist. No. 670

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1344 Sage

3. NAME OF DECEASED (Type or Print): a. (First) Alvin b. (Middle) W. c. (Last) Allgood

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 17, 1910

9. AGE (In years last birthday): 62
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee

10b. KIND OF BUSINESS OR INDUSTRY: Light Dept.

11. BIRTHPLACE (State or foreign country): Wilford, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Allgood
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Emma Birch
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Garda Allgood
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Chronic Arteriosclerotic Heart Disease with Failure — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Diabetes + Asthma + marked Obesity — years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Nov. 8, 19 72 *and that death occurred at* 9:35 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey G. Hatch MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: Nov. 13, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/10/72

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 16 '72

REGISTRAR'S SIGNATURE: Emma Burden

25. EMBALMER: Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Deceased D. was not my regular patient but I had seen him in the past and was on the Emergency Room at the time of death.

Certificate of Death
STATE OF IDAHO

State File No. 5239
Local Reg. No. 403
Reg. Dist. No. 10

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1625 South Lee

3. NAME OF DECEASED (Type or Print): a. (First) Joe; b. (Middle) C.; c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year): November 9 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 8, 1898

9. AGE (In years last birthday): 74
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance Company

11. BIRTHPLACE (State or foreign country): Arkadelphia, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Carter
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Carrie Hardage
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519 07 3645

17. INFORMANT'S OWN SIGNATURE: Joe C. Carter Jr.
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1971, *to* Nov. 9, 1972, *that I last saw the deceased alive on* Nov. 9, 1972, *and that death occurred at* 2:3A m., *from the cause and on the date stated above.*

23a. SIGNATURE: Harry A. Hatch (Degree or title): M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: Dec. 12, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/11/72

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 15-72

REGISTRAR'S SIGNATURE: Anna Bridges

PERSON EMBALMER: Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5240
Local Reg. No. 329
Reg. Dist. No. 810

RECEIVED NOV 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital	d. STREET ADDRESS (If rural, give location): 2950 Fieldstream Ln.

3. NAME OF DECEASED (Type or Print) a. (First): BARBARA	b. (Middle): JANE	c. (Last): LITTLE	4. DATE OF DEATH (Month) (Day) (Year): November 9, 1972	
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 11, 1917	9. AGE (In years last birthday): 54 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Leonard Wright	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Zada Keith	BIRTHPLACE: South Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Yes	17. INFORMANT'S OWN SIGNATURE: Andrew D Little	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Small Cell Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lung with Metastasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 Wks

19a. DATE OF OPERATION: 10.25.72	19b. MAJOR FINDINGS OF OPERATION: Metastatic liver disease diffuse	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1958, *to* Nov 9, 1972, *that I last saw the deceased alive on* Nov 9, 1972, *and that death occurred at* 28 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 104-1	23b. ADDRESS: 798 So. Blvd., Idaho Falls	23c. DATE SIGNED: 11.16.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: Nov-20-72	REGISTRAR'S SIGNATURE: Anna Bridges	25. EMBALMER: [signature]	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5241
Local Reg. No. 384
Reg. Dist. No. 6/D

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
DURATION OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): West 1st North Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARL	PETER	CHRISTENSEN	Nov. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 26, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Carey, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christen Peter Christensen	Denmark	Mary Elizabeth Rollason	Australia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No / None	519-09-1078	C. Herbert Christensen	Rigby Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 ASHD & congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8 Nov, 19 72, to 9 Nov., 19 72, *that I last saw the deceased alive on* 9 Nov, 19 72 *and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	798 So. Blvd. Idaho Falls, Idaho.	16 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1972	Rigby Pioneer	Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 24-72	Emma Budge	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
MAR 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5242
Local Reg. No. 360
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 593½ K Street

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) Marinda c. (Last) Clements McKenna

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 24, 1891

9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Silas Wilbur Clements
BIRTHPLACE: Winterport, Waldo Co, Maine

14. MOTHER'S MAIDEN NAME: Breta Chrintina Vestling
BIRTHPLACE: Ostanjo, Koppersburt, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-9502

17. INFORMANT'S OWN SIGNATURE: Judean McFarland
ADDRESS: St. Anthony Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerotic Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Nov. 9, 19 72, *and that death occurred at* 12:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harvey A. Hatch (Degree or title) M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: Nov. 20, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/13/72

24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery

24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: Nov. 21 - 72

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Russell Flamm

LICENSE NO.: 1M-254

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 18 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5243
Local Reg. No. 397
Reg. Dist. No. 616

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
DEC 6 - 1972
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2720 East Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Alice; b. (Middle); c. (Last) Egbert

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 22, 1896

9. AGE (In years last birthday): 75
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kaysville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willaim Jacob Strong
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Emma Jane Duncan
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 48 2491

17. INFORMANT'S OWN SIGNATURE: x Robert A. Egbert
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23-62, 19__, *to* 11-10, 19 72 *that I last saw the deceased alive on* 11-10, 19 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 546-1

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 11-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/14/72

24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery

24d. LOCATION (City, town, or county): Tetonia (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 29-72

REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5244
Local Reg. No. 371
Reg. Dist. No. 610

RECEIVED NOV 21 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls — c. LENGTH OF STAY (In this place): 12 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location): 1120 West Center

3. NAME OF DECEASED (Type or Print)	a. (First): AGNES	b. (Middle): GERALDINE SEDIVY	c. (Last): NOICE	4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 24, 1912	9. AGE (In years last birthday): 60 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary	10b. KIND OF BUSINESS OR INDUSTRY: Aero Jet Nuclear	11. BIRTHPLACE (State or foreign country): Phillips, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Jerry Sedivy	BIRTHPLACE: Czechoslovakia	14. MOTHER'S MAIDEN NAME: Katherine Prince	BIRTHPLACE: Czechoslovakia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 332-18-1580	17. INFORMANT'S OWN SIGNATURE: William E. Noice	ADDRESS: Idaho Falls, Idaho	

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart disease	10 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized atherosclerosis Chylous rt thorax	10 yrs 10 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30 *19*72 *to* 11-10 *, 19*72 *, that I last saw the deceased alive on* Nov. 10, *19*72 *, and that death occurred at* 4:00p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 515 (Degree or title): M.D.	23b. ADDRESS: Idaho Falls, Idaho	23c. DATE SIGNED: Nov. 11, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 15, 1972	24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery	24d. LOCATION (City, town, or county): Blackfoot (State): Idaho
DATE REC'D BY LOCAL REG.: Nov. 14-72	REGISTRAR'S SIGNATURE: Anna Bridges	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Sutton

NOV 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5245
Local Reg. No. 387
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 11 mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Extended care.	d. STREET ADDRESS (If rural, give location) 130 Ronglyn

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle) GEORGE	c. (Last) JEFFS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1972		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.18,1893	9. AGE (In years last birthday) 79	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Garfield, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Henry Jeffs	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Annie Groom	BIRTHPLACE England		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-09-9146	17. INFORMANT'S OWN SIGNATURE Emmett E. Gallup	ADDRESS Idaho Falls, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer / Prostate — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 1970, *to* 11-13, 1972, *that I last saw the deceased alive on* 11-13, 1972, *and that death occurred at* 9:55P m., *from the causes and on the date stated above.*

23a. SIGNATURE John Hatton	(Degree or title) M.D.	23b. ADDRESS Idaho Falls, Idaho.	23c. DATE SIGNED 16 Nov 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov.15,1972	24c. NAME OF CEMETERY OR CREMATORY Rigby Pioneer	24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho
DATE REC'D BY LOCAL REG. Nov. 20 - 72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 6 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5246
Local Reg. No. 378
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 23 1972

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Rural
d. STREET ADDRESS (If rural, give location): RFD#2

3. NAME OF DECEASED (Type or Print): a. (First) GUY b. (Middle) WILLINGTON c. (Last) SEELY

4. DATE OF DEATH: (Month) Nov., (Day) 12, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Augist 23, 1904

9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stuart R. Seely — BIRTHPLACE: Mt. Pleasant, Ut

14. MOTHER'S MAIDEN NAME: Millie Neilson — BIRTHPLACE: Mt. Pleasant, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-54-0518 M

17. INFORMANT'S OWN SIGNATURE: O E Seely — ADDRESS: Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1960, to Nov. 12, 1972, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 11/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 16 Nov 72

24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery

24d. LOCATION (City, town, or county) (State): Ashton, Fremont, Idaho

DATE REC'D BY LOCAL REG.: Nov 24-72

REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: Gary D. Bidwell — [signature]

LICENSE NO.: M-539

FIRM NAME: HANSEN MEMORIAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH—63021

AUG 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5247
Local Reg. No. 312
Reg. Dist. No. 610

RECEIVED NOV 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls	c. LENGTH OF STAY (In this place) b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location) 673 Cambridge Ave.

3. NAME OF DECEASED (Type or Print) a. (First) ELEONORA	b. (Middle) M.	c. (Last) WEBER	4. DATE OF DEATH (Month) (Day) (Year) November 15, 1972	
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 3, 1898	9. AGE (In years last birthday) 74 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Council Bluffs, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME August Meppen	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Louise Franke	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 527-40-4664	17. INFORMANT'S OWN SIGNATURE Dale D. Weber	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1538

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma Colon

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) With metastasis to liver

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19a. DATE OF OPERATION July 72	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Colon with Liver Metastasis	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1972, *to* Nov 15, 1972, *that I last saw the deceased alive on* Nov 15, 1972, *and that death occurred at* 8 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 104	23b. ADDRESS 798 So. Blvd. Idaho Falls, Idaho	23c. DATE SIGNED 11-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 22-'72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER [signature]	LICENSE NO. M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5248
Local Reg. No. 385
Reg. Dist. No. 670

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): R#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	G.	Malm	Nov	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc	Married	24 Aug 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Farmer	Blackfoot	U. S. A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GottFred Malm	Sweden	Selma Hoffman	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-22-3886	Wallace E Malm	Blackfoot,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

203X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute urinary retention

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 6, 1972, *to* Nov. 16, 1972, *that I last saw the deceased alive on* Nov. 16, 1972, *and that death occurred at* 10:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon W. Reynolds MD	554 4th Idaho Falls, Idaho	11/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	18 Nov 72	Grove City	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 30 - 72	Anna Bridges	Floyd M Nalder	M 275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5249
Local Reg. No. 392
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hosp.	d. STREET ADDRESS (If rural, give location) 191 Carol Ave.

3. NAME OF DECEASED (Type or Print) a. (First) MAE	b. (Middle) E.	c. (Last) Priess	4. DATE OF DEATH (Month) (Day) (Year) November 19th, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 19th, 1883	9. AGE (In years last birthday) 89; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Novs Scotia	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Sanford Steeves	BIRTHPLACE NovaScotia	14. MOTHER'S MAIDEN NAME Mary McCulley	BIRTHPLACE NovaScotia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Yes	17. INFORMANT'S OWN SIGNATURE X [signature]	ADDRESS Idaho Falls,	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) generalized arteriosclerosis causing debility + repeated strokes — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1968, *to* Death, 19____, *that I last saw the deceased alive on* Nov. 19th, 1972, *and that death occurred at* 11 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Harvey A. Hatch (Degree or title) M.D.	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 11.21.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11.24.72	24c. NAME OF CEMETERY OR CREMATORY Sunset MemorialPark	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Dec. 8-72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER [signature]	LICENSE NO. M387

FIRM NAME: White Mortuary Twin Falls, Idah

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

MAY 2 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5250
Local Reg. No. 358
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 288 Maple

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETHEL	CURLEY	SMITH	November 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	June 24, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Eustis, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bowen Curley	Wisconsin	Susan Kate Baker	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No		518-54-1653-K1	[signature]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4410

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic dissecting thoracic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — years
DUE TO (c) With coronary insufficiency — days
Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Osteoarthritis & Osteoporosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec ., 19 55, *to* Nov 19, 19 72, *that I last saw the deceased alive on* Nov 19 19 72, *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	798 So. Blvd., Idaho Falls, Ida.	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov. 22, 1972	Rose Hill Cemetery	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29-'72	[signature]	[signature]	M387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 9 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5251
Local Reg. No. 399
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman (rural)
d. STREET ADDRESS (If rural, give location): Rte. #1 Thornton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NETTIE	RUANNA	GALBRAITH	Nov. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 20, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Geneva, Nebraska.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry George Sutton	Ohio	Emma Catherine Bailer	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-82-4431	Vesta Mae Galbraith	Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured Left Hip.	1 week
DUE TO (c)	Arteriosclerotic Heart Disease	Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility.	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
14 Nov. 72	Fractured Left Hip, Intertrochanteric By Dr. T. V. McCowin	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Home	Rigby, Idaho - Jefferson

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Nov. 13, 1972 7a.m.		Pt. Fell in her bedroom

22. *I hereby certify that I attended the deceased from* 13 Nov., 19 72, to 20 Nov., 19 72, *that I last saw the deceased alive on* 20 Nov., 19 72, *and that death occurred at* 2:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall	M.D.	Rigby, Idaho.	Nov. 22, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 22, 1972	Sutton	Archer Madison Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27 1972	Irma Burgess	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 11 1973
FEB 24 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5252
Local Reg. No. 390
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 159 3rd Street

3. NAME OF DECEASED (Type or Print): a. (First) LeRoy b. (Middle) c. (Last) Newman

4. DATE OF DEATH: November 21, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 17, 1901

9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (State or foreign country): Milo, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham William Newman
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Amanda W. Nelson
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 34 9027A

17. INFORMANT'S OWN SIGNATURE: Mrs Ruby Newman
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4444

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Dehydration
DUE TO (c) undetermined Cause

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterial Thrombus Lt. Leg

19a. DATE OF OPERATION: 11-18-72
19b. MAJOR FINDINGS OF OPERATION: Arterial Thrombus

20. AUTOPSY? Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18-72, 19___, to 11-21-72, 19___, that I last saw the deceased alive on 11-21-72, 19___ and that death occurred at 2p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Lynn W Patton MD
23b. ADDRESS: 825 S. Blvd. Ida Falls
23c. DATE SIGNED: 11/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/72
24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton Cemetery
24d. LOCATION (City, town, or county): Ririe (State): Idaho

DATE REC'D BY LOCAL REG.: NW. 29 '72
REGISTRAR'S SIGNATURE: Emma Bridges

25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5253
Local Reg. No. 394
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1755 South Emerson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1755 South Emerson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Thomas	Milburn	November 26 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 10, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Trucking	Butte, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Thomas Milburn	USA	Sarah Agnes Young	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519 10 8770	Mae Milburn	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adeno Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 10 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pancrease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 1972	Adeno Carcinoma Pancrease With Metastasis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 10, 1972 *to* Nov 26, 1972 *that I last saw the deceased alive on* Nov 26, 1972, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L W Corbett MD	194-1	798 So. Blvd., Idaho Falls, Ida.	12.1.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/29/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4 72	Lenna Bridges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

APR 26 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5254
Local Reg. No. 393
Reg. Dist. No. 610

RECEIVED DEC 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place) 19 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 42	d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)	a. (First) GRACE	b. (Middle) ETHEL	c. (Last) CLEMENT	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct.14,1892	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker X	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Grant, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Lake Taylor	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Nancy Elizabeth McEntire	BIRTHPLACE Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-68-7080	17. INFORMANT'S OWN SIGNATURE Gale W. Clement	ADDRESS Lewisville, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Adenocarcinoma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Type undetermined	2 mos
DUE TO (c)	Suspect primary lungs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12, 1954, *to* Nov 26, 1972, *that I last saw the deceased alive on* Nov 26, 1972, *and that death occurred at* 10:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE D. Warbert MD	(Degree or title) M.D.	23b. ADDRESS Idaho Falls, Idaho.	23c. DATE SIGNED 12-1-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov.29,1972	24c. NAME OF CEMETERY OR CREMATORY Lewisville	24d. LOCATION (City, town, or county) (State) Lewisville Jefferson Idaho
DATE REC'D BY LOCAL REG. Dec. 4-72	REGISTRAR'S SIGNATURE Anna Bridges	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5255
Local Reg. No. 391
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville 101	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Washington 48 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennewick,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043	d. STREET ADDRESS (If rural, give location) 730 So. Anderson

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle) DAVIS	c. (Last) CURTIS	4. DATE OF DEATH (Month) (Day) (Year) Nov 27, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 31, 1954	9. AGE (In years last birthday) 18 — IF UNDER 1 YR. Months 7 Days 26 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tacoma, Washington	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME E. Ardell Curtis	BIRTHPLACE Canada	14. MOTHER'S MAIDEN NAME Sue Frances Taylor	BIRTHPLACE New Mexico	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 533-60-7371	17. INFORMANT'S OWN SIGNATURE E. A. Curtis	ADDRESS Kennewick, Washington

18. CAUSE OF DEATH 8199
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Intracranial Bleeding	hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Closed head injury	"
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Laceration Subclavian vein hr.	

19a. DATE OF OPERATION 11/27/72	19b. MAJOR FINDINGS OF OPERATION Hemorrhage from Subclavian vein	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Auto	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 06	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 26 72 9 pm.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-26-72 *19*___, *to* 11-27-72, *19*___, *that I last saw the deceased alive on* 11-27-72, *19*___, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	1037 (Degree or title) MD	23b. ADDRESS 825 S. Blvd. Ida Falls	23c. DATE SIGNED 11/27/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Bur	24b. DATE Nov 28, 1972	24c. NAME OF CEMETERY OR CREMATORY Desert Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Kennewick, Washington
DATE REC'D BY LOCAL REG. Nov 30-'72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER [signature]	LICENSE NO. M-319

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972
DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-9236

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5256
Local Reg. No. 396
Reg. Dist. No. 610

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A L.D.S. Hospital	d. STREET ADDRESS (If rural, give location): 1595 Johnson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JANNA	RACHELLE	GARCIA	November 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cauc.	Single	Sept. 6, 1972		2	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Calvin F. Garcia	S. Carolina	Janis Elaine Roussel	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Calvin Garcia	Idaho Falls, Idaho!

7969

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Chology unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): "Crib Death"
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls. Bonne. Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vernal C. Rydalch	Coroner	3824 E. 17th Idaho Falls.	12-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 1, 1972	Imperial Gardens Cem.	Pueblo, Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/8/72	Anna Br[illegible]	[illegible]	M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5257
Local Reg. No. 39-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED NOV 29 1972 Vital Statistics Bureau Of

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route 1(Boundary County Nursing Wing)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SOPHIA	KOPSKAL	DAVID	November 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Indian	Widowed	Jan. 5, 1879	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Porthill, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isadore Kopskal	Boundary County, Idaho	Mary L. Benewah	Boundary County, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	—	519-60-8128	Mary L David	Bonners Ferry, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

485X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: generalized AS — unkn

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
NO m.		

22. I hereby certify that I attended the deceased from ____ 19__ to 11/21 19 72 that I last saw the deceased alive on 11/21 22, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Box 119 Bonners Ferry	11/24/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov. 25, 1972	St. Michael's Cemetery	Bonners Ferry	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Twyla Stone	[signature]	M-453

FIRM NAME: MALONE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5258
Local Reg. No. 11
Reg. Dist. No. 670

BIRTH NO.

RECEIVED NOV 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Butte	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco c. LENGTH OF STAY (In this place): 27 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264	d. STREET ADDRESS (If rural, give location): 319 Capital Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
OLGA	G.	JONES	November 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	July 20, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Finisher	Dry Cleaning	Germany	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Giest, Sr.	Germany	Eva Mickel	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	523-20-1676	Edwin S. Jones	Mackay, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pleural Effusion	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metastatic Ca of Lungs, Bones, Liver	1 yr
DUE TO (c)	Carcinoma of Breast	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1971, *to* 10-1, 1972, *that I last saw the deceased alive on* 10-31 1972 *and that death occurred at* 12:52 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Barker M.D.	031-1	Arco, Idaho	11-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Burial	11-2-72	Memorial Gardens	Casper, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 21-1972	Betty J. Marvel	L. K. Marvel	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5259
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Butte 120 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco LENGTH OF STAY (In this place): 80 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION: Lost Rivers Nursing Home 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Butte 120 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM		HANNA	November 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Divorced	Nov. 24, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher-Sheepman	Livestock	Arco, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Hanna	Ireland	Mary Jane Beverland	Salt Lake City, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519-14-2438A	Vashna N. Hanna	Springfield, Va.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Cerebral arteriosclerosis — 10 yrs.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov., 1970, *to* Nov 22, 1972, *that I last saw the deceased alive on* Nov 22, 1972 *and that death occurred at* 5:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R J Barker MD (Degree or title)	Arco, Idaho	11-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-25-72	Hillcrest	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28-1972	Betty J. Marvel	C. H. Marvel	M-457

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Marvel Memorial Chapel, Arco

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-1533 — BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

State File No. 5260
Local Reg. No. 574
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon 141 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 051	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell d. STREET ADDRESS (If rural, give location): Rt. # 4
3. NAME OF DECEASED (Type or Print): a. (First) Baby Girl b. (Middle) c. (Last) Floyd	4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1972
5. SEX: Female	6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant	8. DATE OF BIRTH: Feb. 21, 1972
9. AGE (In years last birthday) IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours: 1 / Min.: 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Gerald L. Floyd — BIRTHPLACE: Idaho	14. MOTHER'S MAIDEN NAME: Bonnie Johnstone — BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Gerald Floyd — ADDRESS: Rt. # 4, Caldwell, Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

777X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 1 hr 4 min.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1972 to Feb 21, 1972, that I last saw the deceased alive on Feb 21, 1972 and that death occurred at 6:54 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Donald D Price 424 (Degree or title) MD	23b. ADDRESS: Caldwell Ida	23c. DATE SIGNED: 11/24/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-25-72	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho		
DATE REC'D BY LOCAL REG.: Nov. 29, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: James R Dakan — LICENSE NO.: M-485
FIRM NAME: Dakan Chapel, Caldwell, Idaho		

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5261
Local Reg. No. 541
Reg. Dist. No. 360

BIRTH NO.

NOV 8 - 1972

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center
d. STREET ADDRESS (If rural, give location): 1103 9th St. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRED	F.	SCHIRMER	Nov. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 24, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 4	Carpenter	Pocahontas, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Schirmer		Mary Putz	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. 1	539-03-6526	Laura Schirmer	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: days.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 6, 1970 *to* Nov 1, 1972, *that I last saw the deceased alive on* Nov 1, 1972 *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Laura E. Schirmer MD	Nampa Ida	Nov 2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/4/72	Dry Creek Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 7, 1972	Bernice M. Skinner	Marvin R. Fickle	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 8 1972
NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 8 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5262
Local Reg. No. 571
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 14 1
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 7

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	S.	Allender	Nov. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	January 17, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Fairfield, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emery Allender	Iowa	Anna Stoner	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	543-28-0393A	X Glen D Allender	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Ca prostate — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-11-68, 19____, *to* 11-2-72, 19____, *that I last saw the deceased alive on* 11-2-72, 19____, *and that death occurred at* 1:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X W.L. Hubler M.D.	250-1	222 East Elm, Caldwell, Ida.	11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-6-72	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Bernice M. Skinner	James R. Dakan	M-485

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972
DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5263
Local Reg. No. 567
Reg. Dist. No. 360

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS NOV 24 2 52 PM '72

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 4,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAZEL	M.	FLECK STEWART	Nov. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 1, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Cheraw, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Otto A. Fleck	Ohio	Cora Bell Lee	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-82-4167	X David E Stewart	Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	SUBPHRENIC ABSCESS	2 WKS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	LT. COLECTOMY	57 DAYS
DUE TO (c)	RECTO-VESICAL RADIATION FISTULA	2 YRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	BILAT. PLEURAL EFFUSION	1 WK

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
14 SEPT 72	RECTO-VESICAL FISTULA POST IRRADIATION	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 17 MAR, 19 70, *to* 3 NOV, 19 72, *that I last saw the deceased alive on* 3 NOV, 19 72, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 3601-1	222 E. LOGAN	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/7/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 22, 1972	Bernice M. Skinner	Richard W. Meservy	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 4 1975
MAR 5 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5264
Local Reg. No. 562
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Wilamina	Jurries	Nov. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 26, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Martintown, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Shultz	Germany	Magdelina Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		519-34-2910A	X Esther Keller	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

887X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe arteriosclerotic heart disease
Comminuted subtrochanteric and per-
DUE TO (c) trochanteric fracture, right femur.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/23/72	Comminuted Sub and pertrochanteric fracture right femur	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home-Nursing Home	Homedale, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10/19/72 m.		Fell

22. *I hereby certify that I attended the deceased from* 10/20/72, 19____, *to* 11/3/72, 19____, *that I last saw the deceased alive on* 11/3/72, 19____, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.* on 11/4/72

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.		1720 Arlington, Caldwell, Ida.	11/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-7-72	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Bernice M. Skinner	Rodney W. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 2 4 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5265
Local Reg. No. 548
Reg. Dist. No. 360

RECEIVED NOV 16 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 652	d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print) a. (First): Agueda	b. (Middle):	c. (Last): Mallea	4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1972
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug. 22, 1885
9. AGE (In years last birthday): 87	IF UNDER 1 YR. Months: 2 Days: 13	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Ea, Viscaya, Spain	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Juan Lecertua	BIRTHPLACE: Spain	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Spain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 543-52-3779J1	17. INFORMANT'S OWN SIGNATURE: Alice Eiguren	ADDRESS: Jordan Valley Ore

4122

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Art Chronic Basis — INTERVAL BETWEEN ONSET AND DEATH: 10 dy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive C-V disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg.; etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1940, to _____, 1972, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	454 (Degree or title): MD	23b. ADDRESS: Nampa	23c. DATE SIGNED: 11/9/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-8-1972	24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley	24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon
DATE REC'D BY LOCAL REG.: Nov. 14, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Leonard C. Flahiff	LICENSE NO.: M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5266
Local Reg. No. 547
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Marsing
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Lizzard Butte-Hiway 55

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Arizona 03 b. COUNTY 533
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Guadalupe
d. STREET ADDRESS (If rural, give location) 8033 So. 55 Way

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Juanita	R.	Coronado Perez	Nov. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Mexican	~~Single~~ Married	1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Same	Mesa, Arizona	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Manuel Coronado	Guadalupe, Ariz.	Delores Martinez	Chandler, Ariz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Unknown	Parents of Tempe, Arizona	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Severe Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 06	Marsing (Rural) Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov 5 1972 11 a.m.		Motor vehicle accident

22. *I hereby certify that I attended the deceased from* Nov 5, 19 72, *to* ____, 19 ____, *that I last saw the deceased alive on* ____, 19 ____, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD Coroner	575 4	Caldwell	11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-9-1972	Tempe Cemetery	Tempe, Arizona

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 14, 1972	Bernice M. Skinner	Leonard C. Bleiler Bleiler Funeral Chapel	M-481

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 3 1 2012

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5267
Local Reg. No. 550
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon (41)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital (051)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon (40)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Paul; b. (Middle) M.; c. (Last) Tuttle

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21, 1900

9. AGE (In years last birthday): 72
IF UNDER 1 YR. Months: 4 Days: 15
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (7)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Wayne Co. Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Grant Tuttle
BIRTHPLACE: Cambria, Iowa

14. MOTHER'S MAIDEN NAME: Pluma Mead
BIRTHPLACE: Wayne Co. Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 544-10-0977

17. INFORMANT'S OWN SIGNATURE: Vesta M Tuttle
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1519 Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1972

19b. MAJOR FINDINGS OF OPERATION: Gastric Carcinoma with regional nodes

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 72, to Nov 6, 19 72, that I last saw the deceased alive on Nov 6, 19 72, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 530 (Degree or title) MD

23b. ADDRESS: Caldwell

23c. DATE SIGNED: 11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-8-1972

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Nov. 14, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Robert J. Clifford

LICENSE NO.: M-554

FUNERAL DIRECTOR: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5268
Local Reg. No. 545
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lucille		Cusic	Nov. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Widowed	Feb. 22, 1910	62	8 / 14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Eureka, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bert Ivie	Scipio, Utah	Ella May Lloyd	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	536-30-1441	X Nancy Cusic	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolism	none
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma Lung	6 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-18, 1972, *to* 11-6, 1972, *that I last saw the deceased alive on* 11-4, 1972, *and that death occurred at* 11:43A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J C Horton MD 245-1	1223-7 St, So, Nampa	11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-10-1972	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Bernice M. Skinner	Leonard C. Flamiff	M-481

FIRM NAME: Flamiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1972

JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5269
Local Reg. No. 546
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. View Terrace Nursing Home 360	d. STREET ADDRESS (If rural, give location) 418 Arthur St.

3. NAME OF DECEASED (Type or Print)	a. (First) Effie	b. (Middle) M.	c. (Last) Acheson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18, 1877	9. AGE (In years last birthday) 95 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edgar Mead	BIRTHPLACE Iowa		14. MOTHER'S MAIDEN NAME Martha Dotson	BIRTHPLACE Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-60-6206T		17. INFORMANT'S OWN SIGNATURE X Lois A. Holmes	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4/22

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Vascular Accident	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Arteriosclerosis	
DUE TO (c)	Cardiovascular Disease	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* 6 Nov, 1972, *that I last saw the deceased alive on* 5 Nov, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 115 (Degree or title)	23b. ADDRESS Pampa Idaho	23c. DATE SIGNED 8 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-9-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Nov. 13, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER James R. Dakan	LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5270
Local Reg. No. 579
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Melba; c. LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1, Melba, Idaho 660	d. STREET ADDRESS (If rural, give location): Rt. # 1,

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) G.	c. (Last) RACE	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 24. 1903	9. AGE (In years last birthday): 69; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Port Angeles, Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Race	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Maggie German	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 533-10-7065	17. INFORMANT'S OWN SIGNATURE: Louella Race	ADDRESS: Rt. # 1, Melba	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 6, 1972, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	570 (Degree or title) 4 MD Coroner	23b. ADDRESS: Caldwell Ida	23c. DATE SIGNED: 11.28.72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/9/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Dec. 1, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

JAN 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5271
Local Reg. No. 553
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 610 South 16th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harmon	G.	Eyestone	Nov. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Widowed	April 28, 1886	86	6	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Gresham, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harmon A. Eyestone	Tiffin, Ohio	Amanda M. Lucas	Mc Lain Co. Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-26-9350	x Howard K. Eyestone	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Widespread metastases from — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

185X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-7-63, 19___, *to* 11-6-72, 19___, *that I last saw the deceased alive on* 11-6-72, 19___, *and that death occurred at* 11:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	222 East Elm, Caldwell, Ida	11-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-19-1972	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 16, 1972	Bernice M. Skinner	[signature]	M-481

FUNERAL NAME Plaintiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5272
Local Reg. No. 564
Reg. Dist. No. 360

RECEIVED NOV 21 1972 141

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand View
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace Nursing Cent. 360	d. STREET ADDRESS (If rural, give location): Box 234

3. NAME OF DECEASED (Type or Print) a. (First): Audrey	b. (Middle): Lucille	c. (Last): Luchtenburg	4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1972	
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 15, 1911	9. AGE (In years last birthday): 60 — IF UNDER 1 YR. Months 10 Days 22 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Oakwood, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wm. S. Sinclair — BIRTHPLACE: Marietta, Ohio		14. MOTHER'S MAIDEN NAME: Gertrude Mayes — BIRTHPLACE: Marion Co. Ky.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Neal Luchtenburg	ADDRESS	

3451

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro vascular insufficiency	several weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardio vascular disease	Indefinite
DUE TO (c)	Grand mal epilepsy	indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Previous severe & deforming burn	many years prior

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1972 *to* Nov 7, 1972, *that I last saw the deceased alive on* Nov 7, 1972, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Kennit	280 (Degree or title): MD	23b. ADDRESS: 1819 Ellis St Caldwell Idaho	23c. DATE SIGNED: 11-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-9-1972	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Nov. 20, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Lucy M. Flaniff	LICENSE NO.: M-393

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flaniff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5273
Local Reg. No. 585
Reg. Dist. No. 360

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell d. STREET ADDRESS (If rural, give location) 910 Main

3. NAME OF DECEASED (Type or Print)	a. (First) Emil	b. (Middle) E.	c. (Last) Moench	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 20, 1914	9. AGE (In years last birthday) 58 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Adolph Moench	BIRTHPLACE S. Russia	14. MOTHER'S MAIDEN NAME Helen Layer	BIRTHPLACE S. Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) War II	16. SOCIAL SECURITY NO. 503-01-4376	17. INFORMANT'S OWN SIGNATURE Dakan Funeral Chapel	ADDRESS Caldwell Ida

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) *This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH Hours Years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Nov 8, 1972, *to* ——, 19——, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* 2 p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 520 (Degree or title) Mrs Coroner 4	23b. ADDRESS Caldwell	23c. DATE SIGNED 11.29.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-10-72	24c. NAME OF CEMETERY OR CREMATORY Ashley Cemetery	24d. LOCATION (City, town, or county) (State) Ashley, North Dakota
DATE REC'D BY LOCAL REG. Dec. 4, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER James R. Dakan	LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5274
Local Reg. No. 568
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 28 1972 Vital Statistics Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 504 13th Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARCIA	LEONA	SIEGMANN	November 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	October 10, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Smithsburg, Maryland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Martin	Pennsylvania	Sarah Mentzer	Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	518-28-6583	John R Corbrath	Gurnee, Illinois

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma Mucinum Colon — 10

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-27-72	Ost Ascendens Colon by Above Carcinoma	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
~~5 12 71~~ m.		

22. I hereby certify that I attended the deceased from 5-12-71, to 8 Nov, 1972, that I last saw the deceased alive on 8 Nov, 1972 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Graydon Olson MD 115-1		16 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 14, 1972	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 24,,1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Flahiff Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 20 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5275
Local Reg. No. 557
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Convalescent Center 351	d. STREET ADDRESS (If rural, give location): 404 Horton Street

3. NAME OF DECEASED (Type or Print)	a. (First) BEULAH	b. (Middle) JANE	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov. 24, 1883	9. AGE (In years last birthday): 88 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Springville, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lafeyette Johnson	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Luella Matson Johnson	BIRTHPLACE: Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-60-6205T	17. INFORMANT'S OWN SIGNATURE: Ralph E. Williams	ADDRESS: Boise, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CVA	29 Aug 72
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Arteriosclerotic	
DUE TO (c)	Cardiovascular disease	10 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1964, *to* 8 Nov, 1972, *that I last saw the deceased alive on* 8 Nov, 1972, *and that death occurred at* 1:32 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Graydon Cross M.D. 115 (Degree or title) 1	23b. ADDRESS: Nampa Idaho	23c. DATE SIGNED: 13 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/11/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Nov. 17, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5276
Local Reg. No. 554
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 17 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 071

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Box 356

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	A.	Sidener	Nov. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Jan. 27, 1915	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Chase County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nicholas A. Sidener	Illinois	Edna M. Silver	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War II	519-34-3118	Ethelyn Raynes	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	atelectasis	2 wks
DUE TO (c)	CA Rt Lung	3 MO
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11 OCT 72	Adenoca Rt cerv. nodes, metastatic	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10 OCT, 19 72, *to* 9 NOV, 19 72, *that I last saw the deceased alive on* 8 NOV, 19 72 *and that death occurred at* 12:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	122 E. Logan	13 NOV 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-13-72	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 16, 1972	Bernice M. Skinner	[signature]	M-507

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 31 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 20 1972 Bureau of Vital Statistics

State File No. 5277
Local Reg. No. 558
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 3da.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): 210 Hawthorne

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VERN	L	MILLS	11	9	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	Jan 4, 1897	75	9 / 5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Hoytsville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel J Mills	Hoytsville, Utah	Olive Crittenden	Hoytsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	One	728-01-7736	Alice K. Mills	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Bronchitis & Emphysema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor pulmonale, Sleeping disorder

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-16-70, 19____, *to* 11-9-72, 19____, *that I last saw the deceased alive on* 11-9-72, 19____, *and that death occurred at* 12:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Reed MD (Degree or title) 371-1	222 E Elm Caldwell Idaho 83605	10/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/11/72	Wasatch Lawn	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Bernice M. Skinner	Lucy M. Flahiff	M-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 30 1972 Bureau of Vital Statistics

State File No. 5278
Local Reg. No. 575
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lyle	Boone	Gordy	Nov. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	April 12, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Butte, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Levi Gordy	Unknown	Mae Boone	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-12-3988	X Carolyn Watson	2210 Milwaukee Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	450X Bilateral Pulmonary Emboli	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Fracture R femur	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 6 1972	Fracture R femur	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 4, 1972 *to* Nov 9, 1972, *that I last saw the deceased alive on* Nov 9, 1972, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Caldwell	11-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-14-72	Middleton Cemetery	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Bernice M. Skinner	Rodney O. Allen	M-508

FIRM NAME Pakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5279
Local Reg. No. 556
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 20 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center 150

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 6,

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANNA	BELLE	BRIANS	Nov. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct. 11, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Athena, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Evan A. Wallace	Iowa	Sarah A. Jackson	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-40-1041B	D A Brians	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 Nov 72	Fractured Hip left & Replacement Prosthesis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 62 to 9 Nov, 19 72, that I last saw the deceased alive on 9 Nov, 19 72, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gaylon Crow	MD	Nampa Idaho	13 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/13/72	Cloverdale Cemetery	Boise, Ada,, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Berniece M. Skinner	Richard W. Messenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972
JUN 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5280
Local Reg. No. 551
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 4 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1120 East Logan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	Lepnard	Goettling	Nov. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	Apr. 12, 1918	54	4 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder	J.R. Simplot Co.	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Goettling	Hillview, So. Dak.	Mabel Routson Weiser	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-07-2171	X Blydal L. Goettling	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	malignancy	6 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 - 1, 1972, to 11 10, 1972, that I last saw the deceased alive on 11-10, 1972, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE (Physician or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Caldwell Ida	11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-14-1972	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1972

AUG 2 2 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 0 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-11720
BIRTH NO.

RECEIVED NOV 17 1972 Bureau of Vital Statistics

State File No. 5281
Local Reg. No. 552
Reg. Dist. No. 360

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
TERRY	LYNN	CAMREN	11	10	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Infant	11/10/1972			X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 9	Infant	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dale L. Camren	Santa Cruz, Calf.	Lorna Key Hines	Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	X Dale Camren	NAMPA, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7699

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Immaturity.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Incompetent uterine cervix
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__ *to* Nov 10 19 72 *that I last saw the deceased alive on* Nov 10 19 72 *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard Loberg MD 923-1	Caldwell Idaho	11/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11/10/72	Mt. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 16, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Mahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 20 1972 Bureau of Vital Statistics

State File No. 5282
Local Reg. No. 560
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 1323 Filmore St. 506

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Caldwell~~ Greenleaf
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ray	Kenneth	Julian	Nov. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	July 1, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Portland, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilbert Julian	Canada	Ethel V. Closner	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War II	518-30-2366	Donna Bright	Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1953, to Nov 11, 19 7x, that I last saw the deceased alive on Nov 7, 19 7x, and that death occurred at 1 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	570 MD	Caldwell Ida	11-20-7x

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-14-72	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Bernice M. Skinner	[signature]	M508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5283
Local Reg. No. 561
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 256 Davis Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Samuel		Fradenburg	Nov. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 6, 1878	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Arcadia, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alonzo Fradenburg	New York	Minnie W. Ryff	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-2421	Jessie J. Parrott	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary Occlusion

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Healing Pressure Ulcer

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m		

22. I hereby certify that I attended the deceased from April 61, to Nov 11, 72, that I last saw the deceased alive on Nov 11, 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Nampa Idaho	15 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Bernice M. Skinner	Rodney A. Aiken	M-508

FIRM NAME: Yakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Decreased

RECEIVED NOV 20 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5284
Local Reg. No. 555
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BIRDIE	--	RUFNER	11	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	married	3/15/1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ardell Hart	Illinois	Lydia Young	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		x Bert Rufner	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2070

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute leukemia — INTERVAL BETWEEN ONSET AND DEATH: @1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/6/72, 19__, to 11-11-72, 19__, that I last saw the deceased alive on 11/10/72, 19__, and that death occurred at 04:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John L. Nelson M.D. (389-1)	Caldwell, Idaho	11/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
rem-burial	11/15/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Bernice M. Skinner	Marshall Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5285
Local Reg. No. 563
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 21 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 620-10th Ave. So. Ext.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 620-10th Ave. So. Ext.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	Yorgena	KNUDSEN	Nov. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 23, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Knudbol, Denmark	Denmark

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Yorgesen	Denmark	Katrina Bosen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	519-40-1912B	x Earl Knudsen	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Art disease — 8 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/5/ , 19 68 , *to* 11/13/ , 19 72 , *that I last saw the deceased alive on* 11/12/ , 19 72 , *and that death occurred at* 8:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvert Calder MD	619 So. Canyon, Nampa, Idaho	11/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 15, 1972	Cloverdale Cemetery	Ada, Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Bernice M. Skinner	Marvin R. Weibbila	M-515

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

State File No. 5286
Local Reg. No. 583
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Rt. # 6 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Rt. # 6	d. STREET ADDRESS (If rural, give location) Rt. # 6

3. NAME OF DECEASED (Type or Print)	a. (First) Oral	b. (Middle)	c. (Last) Dobbs	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 5, 1912	9. AGE (In years last birthday) 60 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Dobbs	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Zona Cotton	BIRTHPLACE Arkansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-14-7479	17. INFORMANT'S OWN SIGNATURE Jimmie J. Dobbs	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 13, 19 72, *to* ——, 19 ——, *that I last saw the deceased alive on* ——, 19 ——, *and that death occurred at* 10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 570 MD Corona 4 (Degree or title)	23b. ADDRESS Caldwell	23c. DATE SIGNED 11.29.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-16-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Dec.4, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Rodney W. Dokan	LICENSE NO. M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate; obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5287
Local Reg. No. 601
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mtn. View Terrace 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route # 8

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	OLIVE		UNDERKOFLER	11	13	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	1/25/1895	77	9	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Higginsville, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Love	Missouri	Anna McGinnis	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-82-4809	Dewitt Underkofler	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 203X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Multiple Myeloma	6 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-22-72, 19____, *to* 11-13-72, 19____, *that I last saw the deceased alive on* 11-13-72, 19____, *and that death occurred at* 5:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X W.L. Hubler M.D. 250-1	222 East Elm, Caldwell, Ida.	12-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/17/72	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Bernice M. Skinner	Leonard C. Flahiff	M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 1 1 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

OCT 1 5 1975

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5288
Local Reg. No. 565
Reg. Dist. No. 360

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1108 7th St. So.,

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALTA	E.	SHADDY	Nov. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 29, 1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Albion, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles S. Reigles	No Record	Florence P. Osborn	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-16-5955 A	Mrs. Arthur Fairchild	Midvale, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4319 Cerebro Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hiatus hernia & Gastric ulcer — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1965, to 14 Nov, 1972, that I last saw the deceased alive on 14 Nov, 1972, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kaylan Alsip		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	11/17/72	Kohlerlawn Cemetery	Nampa	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Bernice M. Skinner	Marvin R. Alsip	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5289
Local Reg. No. 578
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon 142 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): Weeks d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa d. STREET ADDRESS (If rural, give location): 124 1/2 - 17th Ave. So.,

3. NAME OF DECEASED (Type or Print)	a. (First) TENNIE	b. (Middle) C.	c. (Last) BOOK	4. DATE OF DEATH (Month) (Day) (Year)		
				Nov. 14, 1972		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 20, 1886	86		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife	At Home	Carr, Missouri	USA			
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE			
William Botner	No Record	Rachel Bull	No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS			
No	518-28-5595	X Reta L. Fletcher	Nampa, Idaho			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	4423 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ren art Sclerosis.	15 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Art Sclerotic Heartdis: CHF	2 yrs
	DUE TO (c) Peripheral Vasc disease - gangrene of feet	1 month
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 16, 19 72 to 11 14, 19 72, that I last saw the deceased alive on 11 14, 19 72 and that death occurred at 2 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold Brown M.D.	619 So Canyon	11/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/18/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
December 1, 1972	Bernice M. Kenner	Marvin R. Fletcher	M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

FEB 29 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5290
Local Reg. No. 577
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 1 - 1972

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (In this place): 142 Spouse of Pat
d. FULL NAME OF HOSPITAL OR INSTITUTION: NAMPA CONVALESCENT HOME 351

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2210 SO. LATAH

3. NAME OF DECEASED (Type or Print): a. (First) ALMA b. (Middle) J. c. (Last) STROUD
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 15, 1972

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: AUG. 25, 1880
9. AGE (In years last birthday): 92
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAW ENFORCEMENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CORYDON, IOWA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN F. STROUD BIRTHPLACE: IOWA
14. MOTHER'S MAIDEN NAME: MARY ELIZABETH LOVING BIRTHPLACE: IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 505-09-3241
17. INFORMANT'S OWN SIGNATURE: x Ina B Stroud ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4124 Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs
DUE TO (c) Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1972, *to* 15 Nov, 1972, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stephen Olson MD (Degree or Title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 20 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: NOV. 18, 1972
24c. NAME OF CEMETERY OR CREMATORY: DRY CREEK CEMETERY
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 30, 1972
REGISTRAR'S SIGNATURE: Berniece M. Skinner
25. EMBALMER: L. Conway Grant
LICENSE NO.: M478
FIRM NAME: REYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 30 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5291
Local Reg. No. 572
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 271

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ervie	Harrison	Compher	Nov. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 18, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Lovettsville, Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Compher	Virginia	Isabella Bowers	Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	533-03-3538A	X Edith Compher	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 65, *to* Nov. 16, 19 72, *that I last saw the deceased alive on* Nov. 16, 19 72, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	222 Edit Logan	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-20-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Bernice M. Skinner	Glenn Leon Johnson	M 545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 17 1973

FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5292
Local Reg. No. 573
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2202 Willow

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jessie	Edna	Coon	Nov. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 4, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Goodland, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph E. Henson	Virginia	Anna Belle Wilson	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
	518-82-4377	Frank A. Coon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CA of colon c widespread metastases

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-16-71, 19____, to 11-18-72, 19____, that I last saw the deceased alive on 11-18-72, 19____, and that death occurred at 7:10 a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
X Charles E. Reed, M.D. (Degree or title) 327-1	222 East Elm, Caldwell, Ida.	11-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-21-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Bernice M. Skinner	Rodney A. Dalton	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 16 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5293
Local Reg. No. 570
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital	d. STREET ADDRESS (If rural, give location): RFD 2 Parma

3. NAME OF DECEASED (Type or Print) a. (First): David	b. (Middle): Leroy	c. (Last): Upshaw	4. DATE OF DEATH (Month) (Day) (Year): 11-18-1972	
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 4-9-1911	9. AGE (In years last birthday): 61 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 7	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lee Upshaw	BIRTHPLACE: UNK.	14. MOTHER'S MAIDEN NAME: Mory Mae Gass	BIRTHPLACE: Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 496-01-5896	17. INFORMANT'S OWN SIGNATURE: x B. Peggy Upshaw	ADDRESS: RFD 2 Parma Idaho	

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11-68, 19___, *to* 11-18-72, 19___, *that I last saw the deceased alive on* 11-18-72, 19___, *and that death occurred at* 10:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: X W.L. Hubler, M.D. (Degree or title) [signature] 250-1	23b. ADDRESS: 222 East Elm, Caldwell, Ida.	23c. DATE SIGNED: 11-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-21-1972	24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery	24d. LOCATION (City, town, or county) (State): Parma Idaho
DATE REC'D BY LOCAL REG.: Nov. 29, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: B.B. Lunkampen	LICENSE NO.: 408 Ore.

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5294
Local Reg. No. 609
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) P. O. Box 802

3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) (NMI) c. (Last) Boetger
4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 8, 1902
9. AGE (In years last birthday) 70
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) McLain, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rudolph Boetger BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 524-07-2108
17. INFORMANT'S OWN SIGNATURE X Robert G Boetger ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5719

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH [redacted] 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-29-72, 19____, *to* 11-19-72, 19____, *that I last saw the deceased alive on* 11-19-72, 19____, *and that death occurred at* 1:35p *m., from the causes and on the date stated above.*

23a. SIGNATURE X W.L. Hubler, M.D. (Degree or title)
23b. ADDRESS 222 East Elm, Caldwell, Ida.
23c. DATE SIGNED 12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-22-72
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Dec. 18, 1972
REGISTRAR'S SIGNATURE Bernice M. Skinner
25. EMBALMER Rodney W. Dixon
LICENSE NO. M-528
FIRM NAME Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5295
Local Reg. No. 589
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 4, Nampa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 4,

3. NAME OF DECEASED (Type or Print): a. (First) MATENA b. (Middle) CAROLINA c. (Last) LUNDGREN HULTGREN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 9, 1885
9. AGE (In years last birthday): 87
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): St. Peter, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Lundgren
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Agusta Ryberg
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 573-22-4051
17. INFORMANT'S OWN SIGNATURE: C. A. Hultgren
ADDRESS: Bellingham, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4123 Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20 , 19 72 , to , 19 *that I last saw the deceased alive on* , 19 , *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD (Degree or title) Coroner
23b. ADDRESS: [signature]
23c. DATE SIGNED: 12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Trans.-Burial
24b. DATE: 11/24/72
24c. NAME OF CEMETERY OR CREMATORY: Winton Cemetery
24d. LOCATION (City, town, or county) (State): Winton, California

DATE REC'D BY LOCAL REG.: Dec. 6, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Richard W. Messbrich
LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5296
Local Reg. No. 580
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 12 hrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Mercy Medical Center 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 319 20th Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) LESTER b. (Middle) E. c. (Last) STROUP

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 20, 1890

9. AGE (In years last birthday): 82 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker (retired) 5

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.

11. BIRTHPLACE (State or foreign country): Alton, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Leonard Stroup BIRTHPLACE: Fort Wayne, Indiana

14. MOTHER'S MAIDEN NAME: Lavina Ann Cully BIRTHPLACE: Muncie, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War I

16. SOCIAL SECURITY NO.: 712-07-0406

17. INFORMANT'S OWN SIGNATURE: Leitha Stroup ADDRESS: Nampa, Idaho

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-15, 1964, *to* 11-20, 1972, *that I last saw the deceased alive on* 11-20, 1972, *and that death occurred at* 6:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: I C Hunter M.D. (Degree or title)

23b. ADDRESS: 1223 7th St. So., Nampa, Idaho

23c. DATE SIGNED: 11-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 24, 1972

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Charles H. Parsons

LICENSE NO.: M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 7 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5297
Local Reg. No. 591
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rt. # 1 Nampa; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000	d. STREET ADDRESS (If rural, give location) Rt. # 1

3. NAME OF DECEASED (Type or Print)	a. (First) Cecil	b. (Middle)	c. (Last) Beagley	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11,1912	9. AGE (In years last birthday) 60 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rosston, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter Beagley	BIRTHPLACE England		14. MOTHER'S MAIDEN NAME Mary M. Morris	BIRTHPLACE Texas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-42-1501		17. INFORMANT'S OWN SIGNATURE Mrs Cecil Beagley	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1419

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma Tongue — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1972, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 8 a m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 570 (Degree or title) MD Coroner 4	23b. ADDRESS Caldwell	23c. DATE SIGNED 12-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-24-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Dec. 6, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER James R. Dakan	LICENSE NO. M-485

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5298
Local Reg. No. 569
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (In this place): 6das.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Route #1

d. HOSPITAL OR INSTITUTION: Mercy Medical Center 050

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARK	D	MAYBON	11	20	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	July 8, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self	Fullerton, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clark Maybon Sr.	Iowa	Florence Cantrall	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	555-84-0965	Nell Maybon	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1977

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma in liver, primary unknown — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 35 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-14, 1972 to 11-20, 1972 that I last saw the deceased alive on 11-20-72, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin E Blanchard MD	Nampa Ida	11-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/24/72	Marsing- Homedale	Near Marsing Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5299
Local Reg. No. 590
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics 140

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 7. (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 7.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABLE	PEARL	WHITE	Nov. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Apr. 29, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Canton, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Sigman	Kansas	Stella R. Force	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-28-5428	x Kenneth L. White	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 21, 19 72, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. Coroner	Caldwell	11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1972	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 6, 1972	Bernice M. Skinner	Richard W. Meyerbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 30 1972 Bureau of Vital Statistics

State File No. 5300
Local Reg. No. 576
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nampa Convalescent Center 357

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 308 Stanford

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Freda	L.	Swank	November 21 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Oct. 24, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Crete, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Victor J. Stahl	Crete, Nebraska	Lillie Gerry	Denver, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
np	443-01-1658 B	X Phinney D. Swank	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1977 Metastatic Cancer of liver, primary unknown — INTERVAL BETWEEN ONSET AND DEATH 5 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-26, 1972 to Nov-21, 1972, that I last saw the deceased alive on Nov. 14, 1972, and that death occurred at 10:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren E Blough MD	Nampa Ida	11-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 24, 1972	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Bernice M. Skinner	Richard W. Meservey	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972
DEC 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 1 9 1976
JUL 3 0 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 12 1972 Bureau of Vital Statistics

State File No. 5301
Local Reg. No. 598
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho — c. LEAGUE STAY (In this place): 7das.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 301 East Kearney

3. NAME OF DECEASED (Type or Print)	a. (First) MANUEL	b. (Middle)	c. (Last) MENCHACA	4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 72
5. SEX: M	6. COLOR OR RACE: Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 17, 1906	9. AGE (In years last birthday): 66 — IF UNDER 1 YR. Months 2 Days 4 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboror 7	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Charco, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Felix Menchaca	BIRTHPLACE: Texas	14. MOTHER'S MAIDEN NAME: Cleofasdel Bosque	BIRTHPLACE: Texas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: 466-24-5126	17. INFORMANT'S OWN SIGNATURE: x Angel C. Menchaca	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	uremia	6 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes mellitus	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29-69, 19__, *to* 11-21-72, 19__, *that I last saw the deceased alive on* 11-21-72, 19__, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: XX W. L. Hubler, :M.D. (Degree or title) W L Hubler 250-1	23b. ADDRESS: 222 East Elm, Caldwell, Ida.	23c. DATE SIGNED: 12-1-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 11/22/72	24c. NAME OF CEMETERY OR CREMATORY: Palm Valley Memorial
24d. LOCATION (City, town, or county) (State): Pharr, Texas		
DATE REC'D BY LOCAL REG.: Dec. 11, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Robert J. Clifford
LICENSE NO.: M-554		

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5302
Local Reg. No. 582
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MT. VIEW TERRACE, INC.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: VALLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MC CALL,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DIANNA	E.	BRIGGS BESECKER	NOV. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	SEPT. 25, 1878	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		LITCHFIELD, ILLINOIS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM MADISON BRIGGS	ILLINOIS	LOUVISA SMITH	KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		X Mrs John (Esther) Owens	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4123 Arteriosclerotic Heart Disease	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Arteriosclerosis	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 15 8 am 19 72 to Nov 22 19 72 that I last saw the deceased alive on Nov 21 19 72 and that death occurred at 8 am m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	570-1	Caldwell Ida	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOV. 24, 1972	MORRIS HILL CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1972	Bernice M. Skinner	L. Conway Gray	2478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate including the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician .....

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Certificate of Death
STATE OF IDAHO

State File No. 5303
Local Reg. No. 586
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 7th Avenue South, Apt. # 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 119 7th Avenue South, Apt. # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CURTIS	LEE	SAMS	November 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	November 18, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Equipment Foreman (ret)	Construction	Neosho, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Hale Sams	Oklahoma	Myrtle Chloe Smyth	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	519-10-1017-A	Mrs. Linda Dahl	Reno, Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — Interval between onset and death: 4 mos

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 24 '72, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coroner	222 East Logan, Caldwell, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	Nov. 29, 1972	Shoshone Cemetery	Shoshone, Lincoln Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1972	Bernice M. Skinner	Charles A. Parsons	M-494

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972
JUL 0 1 2011

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5304
Local Reg. No. 584
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nampa Conv. Center 050	d. STREET ADDRESS (If rural, give location) 715 Diamond

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) VIOLA	c. (Last) GROVER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 28, 1887	9. AGE (In years last birthday) 85 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Oscar Albert Tilton	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Mary Barnes	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - - - - -	16. SOCIAL SECURITY NO. 518-07-1688B	17. INFORMANT'S OWN SIGNATURE Mildred E. Stearns	ADDRESS Nampa Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (1) Arteriosclerotic Heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Disease & Decompensation
DUE TO (c) (2) Old C.V.A.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1965, *to* 26 Nov, 1972, *that I last saw the deceased alive on* 26 Nov, 1972, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. R. Mangum (Degree or title)	23b. ADDRESS Nampa, Idaho	23c. DATE SIGNED 29 Nov 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 28, 1972	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho		
DATE REC'D BY LOCAL REG. Dec. 4, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER Marvin R. Heikkila
LICENSE NO. M-515		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5305
Local Reg. No. 587
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 22 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nusrsing Home 3 o 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian (rural)
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dora	J.	Sheffield	Nov. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 27, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Addison Young	Indiana	Addie Blood	Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-5659	Wayne Sheffield Rt. #3	Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2893 Pul Embolus - septic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lymphadenitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 19 67 to Nov 27, 19 72, that I last saw the deceased alive on Nov 27, 19 ____, and that death occurred at 5:50 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D. 326-1	Nampa Idaho	11/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 1, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 6, 1972	Berniece M. Skinner	Gary A. Cowger	M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5306
Local Reg. No. 581
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon (41)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 10mi.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital (51)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon (41)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 308 Denver

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) MAY c. (Last) WOOLERY

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 72

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 4, 1888

9. AGE (In years last birthday): 84
IF UNDER 1 YR. Months: 2 Days: 23
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Ketchum, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: T. Wyman Thompson
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Jananna Ketchum
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-20-2393A

17. INFORMANT'S OWN SIGNATURE: Lowell Woolery
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): ASHD & MI

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1970, 19__, to 11/27, 1972, that I last saw the deceased alive on 11/27, 1972, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Donald C. Bauman M.D.

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 11/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/29/72

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: Robert J. Clifford

LICENSE NO.: M-554

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 2 6 1973

AUG 2 6 1977

JUL 2 2 1985

SEP 0 9 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 7 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5307
Local Reg. No. 592
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Rt. # 5 c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Rt. # 5 000	d. STREET ADDRESS (If rural, give location) Rt. # 5

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) R.	c. (Last) Hastings	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1929	9. AGE (In years last birthday) 43 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rushville, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Glen A. Hastings	BIRTHPLACE Neb.		14. MOTHER'S MAIDEN NAME Edna Mohr	BIRTHPLACE Neb.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1951-1959	16. SOCIAL SECURITY NO. 507-38-3592		17. INFORMANT'S OWN SIGNATURE Mrs. John R. Hastings	ADDRESS Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

955X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun Shot wound - forehead — INTERVAL BETWEEN ONSET AND DEATH Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 01	21c. (CITY, TOWN, OR TOWNSHIP) R 5 Caldwell 13-141 (COUNTY) Canyon (STATE) Ida	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 28 1972 1a m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Self inflicted	

22. *I hereby certify that I attended the deceased from* Nov 28, 1972, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 1a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 570 (Degree or title) M.D. Coroner 4	23b. ADDRESS Caldwell	23c. DATE SIGNED 12.2.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-30-72	24c. NAME OF CEMETERY OR CREMATORY Rushville Cemetery	24d. LOCATION (City, town, or county) (State) Rushville, Nebraska
DATE REC'D BY LOCAL REG. Dec. 6, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER James R. Dakan	LICENSE NO. M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 11 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5308
Local Reg. No. 596
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place): months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Convalescent Center 351	d. STREET ADDRESS (If rural, give location): Nampa Convalescent Center

3. NAME OF DECEASED (Type or Print)	a. (First) ETHEL	b. (Middle) LOUISE	c. (Last) MURRAY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 6, 1887	9. AGE (In years last birthday): 85; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): LaPlata, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William J. Bird	BIRTHPLACE: Kentucky	14. MOTHER'S MAIDEN NAME: No Record	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-24-7661 A	17. INFORMANT'S OWN SIGNATURE: Mrs Lillian Gertrude Elton	ADDRESS	

4389

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hemiplegia R + aphasia	2 years
DUE TO (c)	Generalized Art. Sclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1969, *to* Nov 28, 1972, *that I last saw the deceased alive on* Nov 23, 1972, *and that death occurred at* 2 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold W Brown MD 062 (Degree or title)	23b. ADDRESS: 619 So Canyon	23c. DATE SIGNED: 12/3/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/30/72	24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Dec. 8, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Larry J. Kronk	LICENSE NO.: M-447

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 7 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5309
Local Reg. No. 593
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 354 Caldwell Concelescent Center	d. STREET ADDRESS (If rural, give location) 1611 Everett St.

3. NAME OF DECEASED (Type or Print)	a. (First) Ruth	b. (Middle) Eleanor	c. (Last) McCoy	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed-	8. DATE OF BIRTH Sept. 30, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rock Rapids, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Oscar D. Conover	BIRTHPLACE Unknown		14. MOTHER'S MAIDEN NAME Vilma Yokom	BIRTHPLACE Canada
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-42-5492		17. INFORMANT'S OWN SIGNATURE x Merle E Stuart	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 h.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A. S. H. D.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis Senile Dementia 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 11-28, 1972 *that I last saw the deceased alive on* Oct 16, 1972, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 253 (Degree of title)	23b. ADDRESS 222 East Logan	23c. DATE SIGNED 12-1-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery-	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Dec. 6, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER [signature]	LICENSE NO. M-508

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 7 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5310
Local Reg. No. 588
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place) minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake Lowell Road 000	d. STREET ADDRESS (If rural, give location) 623 11th Ave. South, Exstension

3. NAME OF DECEASED (Type or Print)	a. (First) Gregory	b. (Middle) Allen	c. (Last) Hoppins	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 8, 1962	9. AGE (In years last birthday) 10 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY ----------	11. BIRTHPLACE (State or foreign country) California	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wendell W. Hoppins	BIRTHPLACE Nampa, Idaho	14. MOTHER'S MAIDEN NAME Cora Anderson	BIRTHPLACE Michigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Wendell W Hoppins	ADDRESS Nampa, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8147

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple severe fractures

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) lacerations + contusions

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immed

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) Nampa 13-142	(COUNTY) Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 28 1972 6 p m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car struck bicycle	

22. *I hereby certify that I attended the deceased from* Nov 28, 1972, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6 p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] M.D. Crown (Degree or title) 4	23b. ADDRESS Caldwell	23c. DATE SIGNED 12.2.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Dec. 6, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Robert J. Clifford	LICENSE NO. M-554

FIRM NAME: Flaniff's Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

State File No. 5311
Local Reg. No. 594
Reg. Dist. No. 360
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa	c. LENGTH OF STAY (In this place): 142			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050				d. STREET ADDRESS (If rural, give location): Rt. # 1	
3. NAME OF DECEASED (Type or Print) a. (First): Burtt	b. (Middle): L.	c. (Last): Berry		4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 10, 1899	9. AGE (In years last birthday): 73	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Terre Haute, Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles W. Berry	BIRTHPLACE: Indiana		14. MOTHER'S MAIDEN NAME: Glen Whitaker	BIRTHPLACE: Indiana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): War I	16. SOCIAL SECURITY NO.: 566-12-6217	17. INFORMANT'S OWN SIGNATURE: Ted Hubbard	ADDRESS: Nampa	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Respiratory failure

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic hypostatic pneumonia
DUE TO (c): Cor Pulmonale

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Azotemia

5193

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD 1065-I	23b. ADDRESS: 619 S. Canyon	23c. DATE SIGNED: 12-4-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 12-4-72	24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 7, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Glenn Leon Duncan	LICENSE NO.: M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH–63021

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 14 1972 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5312
Local Reg. No. 19
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs-rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street, address or location): At west city limits on Highway 30N 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 180 Ashland Drive

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Emmett Eugene Lucas

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Jan. 1, 1925
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): oil oiler 5
10b. KIND OF BUSINESS OR INDUSTRY: Johnson Const.
11. BIRTHPLACE (State or foreign country): Novinger, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur Lucas — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Myrtle Underwood — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Barbara E. Munson — ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe injuries with a crushed — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): chest and skull fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30N 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): At City limits-west Soda Springs, Idaho 13151
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 2, 1972
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Pickup and tanker truck collided on snow slick highway

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leadow S Allen — 585 (Degree or title) 4 Coroner
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 11/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/6/72
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 11-13-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theron Miller
LICENSE NO.: M-524

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Home

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 3 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5313
Local Reg. No. 20
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 30 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 151
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Wilford Ray Hunter

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Nov. 24, 1898
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Granger, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hunter — BIRTHPLACE: Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME: Sabina Matilda Peterson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x E. Jean Hunter — ADDRESS: Bancroft, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cad Right Kidney — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15-72, 19__, *to* 11-17-72, 19__, *that I last saw the deceased alive on* 11/17/72, 19__, *and that death occurred at* 515 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Cigal M.D. — 543 (Degree or title)
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 11/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/21/72
24c. NAME OF CEMETERY OR CREMATORY: Lund Cemetery
24d. LOCATION (City, town, or county) (State): Lund, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 11-29-72
REGISTRAR'S SIGNATURE: Elise Bingham, Deputy
25. EMBALMER: Theodore S. Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 6 1976

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 8 0 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5314
Local Reg. No. 21
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 151
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 199 East Second South

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Maud Christensen Balls

4. DATE OF DEATH (Month) (Day) (Year): November 22, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Oct. 1, 1886
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Henry, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lars Christensen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Harris — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Vernon Balls — ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1621 Ca of Lung (left) — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/23, 1972, *to* 11-22, 1972, *that I last saw the deceased alive on* 11/2/72, 19__, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 534 (Degree or title) MD
23b. ADDRESS: Soda Springs, Ida.
23c. DATE SIGNED: 11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/72
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 11-29-72
REGISTRAR'S SIGNATURE: Elise Bingham, Deputy
25. EMBALMER: Leadore S Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 2 0 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5315
Local Reg. No. 22
Reg. Dist. No. 520-521

RECEIVED DEC 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Caribou 151	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital 069	d. STREET ADDRESS (If rural, give location): 336 North Main St.

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) JONES	c. (Last) OWENS	4. DATE OF DEATH (Month) NOV (Day) 28 (Year) 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: March 17, 1891	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker X	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Malad City, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: DAVID E. JONES, SR.	BIRTHPLACE: Malad, Idaho	14. MOTHER'S MAIDEN NAME: CATHERINE EVANS	BIRTHPLACE: Malad, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service): -	16. SOCIAL SECURITY NO.: 519-34-9556	17. INFORMANT'S OWN SIGNATURE: Edward D. Owens	ADDRESS: 516 34th St. Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/22 *19*72 *to* 11/28/72 *19*, *that I last saw the deceased alive on* 11/27 *19*72 *and that death occurred at* 8 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 534-1	23b. ADDRESS: Soda Springs, Ida	23c. DATE SIGNED: 12/7/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 1, 1972	24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery	24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho
DATE REC'D BY LOCAL REG.: 12-8-72	REGISTRAR'S SIGNATURE: Norene Bunn	25. EMBALMER: Raiford G. Benson	LICENSE NO.: M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5316
Local Reg. No. 1234
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) c. (Last) Rosallez

4. DATE OF DEATH: (Month) (Day) (Year) 10-29-72

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): Never Married

8. DATE OF BIRTH: 10-29-72

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours ✓ / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: *********

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Rosallez — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Aliza Messa — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: *******

17. INFORMANT'S OWN SIGNATURE: Alicia Rosallez — ADDRESS: Heyburn, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) FETAL ANOXIA — INTERVAL BETWEEN ONSET AND DEATH: Before birth by 3-4 Min + 6 hrs. after 6 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PREMATURE BIRTH CORD COMPRES
DUE TO (c) BREECH EXTRACTION, AFTER COMING HEAD

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) BURLEY (COUNTY) CASSIA (STATE) IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28-72, 19__, to 10-29, 1972, that I last saw the deceased alive on 10-29-72, 19__, and that death occurred at 655 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: 1335 ALBION

23c. DATE SIGNED: 11-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-31-72

24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1972

REGISTRAR'S SIGNATURE: Rick A. Pearson

25. EMBALMER: Irwin Lee Hansen

LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-7159 BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

5317 State File No.

130 Local Reg. No.

470 Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Cassia (61)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital (079)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia (61)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1931 West Main Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Sean	LeRoy	Wilkinson		Oct.	31,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	July 5, 1972		3	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
********* (9)	*******	Burley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ivan R. Wilkinson	Coeur d'Alene, Id.	Susan LynneMatsen	Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Sean Wilkinson	Burley, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive gastrointestinal hemorrhage, (7282) — INTERVAL BETWEEN ONSET AND DEATH: Sudden-

acute cardiac failure with severe pulmonary edema

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably due to septic shock — within 2 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Acute broncho pneumonia, right lung; moderate anemia, acute gastroenteritis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/30/72, 19____, *to* 10/31/72, 19____, *that I last saw the deceased alive on* 10/31/72, 19____, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Annest (012)	MD	C. ANNEST, M.D., P.A. Suite 1 - Snow Building Burley, Idaho 83318	11-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-4-72	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Beth Pearson	Quinton Hansen	M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5318
Local Reg. No. 125
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 16 1
d. FULL NAME OF HOSPITAL OR INSTITUTION: Burley Retirement Home 39 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia / 60
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Box 101 Route # 3

3. NAME OF DECEASED (Type or Print): a. (First) Lural b. (Middle) Viola c. (Last) Wolfe

4. DATE OF DEATH: (Month) (Day) (Year): 10-31-72

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-19-1884

9. AGE (In years last birthday): 88
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Giltner, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sides - BIRTHPLACE: UNK

14. MOTHER'S MAIDEN NAME: Mary UNK - BIRTHPLACE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-58-2841

17. INFORMANT'S OWN SIGNATURE: Floyd R Wolfe ADDRESS: Burley, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable generalized abdominal carcinomatosis with metastases. — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus; arteriosclerotic cardiovascular disease; senility & debility.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/2/59 19__ *to* 9/28/72 19__ *that I last saw the deceased alive on* 9/28/72 19__ *and that death occurred at* 7:20 a *m., from the causes and at the time stated above.* C. ERNEST, M.D., P.A.

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Suite 1 - Snow Building, Burley, Idaho 83318

23c. DATE SIGNED: 11-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-3-72

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec 1, 1972

REGISTRAR'S SIGNATURE: Buck N. Pearson

25. EMBALMER: Quinten Hansen

LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

NOV 1 2 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5319
Local Reg. No. 129
Reg. Dist. No. 470

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 113 South Center

3. NAME OF DECEASED (Type or Print) a. (First) Pherry Edgar Nelson b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 11-7-72	
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 4-9-1891	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 7		10b. KIND OF BUSINESS OR INDUSTRY: Ranching	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Swanti Nelson - Sweden		BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Charlotte Johnston - Sweden	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 519-64-5560	17. INFORMANT'S OWN SIGNATURE: Rita S Layton	ADDRESS: Burley, Id.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/24

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASCVD (Arrhythmia not ruled out) — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1972, *to* 11-7, 1972, *that I last saw the deceased alive on* 11-6, 1972, *and that death occurred at* 4:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 709-1	23b. ADDRESS: Burley, Idaho 83318	23c. DATE SIGNED: 11-16-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-10-72	24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery	24d. LOCATION (City, town, or county) (State): Oakley, Idaho
DATE REC'D BY LOCAL REG.: Dec 1, 1972	REGISTRAR'S SIGNATURE: Bill H. Pearson	25. EMBALMER: [signature]	LICENSE NO.: M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5320
Local Reg. No. 131
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1220 Conant Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) c. (Last) Stevenson
4. DATE OF DEATH (Month) (Day) (Year): 11-18-72
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 2-8-1906
9. AGE (In years last birthday): 66 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Dikinson, N. Dikota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hugh Stevenson - BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Emma Robinson - BIRTHPLACE: Minn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 501-09-4692-A
17. INFORMANT'S OWN SIGNATURE: Winnifred Dochaak ADDRESS: Malta Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Squamous Cell Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 8-18 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-16-71
19b. MAJOR FINDINGS OF OPERATION: SQUAMOUS CELL CARCINOMA CHEST WALL, RIGHT
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1971, to 11-18, 1972, that I last saw the deceased alive on 11-17, 1972, and that death occurred at 730a m., from the causes and on the date stated above.

23a. SIGNATURE: Karl Kelly Nicholson 1019 (Degree or title)
23b. ADDRESS: 1335 Albion Burley Id
23c. DATE SIGNED: 11-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-21-72
24c. NAME OF CEMETERY OR CREMATORY: Stevenson Family Cemetery
24d. LOCATION (City, town, or county) (State): McKenzie County, North Dakota

DATE REC'D BY LOCAL REG.: Dec. 6 1972
REGISTRAR'S SIGNATURE: Dick H. Pearson
25. EMBALMER: Owin Lee Hansen
LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5321
Local Reg. No. 134
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia 160	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta - rural c. LENGTH OF STAY (In this place): Entry	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta - rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. South Cottrell Port of	d. STREET ADDRESS (If rural, give location): 5 mi. south

3. NAME OF DECEASED (Type or Print)	a. (First) Angel	b. (Middle) Echeandia	c. (Last) Miangolarra	4. DATE OF DEATH (Month) Nov. (Day) 18, (Year) 1972
5. SEX: Male	6. COLOR OR RACE: Basque	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: June 7, 1944	9. AGE (In years last birthday): 28 — IF UNDER 1 YR. Months 5 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder & ranching	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Eremo, Spain	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Anastasio Miangolarra, BIRTHPLACE: Spain		14. MOTHER'S MAIDEN NAME: Juana Echeandia, BIRTHPLACE: Spain		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -	16. SOCIAL SECURITY NO.: 528-84-8130	17. INFORMANT'S OWN SIGNATURE: Paul Beck, ADDRESS: Salt Lake City, Utah		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive head injury — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Freeway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia, Ida 13-160	
21d. TIME OF INJURY (Month) 11 (Day) 18 (Year) 1972 (Hour) P m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Auto accident	

22. *I hereby certify that I attended the deceased from* ____, 19__ *to* ____, 19__, *that I last saw the deceased alive on* 11-18, 1972, *and that death occurred at* P *m., from the causes and on the date stated above.*

Investigated the death of

23a. SIGNATURE: Leslie S Fellows MD Corner (Degree or title) 165 4	23b. ADDRESS: Box 652 Burley, Ida	23c. DATE SIGNED: 12-2-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 11-24-72	24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery	24d. LOCATION (City, town, or county): Soda Springs, (State) Idaho
DATE REC'D BY LOCAL REG.: Dec. 6, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972
APR 0 5 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5322
Local Reg. No. 126
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1350 Normal Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sylvia	Rae	Moncur	Nov. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	Widowed	Nov. 30, 1893	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Snowville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Christopherson	Denmark	Matilda Olson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-26-4452	Blanche Bagwell	Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3d

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) atherosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1968, *to* Nov. 20, 1972, *that I last saw the deceased alive on* Nov 20, 1972 *and that death occurred at* 9:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Burley	11-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11/24/72	Riverside Cemetery	Heyburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1 1972	Burk A. Pearson		M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5323
Local Reg. No. 127
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia (6)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia (6)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 801 Conant Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Phyllis	Ann	Espinosa	Nov. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	Dec. 7, 1914	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Del Norte, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jasper G. Chavez	Colorado	Josie Herrera	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-28-4580	Claude J. Espinosa	Burley, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	453X MASSIVE PULMONARY EMBOLISATION	1-2 DAYS.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	PELVIC VEIN THROMBOSES	UNKNOWN
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	PRECOCIOUS SENILITY 2ND CEREBRAL ATROPHY	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		BURLEY CASSIA IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* JAN, 1972, *to* 11-24, 19 72, *that I last saw the deceased alive on* 11-24, 19 72, *and that death occurred at* 735 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Karl R. Kelly 1019 MD	1338 ALBION BURLEY, ID	11-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-28-72	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 1, 1972	Burl A. Pearson	Alvin Lee Hansen	M 514

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5324
Local Reg. No. 128
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: CASSIA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: MONTANA 27 b. COUNTY: CUSTER 5-55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. F. D-INTERSTATE #80 c. LENGTH OF STAY (In this place): NONE 160	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILES CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 27 MILES S.E OF BURLEY 000	d. STREET ADDRESS (If rural, give location): 321 TATRO STREET

3. NAME OF DECEASED (Type or Print)	a. (First) BERNICE	b. (Middle) ADEL	c. (Last) CARLSON	4. DATE OF DEATH (Month) (Day) (Year) NOV. 24, 1972
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: FEB 23 1900	9. AGE (In years last birthday): 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (State or foreign country): SOUTH DAKOTA	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: (UNKNOWN) DRAPER	BIRTHPLACE: (UNKNOWN)	14. MOTHER'S MAIDEN NAME: UNKNOWN	BIRTHPLACE: UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE	16. SOCIAL SECURITY NO.: 517-32-3469-A	17. INFORMANT'S OWN SIGNATURE: Carroll L. Carlson	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable Coronary Occlusion	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) R. F. D.	(COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 24, 1972 (Noon)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Had seizure while driving pickup	

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray L. Mitchell 588 (Degree or title) Sheriff 5	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 11/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	24b. DATE: 11/25/72	24c. NAME OF CEMETERY OR CREMATORY: MILES CITY Cemetery	24d. LOCATION (City, town, or county) (State): MILES CITY, MONTANA
DATE REC'D BY LOCAL REG.: Dec. 1, 1972	REGISTRAR'S SIGNATURE: Beck H. Pearson	25. EMBALMER: Hunter Payne	LICENSE NO.: M-389

FIRM NAME: PAYNE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972
FEB 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 7 1982
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

State File No. 5325
Local Reg. No. 136
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley; c. LENGTH OF STAY (In this place): 1 hour	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 627 Oakley Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Elgie	b. (Middle) LeMar	c. (Last) Anderson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: July 20, 1908	9. AGE (In years last birthday): 64 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 0	10b. KIND OF BUSINESS OR INDUSTRY: *****	11. BIRTHPLACE (State or foreign country): Provo, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Andrew Anderson - Utah	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Pearl Shumway - Utah	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 712-09-1325	17. INFORMANT'S OWN SIGNATURE: Lena Anderson	ADDRESS: BURLEY, IDAHO	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 14 72, 19__, *to* 11 26 72, 19__, *that I last saw the deceased alive on* 11 26 72, 19__, *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene N. Blumer	239 (Degree or title): M.D.	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 12=1=72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/30/72	24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Dec. 7 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Perth Payne	LICENSE NO.: M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended January 15, 1973

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

State File No. 5326
Local Reg. No. 135
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural
c. LENGTH OF STAY (In this place): 15
d. FULL NAME OF HOSPITAL OR INSTITUTION: 25 Mi. E.Burley, Interstate

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1420 Camas

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) LeRoy; c. (Last) Olsen

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1972

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 4, 1948

9. AGE (In years last birthday): 24
IF UNDER 1 YR. Months: 4 Days: 19
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mesa, Arizona

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Olsen, BIRTHPLACE: Hyrum, Utah

14. MOTHER'S MAIDEN NAME: Verna Wallace, BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Vietnam

16. SOCIAL SECURITY NO.: 519-60-2504

17. INFORMANT'S OWN SIGNATURE: Leo St. Olsen 1420 Camas ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive head & chest injury — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Freeway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Cassia (STATE) Idaho

21d. TIME OF INJURY (Month): 11 (Day): 26 (Year): 72 (Hour): 1:30 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from Investigation to the death, that I last saw the deceased alive on 11-26-72, 19__, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Leslie St. Ellsmore MD 165-1

23b. ADDRESS: Box 697 Burley Ida

23c. DATE SIGNED: 12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-26-72

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county): Blackfoot, (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 6 1972

REGISTRAR'S SIGNATURE: Rita H. Pearson

25. EMBALMER: Ormand J Bench

LICENSE NO.: M-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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12-26-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 15 12 55 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 72=5326

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Carl LeRoy Olsen (Name on Original Certificate) who died (Was Born or Died) on November 26, 1972 (Date of Event)
in Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	July 7, 1948	July 4, 1948

Subscribed and sworn to before me this 12th day of January, 19 73

Notary Public, residing at Blackfoot, Idaho
My commission expires May 19, 1975
(Seal)

✓ Signed Vernon W. Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1420 Camas St., Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January, 19 73

Notary Public, residing at Blackfoot, Idaho
My commission expires May 19, 1975
(Seal)

✓ Signed Geo. W. Olsen
(Signature of Any Credible Person)

1420 Camas St., Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155

Called - To Correct

12-26-72

JAN 16 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

72-5326

State of ..... Idaho

County of ..... Idaho

The undersigned does solemnly swear that certain facts on a ..... Nov. 26, 1972

for ..... Carl Leroy Olsen ..... with ..... Nov. 26, 1972
(Name on Original Certificate)

in ..... Cassia County
(Place of Event)

true facts are shown by ..... (Bible Record, Insurance Policy, etc.)

WHEN TO BE CORRECTED
(Name of Birth Date, Place of Death)

Date of birth	July 7, 1948	July 4, 1948

Subscribed and sworn to before me ..... day of 1972

Notary Public, residing at ..... Idaho

My commission expires ..... (Seal)

SUBSCRIBING AFFIDAVIT OF A SECOND INFORMANT

State of ..... Idaho

County of ..... Idaho

The undersigned does solemnly swear that the above ..... and that they are true to the best of his knowledge.

Subscribed and sworn to before me ..... day of 1972

Notary Public residing at ..... Idaho

My commission expires ..... (Seal)

Certificate of Death
STATE OF IDAHO

State File No. 5327
Local Reg. No. 132
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley LENGTH OF STAY (In this place): Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Retirement Home	d. STREET ADDRESS (If rural, give location): 1951 Burton Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Olive	b. (Middle):	c. (Last): Hagman	4. DATE OF DEATH	(Month) Nov. (Day) 26, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 29, 1879	9. AGE (In years last birthday): 93	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Sweden	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Johan Gustofson	BIRTHPLACE: Sweden	14. MOTHER'S MAIDEN NAME: Eling Johnson	BIRTHPLACE: Sweden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 518-54-0669T	17. INFORMANT'S OWN SIGNATURE: Bert B Johnson	ADDRESS: Wash. Electfic City	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

188X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Bladder, metastasis — INTERVAL BETWEEN ONSET AND DEATH: Mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 0, 1971, to Nov. 26, 1972, that I last saw the deceased alive on Nov. 26, 1972, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): 709-1	23b. ADDRESS: Burley Ida.	23c. DATE SIGNED: 11-25-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 11/30/72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Dec. 6 1972	REGISTRAR'S SIGNATURE: Buck H. Pearson	25. EMBALMER:	LICENSE NO.: A-389
		FIRM NAME: Payne Mortuary	

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 8 1972

FEB 6 1973

FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5328
Local Reg. No. 137
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 142 Miller Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Hallie b. (Middle) Angeline c. (Last) Boyd

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 72

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-21-1885

9. AGE (In years last birthday): 87
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician

10b. KIND OF BUSINESS OR INDUSTRY: Hair Styling

11. BIRTHPLACE (State or foreign country): Trenton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eddy Bean - BIRTHPLACE: UNK

14. MOTHER'S MAIDEN NAME: Ellen Ewing - BIRTHPLACE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-9156

17. INFORMANT'S OWN SIGNATURE: Alice Bean
ADDRESS: Burley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11-22-72

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: ASHD with heart block — April 1972

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 71 to Nov 28 72, that I last saw the deceased alive on Nov 28 72, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-1-72
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: Dec 7 1972
REGISTRAR'S SIGNATURE: Ruth H. Pearson
25. EMBALMER: Owen Lee Hansen
LICENSE NO.: M 514

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5329
Local Reg. No. 133
Reg. Dist. No. 470

RECEIVED DEC 7 - 1972 Bureau of Vital

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Utah 45 b. COUNTY: Cache 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): 1 year	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): **********

3. NAME OF DECEASED (Type or Print)	a. (First): Emeline	b. (Middle): B.	c. (Last): Kidman	4. DATE OF DEATH (Month) (Day) (Year): November 28, 1972
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 14, 1891	9. AGE (In years last birthday): 79 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Wellsville, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Albert Amassa Riggs	BIRTHPLACE: Wellsville, Ut.	14. MOTHER'S MAIDEN NAME: Sarah Maria Bird	BIRTHPLACE: Mendon, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 528-50-7421A	17. INFORMANT'S OWN SIGNATURE: Veda Fairchild	ADDRESS: Oakley, Ida.	

4339

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): acute cerebral Thrombosis 16 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Gen arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): none	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7-70, 19__, *to* 11-28-, 1972, *that I last saw the deceased alive on* 11-27-72, 19__, *and that death occurred at* 3:17 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R P Sutton 514 (Degree or title) M D	23b. ADDRESS: Burley Ida	23c. DATE SIGNED: 11/30/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 11/28/72	24c. NAME OF CEMETERY OR CREMATORY: Logan Cemetery	24d. LOCATION (City, town, or county) (State): Logan, Utah
DATE REC'D BY LOCAL REG.: Dec. 6, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: [signature]	LICENSE NO.: M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5330

Certificate of Death
STATE OF IDAHO

State File No. 5330
Local Reg. No. 70
Reg. Dist. No. 210

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gustavius	A.	Bashaw	Nov. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	widowed	Jan. 25, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postmaster	U.S. Mail	Elliot, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Silas D. Bashaw	Unk.	Nella E. Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Lyle Bashaw	Orofino

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4509

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 50 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 30 Oct, 19 72 *to* 30 Oct, 19 72, *that I last saw the deceased alive on* 30 Oct, 19 72, *and that death occurred at* Unk. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice F. P. Masar	1063 M. D.	Northside Med. Center	11-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 6, 72	Weseman	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 8, 1972	Lura M. Burger	Lyle A. Gilbertson	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972
FEB 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5331
Local Reg. No. 72
Reg. Dist. No. 210

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 Miles West of Elk River
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: 0000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location): Box-324

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	Edwin	Lounsberry	11-12-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	2-26-1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician		DeQuincy, Louisiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Minor Lounsberry	Unknown	Freddie Peavy	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean	435-38-7895	X Mrs. D. E. Lounsberry	Genesee

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9229

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun shot wound to neck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	forest 09	13-130 Elk River-rural Clearwater, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov. 12, 1972 2:10p.m.		Hunting accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10p.m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter	583 4 Coroner	Orofino, Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-1972	Genesee City Cemetery	Genesee, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 21, 1972	Lern M. Burger	Donald Ward	M-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
NOV 3 0 1972
DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5332
Local Reg. No. 71
Reg. Dist. No. 210

BIRTH NO.

RECEIVED NOV 21 1972 18/

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Clearwater b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino c. LENGTH OF STAY (In hospital or institution): [illegible] d. FULL NAME OF HOSPITAL OR INSTITUTION: 737 Dewey Ave.	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Clearwater b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino d. STREET ADDRESS (If rural, give location): 737 Dewey Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ernest	L.	Enderle	Nov. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	married	Dec. 5, 1901	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
woods worker 5	lumber	Bremer Co. Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mathias Enderle	Germany	Louesa Koller	Switz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	519-09-4440	Mrs E L Enderle	Orofino

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter	583 Coroner 4	Orofino, Idaho	11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 15, 72	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 16, 1972	Vera M. Burgs	[illegible]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 6 1972

JUN 2 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5333
Local Reg. No. 73
Reg. Dist. No. 210

BIRTH NO.

RECEIVED NOV 28 1972

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino-rural
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino-rural
d. STREET ADDRESS (If rural, give location) Rt. 3

3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) C. c. (Last) Brown
4. DATE OF DEATH (Month) Nov. (Day) 20, (Year) 1972
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov. 30, 1919
9. AGE (In years last birthday) 52
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (State or foreign country) Midvale, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charly Brown
BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Rose Marks
BIRTHPLACE Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-12-4296
17. INFORMANT'S OWN SIGNATURE X Mrs. Marvin Brown
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 10-14-72
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 2, 1970, *to* November 16, 1972, *that I last saw the deceased alive on* November 16, 1972, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert D. Hill MD (Degree or title) 490-1
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED 11-21-72
24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Nov. 22, 72
24c. NAME OF CEMETERY OR CREMATORY Fraser
24d. LOCATION (City, town, or county) Orofino, Idaho (State)
DATE REC'D BY LOCAL REG. Nov. 22, 1972
REGISTRAR'S SIGNATURE Lern M. Burger
25. EMBALMER Clyde A. Gilbertson
LICENSE NO. 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 9 1972

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5334
Local Reg. No. 74
Reg. Dist. No. 210

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 2½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Orofino Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): Box 214

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marie		McGrath	Nov. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Aug. 15, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Czechoslovakia	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Mrnous	Czechoslovakia	Hermina Mrnous	Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 54 0136	Lela M. Crapo	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/26/71, 19____, *to* 11/27/72, 19____, *that I last saw the deceased alive on* 10/28/72, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert O. Hall MD 490-1	Orofino, Idaho 83544	11/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 28, 1972	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 6, 1972	Lura M. Burger	J. Vassar	M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

JUN 21 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5335
Local Reg. No. 1
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Custer 190	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Lousiana 19 b. COUNTY E. Baton Roug 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Stanley c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baton Rouge
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Loon Crs Summit 000	d. STREET ADDRESS (If rural, give location) 11445 Glenhaven Dr.

3. NAME OF DECEASED (Type or Print)	a. (First) Jon	b. (Middle) Jeffery	c. (Last) Sisson	4. DATE OF DEATH (Month) Nov (Day) 21 (Year) 72
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 10/9/57	9. AGE (In years last birthday) 15 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Baton Rouge, Louisiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Norman L. Sisson-Topeka Kansas	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Margaret Vaughan Monroe, Louisiana	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 436-74-3978	17. INFORMANT'S OWN SIGNATURE X Lee Sisson	ADDRESS	

8181

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suffocation from carbon

DUE TO (c) monoxide gas in

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. camper

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ 1 (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) 13-190 Custer (COUNTY) (STATE) Enroute from Loon Creek to Sunbeam Dam
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE A. Marie Osborn - deputy coroner 583 (Degree or title) 4	23b. ADDRESS Stanley, Idaho Elmer Rena Emergency Clinic	23c. DATE SIGNED 12-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Greenoaks Memorialpark	24d. LOCATION (City, town, or county) Baton Rouge (State) Louisiana
DATE REC'D BY LOCAL REG. Nov. 27 1972	REGISTRAR'S SIGNATURE Agnes G. Edmiston	25. EMBALMER Bruce K. Rathbe	LICENSE NO. M559

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Bird Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5336
Local Reg. No. 90
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080	d. STREET ADDRESS (If rural, give location) 509 N. 11th E.

3. NAME OF DECEASED (Type or Print)	a. (First) ORVAL	b. (Middle) J.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) November 3, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1891	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY Ranch	11. BIRTHPLACE (State or foreign country) Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Williams	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Margaret Benson	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-22-7049	17. INFORMANT'S OWN SIGNATURE Mountain Home, Idaho + Effie E. Williams	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Aubs MD (Degree or title)	23b. ADDRESS 890 No 6th East, Mtn Home, Id.	23c. DATE SIGNED Nov. 4, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 6, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	24d. LOCATION (City, town, or county) Mountain Home, (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 14, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER? H. Hurd Humphreys Smt. Jr. Mortuary	LICENSE NO. M-502

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1973
JAN 6 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5337
Local Reg. No. 91
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 West 3rd North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 411 West 3rd North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SSGT. HOWARD	WILLIAM	BLACK	Nov. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 13, 1940	32		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SSgt. U.S.A.F.	Fld. Mtnce.	Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. R. Black		Naomi Howard	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Viet Nam	728-03-1149	Mary Black	Mtn. Home, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 9220

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Brain Trauma	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gunshot wound in mouth, exiting top of head. (.45 cal.)	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov. 4, 72 12:15 AM		Self-inflicted while running down hallway in home

22. *I hereby certify that I attended the deceased from* Did not see alive, to investigation only, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. Neil Humphreys 583 (Degree or title) 4 Deputy Coroner	Mtn. Home, Idaho	11/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	November 10, '72	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Mary R. Fulton	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 16 1972 Bureau of Vital Statistics

State File No. 5338
Local Reg. No. 92
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MT. HOME, IDAHO
c. LENGTH OF STAY (In this place): 200
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO. SIDE SNAKE RIVER NEAR STRIKE DAM.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3718 HAWTHORNE

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) D. c. (Last) LUKEHART
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 4, 1972
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 27, 1951
9. AGE (In years last birthday): 21 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAR TENDER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BOISE, IDAHO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LOREN DEAN LUKEHART — BIRTHPLACE: JOHNSTOWN, COLO.
14. MOTHER'S MAIDEN NAME: MARGARET HAWK — BIRTHPLACE: NEOSHO, MISSOURI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-56-6937
17. INFORMANT'S OWN SIGNATURE: + Judi Lukehart — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 9229 Traumatic right lung damage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shotgun blast in back
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): I Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): field 09
21c. (CITY, TOWN, OR TOWNSHIP) 13-20 (COUNTY) Strike Dam, Elmore, Idaho (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 4, 1972 10:00AM.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Victim shot in back with .410 shotgun accidentally by child

22. I hereby certify that I attended the deceased from ~~Did not see alive~~ 19 to ~~investigation~~ 19 only, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): H. Wel Humphreys 583 Deputy Coroner 4
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 11/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 8, 1972
24c. NAME OF CEMETERY OR CREMATORY: DRY CREEK CEMETERY
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 15, 1972
REGISTRAR'S SIGNATURE: Mary R. Fulton
25. EMBALMER: H. Wel Humphreys
LICENSE NO.: M-502
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 16 197
AUG 2- 197

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5339
Local Reg. No. 93
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME
LENGTH OF STAY (In this place): 4 miles
d. FULL NAME OF HOSPITAL OR INSTITUTION: north of MHAFB in ambulance 200

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ELMORE 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB
d. STREET ADDRESS (If rural, give location): 5141 Lodgepole Lane

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE; b. (Middle) LAVERNE; c. (Last) CANTRELL

4. DATE OF DEATH: (Month) November (Day) 6, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8 Dec 48

9. AGE (In years last birthday): 23
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USAF

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): Yakima, WA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: RAY A. CANTRELL
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: MARCELLNE B.
BIRTHPLACE: South Dakota USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 14Sep67-12Sep69 23Jun71-Present

16. SOCIAL SECURITY NO.: 535505835

17. INFORMANT'S OWN SIGNATURE: Official military records
ADDRESS: MHAFB, ID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a): 7229 Gunshot wound, right neck
INTERVAL BETWEEN ONSET AND DEATH: 55 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) 13-202 (COUNTY): Mtn Home AFB Elmore (STATE): Idaho

21d. TIME OF INJURY: (Month) November (Day) 6, (Year) 1972 (Hour) 1355 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Showing wife how to load and use pistol - pistol fired.

22. *I hereby certify that I attended the deceased from* 6 November 19 72 *, to* 6 November 19 72 *, that I last saw the deceased alive on* 6 November 19 72 *, and that death occurred at* 1450 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: PAUL D. BOSTROM, MAJ, USAF — Paul D. Bostrom M.D. Degree or Title 585-1 M.D.

23b. ADDRESS: USAF HOSP. MHAFB, ID

23c. DATE SIGNED: 7 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-8-72

24c. NAME OF CEMETERY OR CREMATORY: Boise Cem.

24d. LOCATION (City, town, or county) (State): Boise IDAHO

DATE REC'D BY LOCAL REG.: Nov. 15, 1972

REGISTRAR'S SIGNATURE: Mary L. Fulton

25. EMBALMER: H. Vern Humphreys

LICENSE NO.: E-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5340
Local Reg. No. 96
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 29 1972

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: D.O.A. Elmore Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): 406 No. Alton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARCHIE	ELLIS	TALBOT	November 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 28, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Conductor-Railroad	U.P.R.R.	Antimony, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
- - - - -	- - - - -	- - - - -	- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-07-2143	MRS. PATRICIA HUTCHISON	Boise, Idaho

MEDICAL CERTIFICATION

4100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — years
DUE TO (c) Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Did not see alive, to investigation, 19 only, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith	583 Coroner 4	Mountain Home, Idaho	11/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/20/72	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28, 1972	Mary E. Fulton	H Wel Humphreys	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5341
Local Reg. No. 94
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Elmore b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Glenns Ferry c. LENGTH OF STAY (In this institution): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saylor Creek Project	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Elmore b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TRACY	ALAN	EDWARDS	November 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 26, 1956	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	High School	Crescent City, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack A. Edwards	Texas	Betty Louise Harrison	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Jack A Edwards	Glenns Ferry

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Traumatic injuries to abdomen and thorax — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Accidental discharge .12 gauge shotgun

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	farm	Rural-Glenns Ferry, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Nov. 18, 1972 11:30AM		Victim attempted to club rabbit with butt of shotgun; gun fired

22. I hereby certify that I attended the deceased from Did not see alive to investigation only, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30AM., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith	Coroner	Mountain Home, Idaho	11/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/21/72	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28, 1972	Mary L. Sutton	H. Wendell Humphreys	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5342

Certificate of Death
STATE OF IDAHO

State File No. 5342
Local Reg. No. 19
Reg. Dist. No. 540

RECEIVED NOV 20 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Utah 45 b. COUNTY: Cache 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston c. LENGTH OF STAY (In this place): 5 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin County Rest Home 395	d. STREET ADDRESS (If rural, give location): 336 N 2 E

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Dalton c. (Last) Leavitt Grant			4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 1, 1889	9. AGE (In years last birthday): 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Farmington, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Orlando Dalton BIRTHPLACE		14. MOTHER'S MAIDEN NAME: Annie Welling BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 529-16-2193	17. INFORMANT'S OWN SIGNATURE: Alice L. Smith ADDRESS: [illegible] Grace, Idaho 83241		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4249

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute cardiac failure
Endocarditis - Mitral insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cellulitis of both legs — 6 months
DUE TO (c) Varicose ulcers — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
11 both legs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972 *to* Nov 9, 1972, *that I last saw the deceased alive on* Nov 2, 1972, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler 122 (Degree or title) 1	23b. ADDRESS: Preston Idaho	23c. DATE SIGNED: 11-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov.6,1972	24c. NAME OF CEMETERY OR CREMATORY: Fielding Cemetery	24d. LOCATION (City, town, or county) (State): Fielding, Utah
DATE REC'D BY LOCAL REG.: 11-7-72	REGISTRAR'S SIGNATURE: Sherry Buttars 11-17-72	25. EMBALMER: O. Sherwin Webb	LICENSE NO.: 316

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Rogers Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5343
Local Reg. No. 21
Reg. Dist. No. 540

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston; c. LENGTH OF STAY (In this place) 6 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 110 N 2nd W 000	d. STREET ADDRESS (If rural, give location) 110 N 2nd W

3. NAME OF DECEASED (Type or Print)	a. (First) NAOMI	b. (Middle) MENDENHALL	c. (Last) THATCHER SANDERS	4. DATE OF DEATH (Month) (Day) (Year) Nov 3, 1972
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 28, 1905	9. AGE (In years last birthday) 67; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired school teacher	10b. KIND OF BUSINESS OR INDUSTRY education	11. BIRTHPLACE (State or foreign country) Lago, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Mendenhall	BIRTHPLACE Franklin, Idaho	14. MOTHER'S MAIDEN NAME Naomi Herd	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 528 10 0108	17. INFORMANT'S OWN SIGNATURE Lovell J Mendenhall	ADDRESS Logan, Utah	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Artery disease

DUE TO (c) Hypertensive cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1969, *to* 10-6, 1972, *that I last saw the deceased alive on* 10-6, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Bob G Banks (Degree or title) 070	23b. ADDRESS Downey Id	23c. DATE SIGNED 11-10-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 7, 1972	24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery	24d. LOCATION (City, town, or county) (State) Ogden, Utah
DATE REC'D BY LOCAL REG. 11-15-72	REGISTRAR'S SIGNATURE Sherry Buttars 11-17-72	25. EMBALMER O. Sherwin Webb	LICENSE NO. 316

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5344
Local Reg. No. 22
Reg. Dist. No. 540

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton Canyon
LENGTH OF STAY (In this place): 4 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clifton Canyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clifton
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	ARTHUR	PASLEY	November 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 8, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintance Mechanic 4	Building Maintance	Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob A. Pasley	Illinois	Mary Pabasco	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	445 05 2080	Paul L Pasley	Pocatello, Idaho

8169

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) massive hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Clifton Canyon	Clifton, 3-210 Franklin Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Nov 18, 1972 11:a m.		Victim thrown from car and crushed by car.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Douglas S Webb	583 Coroner 4	Preston, Idaho	Nov 20, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 21, 1972	Rest Lawn Memorial Garden	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-21-72	Sherry Buttars	Douglas S. Webb Douglas S Webb	486

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5345
Local Reg. No. 23
Reg. Dist. No. 540

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Rest Home 395	d. STREET ADDRESS (If rural, give location) 57 So 1 E

3. NAME OF DECEASED (Type or Print)	a. (First) Freda	b. (Middle) Larson	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 9, 1890	9. AGE (In years last birthday) 82 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 3	10b. KIND OF BUSINESS OR INDUSTRY Clothing Store	11. BIRTHPLACE (State or foreign country) Sweden	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Carl Larson	BIRTHPLACE Sweden	14. MOTHER'S MAIDEN NAME Matilda Engdahl	BIRTHPLACE Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 07 9890	17. INFORMANT'S OWN SIGNATURE Floyd Allen	ADDRESS Preston, Idaho	

18. CAUSE OF DEATH 1589
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Car of Bulmer	6 m
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 30, 1972 *to* Nov 26, 1972, *that I last saw the deceased alive on* Nov 26, 1972, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	22 (Degree or title) MD	23b. ADDRESS Preston Idaho	23c. DATE SIGNED 11-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery	24d. LOCATION (City, town, or county) (State) Preston, Idaho
DATE REC'D BY LOCAL REG. 11-30-72	REGISTRAR'S SIGNATURE Sherry Buttars	25. EMBALMER Douglas S. Webb	LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-6302

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5346

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

State File No. 5346
Local Reg. No. 24
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston c. LENGTH OF STAY (In this place): weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin County Memorial Hospital 395	d. STREET ADDRESS (If rural, give location): 350 N State

3. NAME OF DECEASED (Type or Print)	a. (First) ANNIE	b. (Middle) CLARK	c. (Last) BAIR	4. DATE OF DEATH (Month) (Day) (Year) Nov 29, 1972
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Jan 15, 1890	9. AGE (In years last birthday): 82 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Glasgow Scotland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Clark	BIRTHPLACE: Scotland	14. MOTHER'S MAIDEN NAME: Annie Cammeron	BIRTHPLACE: Scotland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 528 05 6090	17. INFORMANT'S OWN SIGNATURE: Reba B Johnson	ADDRESS: Preston, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	arteriosclerotic Heart disease	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	5 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1972, *to* Nov 29, 1972, *that I last saw the deceased alive on* Nov 29, 1972, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: O B Cullen	122 (Degree or title) MD	23b. ADDRESS: Preston Idaho	23c. DATE SIGNED: 11-29-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal	24b. DATE: Dec 2,1972	24c. NAME OF CEMETERY OR CREMATORY: Richmond Cemetery	24d. LOCATION (City, town, or county) (State): Richmond, Utah
DATE REC'D BY LOCAL REG.: 12-4-72	REGISTRAR'S SIGNATURE: Sherry Buttars	25. EMBALMER: Douglas S. Webb	LICENSE NO.: 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5347
Local Reg. No. 50
Reg. Dist. No. 650

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Fremont 221	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 429 No. Bridge Street	d. STREET ADDRESS (If rural, give location) 429 No Bridge Street

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) ALBERTA	c. (Last) ORME	JERGENSEN	4. DATE OF DEATH (Month) (Day) (Year) Nov., 3, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb., 18, 1889	9. AGE (In years last birthday) 83; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Tooele, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel W. Orme	BIRTHPLACE Tooele, Utah	14. MOTHER'S MAIDEN NAME Mary Agnes Smith	BIRTHPLACE Tooele, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-82-5040	17. INFORMANT'S OWN SIGNATURE Ruth Jergensen	ADDRESS Salt Lake City Utah	

3950

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CHF	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	RHD c̄ aortic stenosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 23, 19 69, *to* October 24, 19 72, *that I last saw the deceased alive on* October 24, 19 72 *and that death occurred at* 6 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE Lloyd Barratt	(Degree or title) 030-1 M.D.	23b. ADDRESS St. Anthony, Idaho 83445	23c. DATE SIGNED 11-6-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6 Nov 72	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) St. Anthony, Fremont, Idaho
DATE REC'D BY LOCAL REG. 7 Nov 72	REGISTRAR'S SIGNATURE M. D. Hansen	25. EMBALMER M. D. Hansen M. D. Hansen	LICENSE NO. M-354

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5348
Local Reg. No. 51
Reg. Dist. No. 650

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (In this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 243 North 1 West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IRUS	BENJAMIN	HAMMOND	Nov., 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	April 27, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Carpenter	Self-employed	Ashton, Fremont, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Milton Melvin Hammond	Farmington, Utah	Eliza Jane Tibbitts	Providence, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-20-3346	Kaye C. Hammond	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) heart block — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute myocardial infarction — 4 hours
DUE TO (c) ASHD

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 1960, 19__, *to* November 26, 1972, *that I last saw the deceased alive on* Nov. 26, 1972, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	Degree or title	23b. ADDRESS	23c. DATE SIGNED
Boyd Smith	M.D.	St. Anthony, Idaho 83445	11-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	29 Nov 72	Parker Cemetery	Parker, Fremont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
30 Nov 72	M. K. Hansen	M. K. Hansen	M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 5 1972
JUN 14 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5349
Local Reg. No. 21
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem (23)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Emmett Convalescent Center (86)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem (23)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): S. Boise Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle) Christine; c. (Last) Moeller
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 1, 1972
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 16, 1904
9. AGE (In years last birthday): 68 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): De Witt, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Jensen — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Magdalene Ploog — BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-34-5117
17. INFORMANT'S OWN SIGNATURE: Anna Moeller — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 30 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1959, *to* Nov 1, 1972, *that I last saw the deceased alive on* Sept 27, 1972, *and that death occurred at* 7:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm B. Jewell MD (Degree or title) (260-1)
23b. ADDRESS: 1024 E. Locust, Emmett, Ida
23c. DATE SIGNED: 11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 3, 1972
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 11-6-72
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Walter Beatty
LICENSE NO.: M-445

FIRM NAME THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 30 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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2074

Certificate of Death
STATE OF IDAHO

State File No. 5350
Local Reg. No. 20
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED NOV 6 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (In this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 908 So. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 908 So. Commercial

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Florence	May	Rogers	Nov. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Mar. 18, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Centerpoint, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Flower	Indiana	Sarah Hanger	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-14-7900	John E Savage	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5699 Acute Gastro Intestinal Hemorrhage, etiology unknown — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-25-72, 19__, to 11-2-72, 19__, that I last saw the deceased alive on 10-31-72, 19__, and that death occurred at approx. 6A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harmon E. Holverson MD	107 W. Second, Emmett, Idaho	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 4, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1972	Jean A Beatty	Walter Potter	M-445

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 6 1972

JUL 31 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5351
Local Reg. No. 23
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Gem 230	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett; c. LENGTH OF STAY (In this place) 3 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 2, Box 143 000	d. STREET ADDRESS (If rural, give location) Rt. 3, Box 143

3. NAME OF DECEASED (Type or Print)	a. (First) Terry	b. (Middle) Lynn	c. (Last) Browne	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 22, 1965	9. AGE (In years last birthday) 6; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 9	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Emmett, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Browne	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Jean Ann Ward	BIRTHPLACE Rexburg, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE X Joseph M Browne	ADDRESS	

9229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gunshot wound of chest — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Home 01	21c. (CITY, TOWN, OR TOWNSHIP) Emmett 13-231	(COUNTY) Gem (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-5-72 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 11-22, 1965, *to* 11-5-72, 19____, *that I last saw the deceased alive on* 4-14-71, 19____, *and that death occurred at* 3:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Harmon E. Holubson M.D. 241 (Degree or title) 1	23b. ADDRESS 107 W. Second, Emmett, Idaho	23c. DATE SIGNED 11-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY Emmett	24d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. 11-7-72	REGISTRAR'S SIGNATURE Jean A Beatty	25. EMBALMER Glenn W Beatty	LICENSE NO. M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5352
Local Reg. No. 22
Reg. Dist. No. 340 341

BIRTH NO.

NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): East 7th St. - P. O. Box 5

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eugene	Louis	Curtis	Nov. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Apr. 23, 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
tally man	lumber	Eagle River, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Curtis	Brill, Wisconsin	Myrtle Yoan	McCord, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	540-28-3945	X Grace M. Curtis	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cancer of the left colon — INTERVAL BETWEEN ONSET AND DEATH: 8 mons

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1959, *to* Nov 5, 1972, *that I last saw the deceased alive on* Nov 1, 1972, *and that death occurred at* 12:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell MD 260-1	1024 E. Locust, Emmett, Ida	11-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 8, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-7-72	Jean A Beatty	Thurman W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972
APR 25 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5353
Local Reg. No. 24
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Gem 230	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett; c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 000	d. STREET ADDRESS (If rural, give location) Route 1 Box 59 B

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Elroy	c. (Last) Hinton	4. DATE OF DEATH (Month) (Day) (Year) November 8, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 13, 1909	9. AGE (In years last birthday) 63; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel officer	10b. KIND OF BUSINESS OR INDUSTRY USArmy	11. BIRTHPLACE (State or foreign country) Bartlesville, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert W. Hinton	BIRTHPLACE St. Marys, Ohio	14. MOTHER'S MAIDEN NAME Nora Mae Maxheimer	BIRTHPLACE Monroeville, Indiana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WWII-Korea	16. SOCIAL SECURITY NO. 518 26 9920	17. INFORMANT'S OWN SIGNATURE X Emma L Hinton	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive cerebro vascular accident c̄ hematoma

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c) Pulmonary edema & congestion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* the Topsy only 9 Nov '72 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* about 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Miles E Thomas MD (Degree or title) 529-1	23b. ADDRESS 1055 N Curtis RD, Boise Idaho	23c. DATE SIGNED 11-9-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE November 10, 1972	24c. NAME OF CEMETERY OR CREMATORY Emmett	24d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. 11-9-72	REGISTRAR'S SIGNATURE Jean A Beatty	25. EMBALMER Glenn W Beatty	LICENSE NO. E392

FIRM NAME The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

NOV 1 4 1972

NOV 3 0 1972

DEC 6 1972

SEP 1 4 1977

AUG 1 4 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5354
Local Reg. No. 25
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED NOV 28 1972

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Gem 23/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett LENGTH OF STAY (In this place): 5 years d. FULL NAME OF HOSPITAL OR INSTITUTION: Emmett Convalescent Center 686	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem 23/ b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett d. STREET ADDRESS (If rural, give location): Emmett Convalescent Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	C.	Huebner	Nov. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	Mar. 29, 1879	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lawyer	law	Eauclaire, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	Germany	unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-30-0442A	Walter N Carr	

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CONGESTIVE HEART FAILURE	20 AX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC SCLEROTIC	YEARS
	DUE TO (c) HEART DISEASE	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ____, 1962 to NOV 14, 1972, that I last saw the deceased alive on NOV 13, 1972, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank P Lawrence MD	Emmett Ida	11/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 17, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 18, 1972	Jean A Beatty	Jean W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 28 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5355
Local Reg. No. 26
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Gem 231	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett; c. LENGTH OF STAY (In this place) DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Memorial Hospital 085	d. STREET ADDRESS (If rural, give location) 1215 East Main

3. NAME OF DECEASED (Type or Print)	a. (First) Alice	b. (Middle) Loraine	c. (Last) Goodwin	4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1972
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 30, 1917	9. AGE (In years last birthday) 55; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife X	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Emmett, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John E. Shaw	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Alice Lark	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE X [signature] Goodwin, MD.	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	PROBABLE MASSIVE	IMMEDIATE
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	MYOCARDIAL INFARCTION	D.O.A.
DUE TO (c)	HISTORY ANGINA PECTORIS	2 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1972, *to* _____, 19____, *that I last saw the deceased alive on* SEPT, 1972, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ronald P. Rawlinson MD 421 (Degree or title)	23b. ADDRESS Emmett Idaho	23c. DATE SIGNED 11/17/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 20, 1972	24c. NAME OF CEMETERY OR CREMATORY Emmett	24d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. 11-18 72	REGISTRAR'S SIGNATURE Jean A. Beatty	25. EMBALMER Glenn W. Beatty	LICENSE NO. M-392

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5356
Local Reg. No. 30
Reg. Dist. No. 340 341

RECEIVED NOV 29 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 23/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 524 No. Wardwell

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clifford	William	Ross	Nov. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	March 4, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
painter 5	building	Walla Walla, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William J. Ross	Missouri	Katherine LaRue	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-5435	X Jessie E. Ross	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 1621

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the lungs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1972, to Nov 19, 1972, that I last saw the deceased alive on Nov 19, 1972, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm D Jensen MD 290-1	1024 E. Locust, Emmett Ida	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 24, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-27-72	Jane A Beatty	Glenn W Beatty	M-392

FIRM NAME THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5357
Local Reg. No. 27
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION: East 7th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 3, Box 150A

3. NAME OF DECEASED (Type or Print): a. (First) Darold b. (Middle) Eugene c. (Last) Keller
4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: May 3, 1943
9. AGE (In years last birthday): 29
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carrier operator
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Travis E. Keller
BIRTHPLACE: Pencacola, Okla
14. MOTHER'S MAIDEN NAME: Mary Louise Wheeler
BIRTHPLACE: Poplar, Ida.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1961-65 VietNam
16. SOCIAL SECURITY NO.: 519 48 1126
17. INFORMANT'S OWN SIGNATURE: X Travis E. Keller
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

955X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun shot in abdomen — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 2 suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): farm 22
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Emmett 13-231 Gem Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 23, 1972 10P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? self inflicted

22. I hereby certify that I attended the deceased from never, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10PM m., from the causes and on the date stated above.

23a. SIGNATURE: Glenn W Beatty 583 (Degree or title): Coroner
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 11-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 27, 1972
24c. NAME OF CEMETERY OR CREMATORY: Parkview
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-25-72
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: M-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

NOV 3 0 1972
JAN 1 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 3 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5358
Local Reg. No. 28
Reg. Dist. No. 340-34

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

231

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East 7th Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 916 So. Johns

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rosemary		Keller	Nov. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	divorced	Aug. 20, 1946	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Nyssa, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wayne McGehee	Cavool, Missouri	Frances Stoll	Chicago, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-52-8622	x Wayne S. McGehee	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

965X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun Shot — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide	farm	Emmett (3-23) Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Nov. 23, 1972 10P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	shot by visitor

22. *I hereby certify that I attended the deceased from* never *, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty	Coroner 583-4	Emmett, Idaho	11-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 28, 1972	Parkview	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-25-72	Jean A Beatty	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972
JAN 1 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 3 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5359
Local Reg. No. 29
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gem 231	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett c. LENGTH OF STAY (In this place): 16 year s	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East 7th	d. STREET ADDRESS (If rural, give location): East 7th

3. NAME OF DECEASED (Type or Print)	a. (First): Clarence	b. (Middle): Jesse	c. (Last): Bowman	4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced	8. DATE OF BIRTH: Feb. 26, 1924	9. AGE (In years last birthday): 48 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 5	10b. KIND OF BUSINESS OR INDUSTRY: lumber	11. BIRTHPLACE (State or foreign country): Payette, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Ollie Bowman	BIRTHPLACE: Idaho	14. MOTHER'S MAIDEN NAME: Margaret Walker	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-22-5806	17. INFORMANT'S OWN SIGNATURE: X Susan [signature]	ADDRESS: 1531 Denver Boise Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

965X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): gun shot — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE 3 (Specify): homicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): farm 02	21c. (CITY, TOWN, OR TOWNSHIP): Emmett 13-231 (COUNTY): Gem (STATE): Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 23, 1972 10:P m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? shot by visitor	

22. *I hereby certify that I attended the deceased from* never *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn W Beatty	583 (Degree or title) 4: Coroner	23b. ADDRESS: Emmett, Idaho	23c. DATE SIGNED: 11-25-72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Nov. 28, 1972	24c. NAME OF CEMETERY OR CREMATORY: Emmett	24d. LOCATION (City, town, or county) (State): Emmett, Idaho
DATE REC'D BY LOCAL REG.: 11-25-72	REGISTRAR'S SIGNATURE: Jean A Beatty	25. EMBALMER: Glenn W Beatty	LICENSE NO.: M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 8 1972
NOV 2 9 1972
FEB 4 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5360
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem (23)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 613 So. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem (23)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 613 So. Commercial

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Herman	Herbert	Brown	Nov. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	April 13, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner	prospecting	Anadarko, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown		unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	537-10-3883A	X Janet A. Justice	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7824

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* appro. 1:00AM *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Glenn W. Beatty 535 (Degree or title) Coroner Gem County	Emmett, Idaho	Dec. 1, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 2, 1972	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-1-72	Jean A Beatty	Glenn W. Beatty	M-392

FIRM NAME THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5361
Local Reg. No. 31
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 055

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Gem 23/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 603 No. Commercial

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edna	Mollie	Howell	Nov. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Feb. 6, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Scotts Bluff, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clause	Germany		Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-24-5544	X Ronald F. Howington	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Carcinoma of colon c metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1954, to Nov, 1972, that I last saw the deceased alive on Nov 29, 1972, and that death occurred at 9:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell, M.D. 260	1024 E. Locust, Emmett, Ida	12-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-2-72	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-1-72	Jean A Beatty	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972
JAN 18 1973
JUL 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 30 1972 Bureau of Vital Statistics

State File No. 5362
Local Reg. No. 3451
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wandell
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 115 S. Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Adolph	NMI	Kudlac	Oct. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caus	Never Married	Sept. 10, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Dwight, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Kudlac	Czechoslavakia	Mary Shimanek	Czechoslavakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-4439	Jeanne M. Quigley	Rt. 2 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma esophagus

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-20-63, 19__, to 10-25, 19 72, that I last saw the deceased alive on 11-20-, 19 72 and that death occurred at 1:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Schell MD	Wendell, Idaho	11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-28-72	Buhl Cemetery	Buhl, Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28, 1972	Vivian M. Burden L. Mink	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5363
Local Reg. No. 3449
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weddell
c. LENGTH OF STAY (In this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carrie b. (Middle) I. c. (Last) Eliason
4. DATE OF DEATH (Month) (Day) (Year): November 2, 1972
5. SEX: Female
6. COLOR OR RACE: Caus
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24, 1878
9. AGE (In years last birthday): 94 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Waterville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benjamin Glauner — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Sarah Spratt — BIRTHPLACE: Unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-60-3092-T
17. INFORMANT'S OWN SIGNATURE: Flora Fallin — ADDRESS: Hagerman, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4423

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) medullary failure — INTERVAL BETWEEN ONSET AND DEATH: hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiorespiratory arrest — hrs
DUE TO (c) ASHD - Cerebral insuff — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. electrolyte imbalance anemia — days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-[illegible], 19[illegible], to 11-2-[illegible], 19[illegible], that I last saw the deceased alive on 10-[illegible], 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1972
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1972
REGISTRAR'S SIGNATURE: Imogene M. Burden
25. EMBALMER: Joe B. Leeper
LICENSE NO.: M-530

FIRM NAME: Leeper Mortuary Wendell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5364
Local Reg. No. 3433
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding c. LENGTH OF STAY (In this place) 3 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green Acres Nursing Home 372	d. STREET ADDRESS (If rural, give location) 168 Sidney

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) THOMAS	c. (Last) ARMSTRONG	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-4-1898	9. AGE (In years last birthday) 74 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook 6	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Ada, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME No Record BIRTHPLACE		14. MOTHER'S MAIDEN NAME No Record BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - - -	16. SOCIAL SECURITY NO. 442-14-6435	17. INFORMANT'S OWN SIGNATURE x Mrs. W. T. Armstrong	ADDRESS Twin Falls, Idaho 83301	

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of lung	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	metastatic carcinoma of bowel	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral vascular insuff	year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-31-, 1972, *to* 11-4-, 1972, *that I last saw the deceased alive on* 11-4-, 1972, *and that death occurred at* 7:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE Douglas Ohman 389 (Degree or title)	23b. ADDRESS Gooding Idaho	23c. DATE SIGNED 11/7/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho 83301
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Vivian M. Burden	25. EMBALMER William J. Boyd	LICENSE NO. M-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5365

Certificate of Death
STATE OF IDAHO

State File No. 5365
Local Reg. No. 3436
Reg. Dist. No. 420

BIRTH NO.

RECEIVED DEC 1 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding c. LENGTH OF STAY (In this place): 4 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial Hosp. 090	d. STREET ADDRESS (If rural, give location): 525 Nebraska

3. NAME OF DECEASED (Type or Print)	a. (First) Earl	b. (Middle) E.	c. (Last) Driesel	4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: July 18, 1911	9. AGE (In years last birthday): 61 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor 7	10b. KIND OF BUSINESS OR INDUSTRY: trout farming	11. BIRTHPLACE (State or foreign country): Red Rock, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Driesel	BIRTHPLACE: Oklahoma	14. MOTHER'S MAIDEN NAME: Myrtle Stanley	BIRTHPLACE: Oklahoma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-01-3689	17. INFORMANT'S OWN SIGNATURE: Frank Driesel	ADDRESS: Gooding, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	72 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	atherosclerosis	8 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Nov 72, 1972 *to* 5 Nov, 1972, *that I last saw the deceased alive on* 5 Nov, 1972, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Thompson (Degree or title)	23b. ADDRESS: Gooding Idaho	23c. DATE SIGNED: 83330
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Nov. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Gooding, Idaho		
DATE REC'D BY LOCAL REG.: Nov. 29, 1972	REGISTRAR'S SIGNATURE: Vivian M. Burden by L. Mink	25. EMBALMER: Clark D. Haas
LICENSE NO.: M-460		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5366
Local Reg. No. 3434
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 24 1972

241

1. PLACE OF DEATH a. COUNTY: Gooding	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding Bureau of Vital Statistics c. LENGTH OF DAY (In this place): 2 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Acres Tearrace Nursing Home. 372	d. STREET ADDRESS (If rural, give location): Green Acres Tearrace Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First): Thomas	b. (Middle): William Crouse	c. (Last):	4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1972
5. SEX: Male	6. COLOR OR RACE: Caus	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: March 13, 1891	9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY: Farmer	11. BIRTHPLACE (State or foreign country): Webster County, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Unk.	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Unk.	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-12-8756-A	17. INFORMANT'S OWN SIGNATURE: [signature]	ADDRESS	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 9, 1960, 19__, *to* Nov. 13, 1972, 19__, *that I last saw the deceased alive on* November 4, 1972, *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin V. Klingbrod (Degree or title) 285	23b. ADDRESS: Gooding, Idaho	23c. DATE SIGNED: 11-17-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-17-72	24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery	24d. LOCATION (City, town, or county) (State): Wendell, Idaho
DATE REC'D BY LOCAL REG.: 11-22-72	REGISTRAR'S SIGNATURE: Vivian M. Burden Sm.	25. EMBALMER: Joe B. Leeper [signature]	LICENSE NO.: M-530

FIRM NAME: Leeper Mortuary Weddell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 7 1989

NOV 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5367
Local Reg. No. 3455
Reg. Dist. No. 420

RECEIVED DEC 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gooding	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding c. LENGTH OF STAY (In this place): 1 hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital 090	d. STREET ADDRESS (If rural, give location): 429 3rd Ave. East

3. NAME OF DECEASED (Type or Print): Rusty a. (First) Donavon b. (Middle) Travis c. (Last) Boyd

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 28, 1971

9. AGE (In years last birthday): 1 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Billy Boyd BIRTHPLACE: Shoshone, Idaho

14. MOTHER'S MAIDEN NAME: Carolyn Strout BIRTHPLACE: Gooding, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Billy R Boyd ADDRESS: Gooding, Idaho

481X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Myocarditis, viral type	10 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pneumonia, right middle lobe.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 6, 1972, 19__, *to* Nov. 13, 1972, 19__, *that I last saw the deceased alive on* Nov. 13, 1972, 19__, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin V. Hughes (Degree or title) 285-1

23b. ADDRESS: Gooding, Idaho

23c. DATE SIGNED: 11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/18/72

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding Idaho

DATE REC'D BY LOCAL REG.: 12-5-72

REGISTRAR'S SIGNATURE: Duane M. Burden

25. EMBALMER: Carl [illegible]

LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 27 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5368
Local Reg. No. 9456
Reg. Dist. No. 420

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 50 East 125 South of Wendell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 50 East 125 South of Wendell

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Warren	Monroe	Saunders	Nov. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caus	Married	July 24, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Montezuma, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Saunders	UNK	Adelia Jackson	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-26-3663	Lon Saunders	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4189

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-18, 19 65, to 10-4, 19 65, that I last saw the deceased alive on 10-4, 19 65, and that death occurred at 10:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Professional title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Scheel MD	wendell, Idaho	11-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-72	Summerville Cemetery	Imbler, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Unknown	Duncan M. Burke	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5369
Local Reg. No. 3435
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Gooding 240	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Washington 48 b. COUNTY Benton 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Wendell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grandview
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Farm S.W. of Wendell 600	d. STREET ADDRESS (If rural, give location) 915 West 4th Street

3. NAME OF DECEASED (Type or Print)	a. (First) MERLE	b. (Middle) T.	c. (Last) POWELL	4. DATE OF DEATH (Month) (Day) (Year) November 18,1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1,1894	9. AGE (In years last birthday) 78 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ,Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Franklin D.Powell	BIRTHPLACE Ohio	14. MOTHER'S MAIDEN NAME Lettie Byers	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 538-10-8716	17. INFORMANT'S OWN SIGNATURE x Reah E Powell	ADDRESS Grandview, Washington	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

884X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	internal injuries	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	deceased fell from a haystack	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) farm 02	21c. (CITY, TOWN, OR TOWNSHIP) 13-240 (COUNTY) (STATE) SW of Wendell, Idaho. Co. Gooding
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 18 1972 2PM m.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? fell ,from a haystack

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE C. E. Spencer 583 (Degree or title) Coroner. Gooding 4	23b. ADDRESS Wendell, Idaho	23c. DATE SIGNED 11/22/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/21/72	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.Cemetery
24d. LOCATION (City, town, or county) (State) Filer, Idaho		
DATE REC'D BY LOCAL REG. 11-24-72	REGISTRAR'S SIGNATURE Vivian M. Burden by L. Mink.	25. EMBALMER James C. Reynolds James C. Reynolds
LICENSE NO. M-279	FIRM NAME: Reynolds Funeral Chapel	

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5370
Local Reg. No. 3454
Reg. Dist. No. 420

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
LENGTH OF STAY (In this place): 10hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Memorial Hosptal.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): P.O. Box 133

3. NAME OF DECEASED (Type or Print): a. (First) Marvin b. (Middle) S. c. (Last) Thomason
4. DATE OF DEATH (Month) Nov. (Day) 27, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 3, 1884
9. AGE (In years last birthday): 88 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Harrison Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: No/Record BIRTHPLACE: N/R
14. MOTHER'S MAIDEN NAME: No Record BIRTHPLACE: N/R
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-22-7983A
17. INFORMANT'S OWN SIGNATURE: X Hazel L. Powell ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5699

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	1-2 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Lower Gastro Intestinal Bleeding	48 hr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease	Many Years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1971, *to* November 27, 1972, *that I last saw the deceased alive on* Nov. 27, 1972, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James L. Mahlen MD (Degree or title) 952-1
23b. ADDRESS: 406 11th Ave East
23c. DATE SIGNED:
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/72
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho
DATE REC'D BY LOCAL REG.: 12-5-72
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: M-460
FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5371
Local Reg. No. 3453
Reg. Dist. No. 420

BIRTH NO.

RECEIVED DEC 13 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gooding County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Thrid Ave East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gladys	Marie	Lusk	November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cau.	Widowed	Oct. 21, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Lincoln County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Rees	Kansas	Pearl Brockway	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		538-09-7938	Nadine DeLay	The Dalles, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

402X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Left Ventricular Failure	hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Left Ventricular Hypertrophy	months
DUE TO (c)	Cerebromyopathy	months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension - anemia	months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/29 *19* 72 *, to* 11/29/72 *, 19* ____ *, that I last saw the deceased alive on* 11/29/72 *, 19* ____ *, and that death occurred at* 8:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Douglas Thurnell MD	Gooding	12/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1972	Wendell, Cemetery	Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 5, 1972	Bruce M. Burden	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

DEC 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5372
Local Reg. No. 3452
Reg. Dist. No. 420

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rural 250 N. 25 W. of Wendell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Third Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lemuel	M.	Alley	November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caus	Married	May 25, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 3	Insurance	Mt. Home, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Alley	Missouri	Loretta REed	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW I	288-07-0169	Minnie Alley	Wendell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9220

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gunshot Wound

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	250 N. 25 W. of Wendell	Wendell 13-243	Gooding	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
November 29, 1972 12:60 m.		Fell discharged gun

22. I hereby certify that I attended the deceased from Did not see alive, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James Burke	Deputy Coroner	R. R. 2 Wendell, Idaho	11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1972	Wendell Cemetery	Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-5-72	Duncan M. Burden	Joe B. Leeper	M-530

FIRM NAME: Leeper Mortuary Wendell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5373
Local Reg. No. 816
Reg. Dist. No. 244

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Hiway Between K. & K.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Halfway between Kooskia & Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia - rural
d. STREET ADDRESS (If rural, give location) on Clear Creek

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jo Anne	Marie	Gray	Nov.	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	never married	March 9, 1956	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	High school	Grangeville, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wayne Gray	Meridian, Idaho.	Hazel Norton	Morrowtown, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-74-1990	Wayne C Gray	Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed Chest & other Injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT ☒ / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / 3-250 (COUNTY)	(STATE)
		26	North Of Kooskia Idaho	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov	3	72	930 PM m.		Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	583-1 IDAHO COUNTY CORONER		7 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 6, 1972	Pine Grove Cem.	Kooskia	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 4, 1972	Claude Trenary	[signature]	M-493

FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5374
Local Reg. No. 817
Reg. Dist. No. 244

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia - rural - 95 Hiway 12
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION Halfway between Kooskia & Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1517 27th Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bonnie	Lerea	Love	Nov.	3	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	married	Sept. 5, 1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Omark CCI employee
10b. KIND OF BUSINESS OR INDUSTRY Ammunition Factory
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl Sapp — BIRTHPLACE Mooresville N.C.
14. MOTHER'S MAIDEN NAME Marjorie Lytle — BIRTHPLACE Stites, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-58-5420
17. INFORMANT'S OWN SIGNATURE Jack Love ADDRESS Rt. 1, Box 83 Cashmere, Wash

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broken Neck & Head Injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ☒ / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		North Of Kooskia Idaho — Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov	3	72	9:30 PM		Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	585-4 IDAHO COUNTY CORONER		7 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 7, 1972	Mt. Zion Cem.	Kamiah (Winona)	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 5, 1972	Claude Trenary	[signature] FIRM NAME: Trenary Funeral Home	M 476

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5375
Local Reg. No. 818
Reg. Dist. No. 244

RECEIVED NOV 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia-rural-Hiway 9512 c. LENGTH OF STAY (In this place): —	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Halfway between Kamiah & Kooskia	d. STREET ADDRESS (If rural, give location): 613 Thain Rd.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Mott c. (Last) Caldwell

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married	Feb. 5, 1935	37		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ballistics Technician 4	Speer-Bullet Factory	Mooresville N.C.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John M. Caldwell	North Carolina	Lillie Kristy	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	—	245-46-7281	Ronald E. Sapp	628 Cedar St #2

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed Skull & other Injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT X SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) 13-250 (COUNTY) (STATE): North Of Kooskia Idaho Idaho

21d. TIME OF INJURY (Month) Nov (Day) 3 (Year) 72 (Hour) 9(30 PM)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 583-4 IDAHO COUNTY CORONER

23b. ADDRESS

23c. DATE SIGNED 7 Nove 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 9 1972	Clearwater Cem	Clearwater	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		LICENSE NO.
Nov 8, 1972	Claude Trenary	[signature]	M 476

FIRM NAME Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1972

State File No. 5376
Local Reg. No. 819
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - rural
c. LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: ½ mile S.E of Petes Cashway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - rural
d. STREET ADDRESS (If rural, give location): ½ mile S.E. of Petes Cashway

3. NAME OF DECEASED (Type or Print): a. (First) Ralph b. (Middle) Ashley c. (Last) Jackson

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 72

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 9, 1900

9. AGE (In years last birthday): 71

IF UNDER 1 YR. Months / Days

IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Logging: Road Const.

11. BIRTHPLACE (State or foreign country): Eureka Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard J. Jackson
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Della Brown
BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 522-18-1640

17. INFORMANT'S OWN SIGNATURE: Mrs. James A. Cochran
ADDRESS: Kooskia, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): North East of Kooskia Idaho

21d. TIME OF Death: (Month) Nov (Day) 7 (Year) 72 (Hour) Unk.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Found Dead in Bed

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 583-4 IDAHO

23b. ADDRESS: COUNTY CORONER

23c. DATE SIGNED: Nov 7 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 11 1972

24c. NAME OF CEMETERY ~~OR CREMATORY~~: Pine Grove

24d. LOCATION (City, town, or county): Kooskia (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 11, 1972

REGISTRAR'S SIGNATURE: Donald Trenary

25. EMBALMER: [signature]

LICENSE NO.: M 476

FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5377
Local Reg. No. 78
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF RESIDENCE (In this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Grangeville General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 124 E. North 2nd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRIETTA		SCHOO	NOV. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female.	White	Married	1-/2-1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Prosper, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Vis.	Netherlands	Jane DeZeeuw	Netherlands

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		[signature]	Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	2-3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	obstruction of bowel (Partial)	3-4 wk
DUE TO (c)	CARCINOMA Uterus	Jan 1970 onset.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Anemia c INFECTION 2° to obstruction	

1829

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* Nov 9, 1972, *that I last saw the deceased alive on* Nov 9, 1972, *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William H. Greenwood	MD.	Grangeville, Idaho	Nov 13, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/11/1972	Preirie View Cemt.	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 18, 72	Robert P. Hansen	[signature]	M493

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Hansen Funeral Home

MAR 5 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5378

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 77
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 20 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: IDAHO 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 4½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STAR ROUTE (HOME)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): STAR ROUTE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND	CLIFFORD	BROWN	NOV. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	7/30/1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CONCRETE MASON 4	RETIRED	ROSEDALE, DANSES	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LEE BROWN	UNKNOWN	LAURA CHANDLER	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	W.W.I	570-07-1937	Ruth V. Brown	GRANGEVILLE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

7969

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CAUSE ILL DEFINED — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* DID NOT , 19 , to , 19 , *that I last saw the deceased alive on* , 19 *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
CORONER 583-4	GRANGEVILLE, IDAHO	11/15/1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	11/17/1972	PREIRIE VIEW CEMT.	GRANGEVILLE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 18, 72	Robert Hansen		M-493

FIRM NAME: HANSEN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38.206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972
NOV 24 1972
DEC 7 1972
SEP 23 1975
DEC 18 1975
APR 29 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 5 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5379
Local Reg. No. 820
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodland
c. LENGTH OF STAY (In this place): All life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Thomas (Last) Johnson
4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 12, 1909
9. AGE (In years last birthday): 63 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own land
11. BIRTHPLACE (State or foreign country): Woodland, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: John L. Johnson BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hulda T. Swenson BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-4536
17. INFORMANT'S OWN SIGNATURE: Velma Johnson ADDRESS: Woodland Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7963

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Natural Causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) Nov (Day) 17 (Year) 72 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Died suddenly at home

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) 538-7 IDAHO COUNTY CORONER
23b. ADDRESS:
23c. DATE SIGNED: 20 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21, 1972
24c. NAME OF CEMETERY OR CREMATORY: Woodland
24d. LOCATION (City, town, or county) (State): Woodland - Idaho, Idaho

DATE REC'D BY LOCAL REG.: Nov. 20, 1972
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature] LICENSE NO.: 476
FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5380
Local Reg. No. 821
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - rural
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): about 8 miles East in Glenwood area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah - rural
d. STREET ADDRESS (If rural, give location): About 8 miles East in Glenwood Area.

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): Estelle
c. (Last): Gilroy

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1972

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 9, 1910
9. AGE (In years last birthday): 62
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper-Owner-Clerk
10b. KIND OF BUSINESS OR INDUSTRY: General Mdse.
11. BIRTHPLACE (State or foreign country): Glenwood, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Rocheford
BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Ida Wolfe
BIRTHPLACE: Menomonie, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-50-7045
17. INFORMANT'S OWN SIGNATURE: [signature] Roy Gilroy
ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7963

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Kooskia Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 20 72 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Died while enroute to Doctor

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 5834
23b. ADDRESS: Idaho County Coroner
23c. DATE SIGNED: 1 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 22, 1972
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Lewis-Clark Gardens
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Nov. 20, 1972
REGISTRAR'S SIGNATURE: Claude Trenary
25. EMBALMER: [signature]
LICENSE NO.: 476

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

JUN 2 5 1974

AUG 2 2 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 16 1972 Bureau of Vital Statistics

State File No. 5381
Local Reg. No. 9
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark (rural)
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Nursing Home 097

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark (rural)
d. STREET ADDRESS (If rural, give location): Carson Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUCIE	MARIE	CARR	Nov. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 26, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker X	Home	Cincinatti, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward T. Evans	Tenn.	Lillian Golsan	Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-14-1331	Richard H. Evans	Rexburg, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Encephalitis, acute	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(undetermined)	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Depressive Psychosis	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None performed	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-26, 1971, to Nov. 8, 1972, that I last saw the deceased alive on Nov. 8, 1972, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Israel Tapp M.D.	Rigby, Idaho.	Nov. 10, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov. 10, 1972	Little Butte	Annis Jefferson	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 10 1972	Mrs A B Eckersell	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 8 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 16 1972 Bureau of Vital Statistics

State File No. 5382
Local Reg. No. 10
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 mi. N. 3 mi. W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 260
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print): a. (First) GARY b. (Middle) RAY c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1942

9. AGE (In years last birthday): 30
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Potato

11. BIRTHPLACE (State or foreign country): Rigby, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L. Ray Morgan
BIRTHPLACE: Labelle, Idaho.

14. MOTHER'S MAIDEN NAME: Elaine Hay
BIRTHPLACE: Menan, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-44-7679

17. INFORMANT'S OWN SIGNATURE: Mary L. Morgan
ADDRESS: Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suffocation due to drowning.
INTERVAL BETWEEN ONSET AND DEATH: min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident. Into canal.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rigby (ruraL) 13-260 Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 10, 1972 2:00A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile ran into canal.

22. *I hereby certify that I attended the deceased from* XXXX

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

State File No. 5383
Local Reg. No. 11
Reg. Dist. No. 6040

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark (rural)
c. LENGTH OF STAY (In this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rte. #2 Rigby ono

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark (rural)
d. STREET ADDRESS (If rural, give location) Rte. #2 Rigby

3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) CORA c. (Last) SMITH
4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 9, 1902
9. AGE (In years last birthday) 70
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Pleasant Grove, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Hebertson BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Cora Phillips BIRTHPLACE Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-22-3315
17. INFORMANT'S OWN SIGNATURE Ray A. Smith ADDRESS Lorenzo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Stroke — 9 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 July, 19 47 to Nov. 15, 19 72, that I last saw the deceased alive on 13 November, 19 72, and that death occurred at 11:30PM from the causes and on the date stated above.

23a. SIGNATURE Asael Tall (Degree or title) M.D. 5421
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 20 Nov. 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY Rosehill
24d. LOCATION (City, town, or county) (State) Idaho Falls Bonn. Idaho.

DATE REC'D BY LOCAL REG. 30 Nov 1972
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. EMBALMER Bruce A. Eckersell
LICENSE NO. M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

NOV 25 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5384
Local Reg. No. 12
Reg. Dist. No. 640

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo c. LENGTH OF STAY (In this place): 17 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #1	d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print): a. (First) LENA b. (Middle) MARGARUITE c. (Last) MASSENGALE	4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1972				
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov.5,1905	9. AGE (In years last birthday): 67	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): ANNIS, Idaho.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.		
13. FATHER'S NAME: John Parley Byington — BIRTHPLACE: Idaho	14. MOTHER'S MAIDEN NAME: Marguriet Brennetta Smith — BIRTHPLACE: Utah				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-10-2605	17. INFORMANT'S OWN SIGNATURE: H L Massengale	ADDRESS: Lorenzo, Idaho		

4123

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Embolism	Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease	5 yrs
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity.	yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 6-30, 1949 *to* 20 Nov., 1972, *that I last saw the deceased alive on* Sept 30, 1972, *and that death occurred at* 3:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Eldon Hall (Degree or title): M.D.	23b. ADDRESS: Rigby, Idaho.	23c. DATE SIGNED: Nov-22, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov.24,1972	24c. NAME OF CEMETERY OR CREMATORY: Little Butte	24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho.
DATE REC'D BY LOCAL REG.: Nov 22 1972	REGISTRAR'S SIGNATURE: Mrs A B Eckersell	25. EMBALMER: Bruce A. Eckersell	LICENSE NO.: M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5385
Local Reg. No. 19
Reg. Dist. No. 260

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

260

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Rigby
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION: 291 N. 1st West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 291 N. 1st West St.

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) BASIL c. (Last) MANWARING

4. DATE OF DEATH (Month) (Day) (Year): November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 18, 1919	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cheese Maker 4	Cheese	Groveland, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Manwaring	Granger, Utah.	Emma Teresa Holley	Springville, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	519-01-7357	* Edna A. Manwaring	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction (probable) 4109 — INTERVAL BETWEEN ONSET AND DEATH: min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* XXXX

DEC 12 1972

DEC 18 1972

DEC 19 1972

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5386
Local Reg. No. 72084
Reg. Dist. No. 440

RECEIVED NOV 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict Hospital C99

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month)	(Day)	(Year)
a. (First) Irvin (Ernie)	b. (Middle) Pace	c. (Last) Eldredge	Nov.	6,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 14, 1910	62	8	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	A.E.C. Plant	Thatcher, Arizona	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Irvin Elmer Eldredge	Coalville, Utah	Nettie Pace	New Harmony, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-09-1036	Marjorie Eldredge	Shoshone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	884 Massive Pulmonary Embolism	15 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Thrombosis Rt leg	3 days
DUE TO (c)	Fall from a loading chute	6 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture L 6, 7, 8 ribs & pneumothorax	6 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-6-72	L.P. pneumothorax	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 3-320 (COUNTY)	(STATE)
Accident	At freight yards	Shoshone Lincoln	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct	31	72	7:30 a.m.	WHILE AT WORK ☑ NOT WHILE AT WORK ☐	Fell from top of a loading chute

22. *I hereby certify that I attended the deceased from* Oct 31, 19 72, *to* Nov 6, 19 72, *that I last saw the deceased alive on* Nov 9, 19 72, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	38-1	Shoshone Idaho	Nov 8, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-9-1972	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Charlene Bateman	Francis M. Bergin	M-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 14 1972
FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5387
Local Reg. No. 72087
Reg. Dist. No. 440

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 701 East Ave. "D"

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FAUNA	B.	FLEMING	Nov. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 11, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Nelson, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. T. Phipps	Penna.	Martha Long	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 40 9464B	X Donald B. Fleming	Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5770

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pancreatitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from October 5, 1970 to November 14, 1972, that I last saw the deceased alive on November 14, 1972 and that death occurred at 9:50P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jon D. Wilmoth, M.D.	720-1	216 E. Main St. Jerome, Idaho	20 Nov. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 17, 1972	Sunset Mem. Park	Twin Falls, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Charlene Bateman	Jerry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 27 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5388
Local Reg. No. 72085
Reg. Dist. No. 740

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (Rural)
c. LENGTH OF STAY (In this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4 Miles East 8 Miles North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 340
a. STATE: Idaho b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 308 West Ellis

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Willis	Stillman	Reed	Nov. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	Married	May 19, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: **********
11. BIRTHPLACE (State or foreign country): Appelton City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alva Reed - BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Minia Goodenough - BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-32-5960
17. INFORMANT'S OWN SIGNATURE: Nellie M. Reed ADDRESS: Paul, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* none *19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 1 P.M., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Heber, M.D. (Degree or title) Coroner
23b. ADDRESS: Jerome
23c. DATE SIGNED: 28 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Removal	11/25/72	Paul Cemetery	Raul, Idaho	M-389

DATE REC'D BY LOCAL REG.: Nov 23, 1972
REGISTRAR'S SIGNATURE: Charlene Bateman
25. EMBALMER: Justin Payne
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5389

State File No. 5389
Local Reg. No. 72088
Reg. Dist. No. 4110

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Length of stay (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital 099	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 27/ a. STATE: Idaho b. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome d. STREET ADDRESS (If rural, give location): 229 West Ave. "F"

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	ISAAC	ATWOOD	Nov. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Sept. 9, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 7	Livestock	Red Cloud, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Newton Atwood	Nebraska	Sara Hanna Pope	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No * * * * * *	512-03-4244A	X Louise Bruckner	Jerome, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 5310

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) G. I. & D.U. hemorrhage

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gastric ulcer
DUE TO (c) bleeding left kidney

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-7-68, 19__, to 11-22-, 19 72, that I last saw the deceased alive on 11-21-72, 19__, and that death occurred at 10:00am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Schaefer M.D.	Wendell, Idaho 83355	11-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28, 1972	Charlene Bateman	Jerry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 30 1972 Bureau of Vital Statistics

State File No. 5390
Local Reg. No. 72089
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome c. LENGTH OF STAY (In this place): 1 Day d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital 099	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 420 a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DONALD	EDWARD	WOLFE	Nov.	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 19, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Agriculture	Republican City, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Luther Wolfe	Unknown	Lottie Wiles	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	541-14-3386	Sarah L. Harris Box 411	Wendell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4329

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosis of basilar artery of brain — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-23-72, 19__, to 11-24-72, 19__, that I last saw the deceased alive on 11-24, 19 72, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
386-1	Box 607 Shoshone Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/28/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Charlene Bateman	George Farmer	M-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 5 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5391
Local Reg. No. 72091
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Lincoln Courts

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EFFIE	EVELYN	GARRISON HUDSON	Nov.	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 19, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Baxter, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Grant Garrison	Missouri	Mary High	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		497-22-3313 A	Faye Harral	Eden Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute heart failure and	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	hydrothorax Coronary occlusion	48 hrs 48 hrs
DUE TO (c)	Arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
0			—		

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
—			m.		—

22. *I hereby certify that I attended the deceased from* 11/13/72, 19__, *to* 11/20/72, 19__, *that I last saw the deceased alive on* 11/20/72, 19__, *and that death occurred at* 3:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Carlyle Burial MD	Jerome, Idaho	12/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/30/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 4, 1972	Charlene Bateman	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5392
Local Reg. No. 72090
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (In this place) 27
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 416 East Ave. "C"

3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) c. (Last) PURSLEY
4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 4, 1895
9. AGE (In years last birthday) 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman (ret) 5
10b. KIND OF BUSINESS OR INDUSTRY Idaho Power Co.
11. BIRTHPLACE (State or foreign country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew Pursley BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Jennie Winkler BIRTHPLACE Bohemia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 07 2861
17. INFORMANT'S OWN SIGNATURE X Lee A. Pursley ADDRESS Emmett, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4310

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1960, to Nov. 28, 1972, that I last saw the deceased alive on Nov. 28, 1972, and that death occurred at 6:55P m., from the causes and on the date stated above.

23a. SIGNATURE Reuben C. Matson 336 (Degree or title) MD
23b. ADDRESS Jerome Ida 83338
23c. DATE SIGNED 11-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 1, 1972
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome, Idaho (State)
DATE REC'D BY LOCAL REG. Nov. 30, 1972
REGISTRAR'S SIGNATURE Charlene Bateman
25. EMBALMER Jerry K. Lawson
LICENSE NO. M-522
FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 12 1972

OCT 10 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5393
Local Reg. No. 72092
Reg. Dist. No. 440

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Eden
d. STREET ADDRESS (If rural, give location): R.R.#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAWRENCE	S.	JENSEN	November 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 25, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer 7		Weston, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Henry Jensen	Denmark	Christina Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		723-03-0266 A	X [signature]	Richfield, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

404X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac decompensation & Coronary Failure — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cerebro-cardiovascular Renal Disease — 10yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Emphysema — 10yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-26, 1972, to 11/28/, 1972, that I last saw the deceased alive on 11-27, 1972, and that death occurred at 1:00a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Shoshone Idaho	11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/1/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 4, 1972	Charlene Bateman	James C. Reynolds [signature]	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

MAR 1 1 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5394
Local Reg. No. 381
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Chalet Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Chalet Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	A.	Lunceford	November 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Sept. 12, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Self	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Lunceford	Minnesota	Lottie Stilke	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-16-2296	Earl Lunceford	Hayden Lake, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: abrupt

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized and coronary
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1958 to 11-4, 19 72, that I last saw the deceased alive on Oct. 19 72, and that death occurred at 10 45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Coeur d'Alene Idaho	11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/7/72	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 14, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 1972
MAR 31 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5395
Local Reg. No. 382
Reg. Dist. No. 120

RECEIVED NOV 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lane c. LENGTH OF STAY (In this place): 280	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home -	d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First) Frances	b. (Middle) I.	c. (Last) Bailey	4. DATE OF DEATH (Month) (Day) (Year) November 8, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 15, 1905	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Lacon, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Iver Moe	BIRTHPLACE: Minnesota	14. MOTHER'S MAIDEN NAME: Not Available	BIRTHPLACE: N.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Calvin A Bailey	ADDRESS: Lane, Idaho	

404X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular Fibrillation	Immed.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	10 yrs.
DUE TO (c)	Hypertensive Cardiovascular Renal Disease	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* October 3, 1963, *to* November 8, 1972, *that I last saw the deceased alive on* November 8, 1972, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	375 (Degree or title): M.D.	23b. ADDRESS: 421 Cd'A. Ave., Coeur d'Alene, ID	23c. DATE SIGNED: 11/22/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Park	24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho
DATE REC'D BY LOCAL REG.: Nov. 22, 1972	REGISTRAR'S SIGNATURE: Lorraine K Brush	25. EMBALMER: D. F. Replinger Jr	LICENSE NO.: M-397

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 9 1990

NOV 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5396
Local Reg. No. 384
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1 mile north of Chilco
c. LENGTH OF STAY (If outside this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1402 Gilbert

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	R.	Brown	November 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 2, 1946	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles C. Brown		Virginia Lester	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-56-5195	Julie Brown	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8129

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	accidental traumatism due to	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	automobile accident	Sudden
DUE TO (c)	multiple crush injuries	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	U.S. 95	16 1/2 M. north Chilco Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11-10-72 m.		Head on Car wreck

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol Q. Worthington	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972
MAR 2 7 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5397
Local Reg. No. 385
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1 Mile North of Chilco
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint (Garfield Bay)
d. STREET ADDRESS (If rural, give location) Star Rt. Box 250

3. NAME OF DECEASED (Type or Print) a. (First) Marjorie b. (Middle) L. c. (Last) Cheatham
4. DATE OF DEATH (Month) (Day) (Year) November 10, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH March 12, 1914
9. AGE (In years last birthday) 58 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 3
10b. KIND OF BUSINESS OR INDUSTRY U.S. State Dept.
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jay Cheatham BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 531-16-3473
17. INFORMANT'S OWN SIGNATURE Mrs. John R. Cobley ADDRESS Hayden Lake, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) accidental traumatism due to — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c) multiple crush injuries — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) U.S. 95
21c. (CITY, TOWN, OR TOWNSHIP) 3-mile N. of Chilco (COUNTY) Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) 11 (Day) 10 (Year) 72 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on Car wreck

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title) Coroner
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 11-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 14, 1972
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) Spokane, Washington (State)
DATE REC'D BY LOCAL REG. Nov 24, 1972
REGISTRAR'S SIGNATURE Carol A. Worthington
25. EMBALMER Gilbert Yates
LICENSE NO. M-365
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 7 1972

APR 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5398

Certificate of Death
STATE OF IDAHO

State File No. 5398
Local Reg. No. 385
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 58 /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital (01)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai 25/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Oline		Sundset	November 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 11, 1879	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Overmoen	Norway	Anne Martha Hanson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-82-5242	Tony Moen, Coeur d'Alene	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 to 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possible pulmonary Embolus. — Sudden
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-10, 1972 *to* 11-11, 1972, *that I last saw the deceased alive on* 11-11, 1972 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d'Alene Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5399
Local Reg. No. 386
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Interstate 90-Wolf Lodge Off Ramp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1071 Governement Way

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Stanley	J.	Grygny, Sr.	November 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 10, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Ind. 5 Potlatch Forest
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Grygny — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary - — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 393-10-9253
17. INFORMANT'S OWN SIGNATURE Mrs. Isabelle Grygny, ADDRESS Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) probable acute Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 14, 1972	St. Thomas Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 7 1972
DEC 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 1 6 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5400
Local Reg. No. 403
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Terrace 340	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian d. STREET ADDRESS (If rural, give location): 415 E. 2nd St.

3. NAME OF DECEASED (Type or Print)	a. (First) Helen	b. (Middle)	c. (Last) Farley	4. DATE OF DEATH (Month) (Day) (Year)		
				Nov. 12, 1972		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 17, 1897	75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife X	Own Home	Bellevue, Idaho	USA			
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE			
Joseph Fuller	USA	Sarah J. Adkins	USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS		
No	--	518-14-0782	Mrs. George Pfost	Hayden Lake, Id.		

4100

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction	2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation	2 wks.
	DUE TO (c) Arteriosclerotic Cardiovascular	10 yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Disease	
	Colostomy Secondary to Radiation	3 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Changes Sigmoid Colon, Patient Cancer of the Uterus, 30 yrs.	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* July 24, 19 72, *to* November 12, 19 72, *that I last saw the deceased alive on* November 11, 19 72, *and that death occurred at* 11:30a.m. *from the causes and on the date stated above.*

23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
[signature]	375 (Degree or title) M.D.	421 Cd'A. Ave., Cd'A., ID	12/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Nov. 14, 1972	Hazen & Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 2 2 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5401

Certificate of Death
STATE OF IDAHO

State File No. 5401
Local Reg. No. 390
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 838 N. 15th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer	William	Timken	Nov. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 10, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Page Mine	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Timken	Missouri	Katherine M. Ficken	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-03-1235	Marie Timken	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atrial Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.		17 Nov 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1972	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol O. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 27 1972
NOV 28 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 2 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 17 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5402
Local Reg. No. 392
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Coeur d'Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First) Emele b. (Middle) S. c. (Last) Jensen
4. DATE OF DEATH (Month) (Day) (Year) November 13, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 5, 1885
9. AGE (In years last birthday) 87
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 518-22-9804
17. INFORMANT'S OWN SIGNATURE ADDRESS Coeur d'Alene Homes, Coeur d'Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Senility & debility — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1962, *to* Nov 13, 1972, *that I last saw the deceased alive on* Oct 26, 1972, *and that death occurred at* 9:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Wray Wilson (Degree or title) MD 568-I
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 11/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 16, 1972
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Nov. 27, 1972
REGISTRAR'S SIGNATURE Lorraine R. Brush
25. EMBALMER Gilbert Yates
LICENSE NO. M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5403

Certificate of Death
STATE OF IDAHO

State File No. 388
Local Reg. No. 120
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 27 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 28 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 280
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location) 1301 Spokane St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roy	Ueal	Rambo	Nov. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 15, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	448-14-1631	Mildred Rambo	Post Falls, Idaho

1914

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASTROCYTOMA, RT. FRONTAL LOBE — INTERVAL BETWEEN ONSET AND DEATH: FEB. 1969

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	SURGERY - SEATTLE V.A. Hosp. - FEB. 11, 1969.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1966, 19__, to Nov. 13, 1972, 19__, that I last saw the deceased alive on Nov. 10, 1972, 19__, and that death occurred at 5:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C Jackson MD	Coeur d Alene, Idaho	11/17/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 15, 1972	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5404
Local Reg. No. 387
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 2103 11th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edna	E.	Lucas	Nov. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 3, 1922	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Andes, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Phay	Missouri	Myrtle Pennell	South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	519-16-2536	Isaac Lucas	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broncho genic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post-op BiLaT Adrenalectomy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 1971, 19____, to presnet, 19____, that I last saw the deceased alive on 11-13-72, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
P. Bruesch, M.D. (Degree or title)	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5405
Local Reg. No. 391
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 1118 N. 2nd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1118 N. 2nd St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Adeline	G.	Woodcock	Nov. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 9, 1907	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gus Berndt	Minnesota	Rose Jandrow	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	519-12-8045	Mrs. Franklin Erickson,	Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Diabetes — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19__ to Nov 14, 19 72, that I last saw the deceased alive on October 19 72, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD (Degree or title)	[signature]	11/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 18, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 24, 1972	Carol A. Worthington	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 7 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 29 1972 Bureau of Vital Statistics

State File No. 5406
Local Reg. No. 393
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 724 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Idella b. (Middle) Ivy c. (Last) Keeler
4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 29, 1886
9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Orren R. Smith BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Lydia E. Hoag BIRTHPLACE: Maine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-22-1636
17. INFORMANT'S OWN SIGNATURE: Mrs. Robert Kauffman, ADDRESS Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1972 to Nov 16, 1972, that I last saw the deceased alive on Nov 16, 1972, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 11/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 27, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5407
Local Reg. No. 383
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Morey	A.	Park	November 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 10, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chemist	Chem. Distr.	Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles F. Park	Pa.	Ada Morey	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	222-14-6510	Austin Park	Kellogg, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Prob myocardial infarct	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD (severe)	Years
DUE TO (c)	Pneumonia	3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr 16, 1969, *to* Nov 16, 1972, *that I last saw the deceased alive on* Nov 15, 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. H. Johnston MD 658 (Degree or title)	Hayden Lake, Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-1972	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 22, 1972	Lorraine K. Brush	Bill Huff	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5408
Local Reg. No. 400
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. [illegible] OF [illegible] (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: [illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockford
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillian		Smith	November 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 29, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Reninger	Pennsylvania	Mary McIntosh	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	532-28-2591	Mrs. Fred Moore, Athol, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1560 Cancer of Gallbladder — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ASHD c Heart failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-10-72	Ca of Gallbladder c spread to liver	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1967, *to* Death, 19____, *that I last saw the deceased alive on* 11-16, 1972, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip G Glennie	MD	Hayden Lake Ida	11-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1972	Fairview Cemetery	Rockford, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5409
Local Reg. No. 395
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 29 1972 Vital Statistics Bureau (Formerly)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48	b. COUNTY: Benton 033
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene	c. LENGTH OF STAY (In this place):		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial 101			d. STREET ADDRESS (If rural, give location): Rt. 2, Box 2892	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew	Powell	Mitchell	Nov 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau	Married	May 15, 1904	68	6	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	G.E.	Spokane, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Mitchell	UKN	Isabelle Stronach	UKN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		532-66-7078A	Ruth Mitchell	Kennewick

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Presumed Cause is

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Coronary occlusion,

DUE TO (c) He was dead on arrival at Hospital.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____ , 19____ , *to* ____ , 19____ , *that I last saw the deceased alive on* NEVER , 19____ , *and that death occurred at* 10 P1 *m., from the causes and on the date stated above.* 11/19/72 (Pronounced Dead)

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. 3/3-1	Coeur d'Alene, Idaho 411 Coeur d'Alene Ave.	11.22.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Nov. 25,72	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Lorraine R. Brandt	Gilbert Yates	M365

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Yates Funeral Home

DEC 6 1972
SEP 1 6 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5410
Local Reg. No. 398
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 7 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene Bureau (Township)
c. LENGTH OF STAY (In this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location): Star Route Box 121

3. NAME OF DECEASED (Type or Print): a. (First) GLADYS MAY b. (Middle) c. (Last) COLWELL
4. DATE OF DEATH: November 23 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months – Days –	IF UNDER 24 HRS. Hours – Min. –
female	white	widowed	Feb. 1, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife X	own home	England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Thomas	Wales	Mary Jane Basnett	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	– – – –	519-56-9557	Bruce E. Colwell	1805 Montana Ave, Coeur d'Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt hip

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-090

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 4 1972 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped and fell at home.

22. I hereby certify that I attended the deceased from Nov. 5, 19 72, to Nov. 22, 19 72, that I last saw the deceased alive on Nov. 22, 19 72, and that death occurred at m, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William A. Slaughter M.D.	816 Sherman Ave.	12/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 27, 1972	Hope Community Cemetery	Hope	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 6, 1972	Lorraine K. Brush	Bill Leuff	M-439

FIRM NAME: Coffelt Funeral Service, Sandpoint

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1972

JAN 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5411
Local Reg. No. 404
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 501 Garden	d. STREET ADDRESS (If rural, give location): 501 Garden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Munroe	A.	Fraser	November 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	June 3, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S. Marine Corp.	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Fraser	Canada	Emmaline Monroe	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	532-12-3584	Mr. Robert Kerr	Tooele, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable acute Coronary occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner 583 4	Coeur d'alene Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Nov. 28, 1972	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended December 5, 1972

Certificate of Death
STATE OF IDAHO

State File No. 5412
Local Reg. No. 394
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Mem. Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt. 1, Box 247

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Goldie	M.	Matthews	November 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 13, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurses' Aid & Housewife	CDA Homes	Salina, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Ailers	Kansas	Millie St.Clair	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	510-12-0546	Robert J. Matthews	Hayden Lake, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4360

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute C.V.A. (Stroke)	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension.	(1 week)
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19 50, *to* 11-26, 19 72, *that I last saw the deceased alive on* 11-26-, 19 72 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. 512-1	Coeur d'Alene, Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 30,1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 28, 1972	Lorraine K. Brush	Bruce English	M 538

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel=Coeur d'Alene, Idaho

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 5 11 01 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

Certificate No.

Date Filed Nov 29, 1972

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Goldie M. Matthews (Name on Original Certificate) who died (Was Born or Died) on Nov 26, 1972 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#24 C.Cemetery	Restlawn Mem. Park	Forest Cemetery

Subscribed and sworn to before me this 4th day of December, 1972

Grace Dearstyne

Notary Public, residing at Coeur d'Alene

My commission expires 2/15/75

(Seal)

Signed ✓ Bill Wulff

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1133 N. 4th, Coeur d'Alene, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1972

Notary Public, residing at Coeur d'Alene

My commission expires 2/15/75

(Seal)

Signed ✓ Don C English

(Signature of Any Credible Person)

1133 N. 4th, Coeur d'Alene, Ida

(Street Address, City, State)

FORM DH 60-155

12-1-72

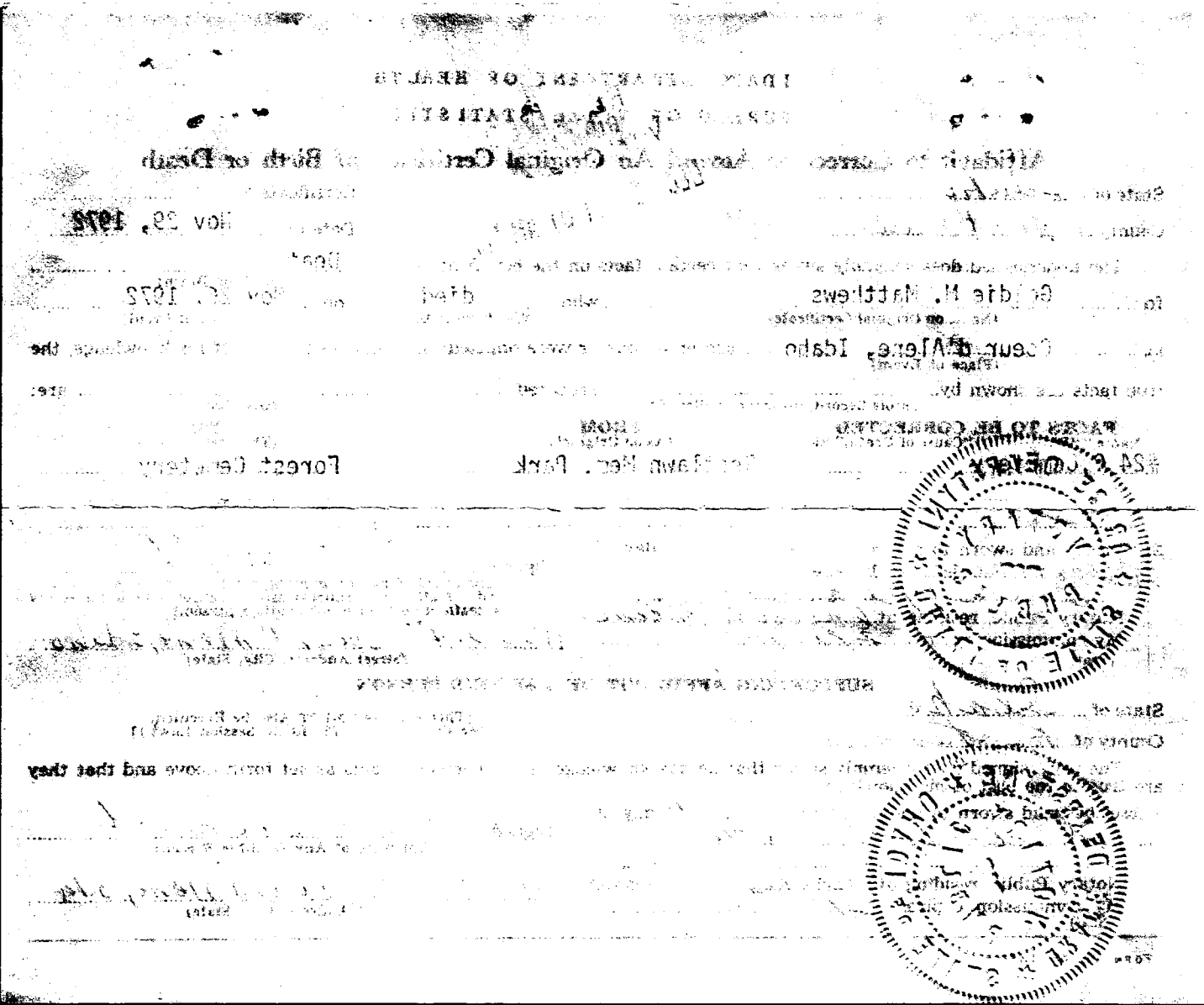

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 394
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Rt. 1, Box 247

3. NAME OF DECEASED (Type or Print) a. (First) Goldie b. (Middle) M. c. (Last) Matthews
4. DATE OF DEATH (Month) (Day) (Year) November 26, 1972
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 13, 1918
9. AGE (In years last birthday) 54
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses Aid & House-wife
10b. KIND OF BUSINESS OR INDUSTRY CDA Homes
11. BIRTHPLACE (State or foreign country) Salina, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Ailers BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Millie St.Clair BIRTHPLACE Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 510-12-0546
17. INFORMANT'S OWN SIGNATURE Robert J. Matthews ADDRESS Hayden Lake, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute C.V.A. (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: Sudden (1 week)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 50, *to* 11-26, 19 72, *that I last saw the deceased alive on* 11-26, 19 72, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title)
23b. ADDRESS Coeur d'alene Idaho
23c. DATE SIGNED 11-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 30, 1972
24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park
24d. LOCATION (City, town, or county) Coeur d' Alene, (State) Idaho
DATE REC'D BY LOCAL REG. Nov. 28 1972
REGISTRAR'S SIGNATURE Lorraine R. Brush
25. EMBALMER Bruce English
LICENSE NO. M-538
FIRM NAME English Chapel-Coeur d' Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 1 2005

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5413
Local Reg. No. 396
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

281

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace Nursing Home 340	d. STREET ADDRESS (If rural, give location) English Village #55

3. NAME OF DECEASED (Type or Print)	a. (First) Mildred	b. (Middle) R.	c. (Last) Sawyer	4. DATE OF DEATH (Month) (Day) (Year) November 26, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1902	9. AGE (In years last birthday) 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Maurice Ahern	BIRTHPLACE Minnesota	14. MOTHER'S MAIDEN NAME Mary Griffith	BIRTHPLACE Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 523-42-9861	17. INFORMANT'S OWN SIGNATURE Robert R. Sawyer	ADDRESS 16426 SE 1st Bellevue, Wn

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-31, 19 70, *to* Present, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE P. Bresch, M.D. 375 (Degree or title)	23b. ADDRESS 920 Ironwood Dr, CDA, Idaho	23c. DATE SIGNED 11-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-1972	24c. NAME OF CEMETERY OR CREMATORY Holycross Cemetery	24d. LOCATION (City, town, or county) Spokane (State) Washington
DATE REC'D BY LOCAL REG. Nov. 28, 1972	REGISTRAR'S SIGNATURE Lorraine R. Bresch	25. EMBALMER Bruce English	LICENSE NO. M-538

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Funeral Chapel, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 1 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5414
Local Reg. No. 405
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cataldo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Hoiland

4. DATE OF DEATH (Month) (Day) (Year) November 28, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 1, 1885

9. AGE (In years last birthday) 87
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator 5

10b. KIND OF BUSINESS OR INDUSTRY Mill

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 519-26-8266

17. INFORMANT'S OWN SIGNATURE Mr. Lawrence Hoiland ADDRESS Cataldo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile debility — 6 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 , 19 71 , *to* 11-28 , 19 72 , *that I last saw the deceased alive on* 11-27 , 19 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title) 025 /

23b. ADDRESS Coeur d'Alene Ida

23c. DATE SIGNED 12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 2, 1972

24c. NAME OF CEMETERY OR CREMATORY Rose Lake Cemetery

24d. LOCATION (City, town, or county) (State) Rose Lake, Idaho

DATE REC'D BY LOCAL REG. Dec. 8, 1972

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Gilbert Yates

LICENSE NO. M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAY 15 1985

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5415
Local Reg. No. 407
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 Miles East of Coeur d'Alene
c. LENGTH OF STAY (In this place): 280
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 213 Garden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	R.	Kendall	Nov. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Sept. 16, 1937	35		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 3	Yellowfront	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John H. Kendall	Washington	Grace McIntosh	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
Yes	538-34-8535	Mrs. Grace Kendall, Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

8129

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) accidental traumatism due

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to automobile accident
DUE TO (c) Crushed chest.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Interstate 90	10 mi. East, Coeur d'Alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Car skidded & struck a truck

22. *I hereby certify that I attended the deceased from* Did not , 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. 512 Coroner 4	Coeur d'Alene, Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 2, 1972	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 31 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5416
Local Reg. No. 408
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Inis		Monette	Nov. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 19, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Hom	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William S. Boyes	Minnesota	Jennie Sloan	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--		Mrs. Ted Snyder.	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5699

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ill defined disease of

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) digestive Tract.
DUE TO (c) Intestinal Hemorrhage.

INTERVAL BETWEEN ONSET AND DEATH
months.
3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1950, to 11-28, 1972, that I last saw the deceased alive on 11-28, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. 512-1	Coeur d'alene Idaho	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 1, 1972	Fairmont Memorial Park	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Lorraine K. Brush	Gilbert Yates	m-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5417
Local Reg. No. 401
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Christian	B.	Bjorvik	Nov. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 22, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millwright 5	Sawmill	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Berent M. Bjorvik	Norway	Johann Unknown	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-03-4840A	Bernard Bjorvik	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro Vasular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Broncho pneumonia — 2 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to 11-28, 1972, that I last saw the deceased alive on 11-26, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. 572-1	Coeur d'alene Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 8, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5418
Local Reg. No. 406
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai 28.1	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: Spokane 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF TIME (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes 103	d. STREET ADDRESS (If rural, give location): E. 17001 Valley Way

3. NAME OF DECEASED (Type or Print)	a. (First) Inga	b. (Middle) S.	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 27, 1885	9. AGE (In years last birthday): 86 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): North Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lars J. Kaaen	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Thale C. Norlee	BIRTHPLACE: Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-03-1259	17. INFORMANT'S OWN SIGNATURE: Thelma L. Bligen	ADDRESS: 614 Southview Colfax, Wash. 99111	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vasc. atherosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-4-72, 19__, *to* present, 19__, *that I last saw the deceased alive on* 11-29-72, 19__, *and that death occurred at* 3:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Bresch, M.D. 775 (Degree or title)	23b. ADDRESS: 920 Ironwood Dr. Coeur d'Alene, Idaho 83814	23c. DATE SIGNED: 12=4=72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/2/72	24c. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Terrace	24d. LOCATION (City, town, or county): Spokane, (State) Wash.
DATE REC'D BY LOCAL REG.: Dec 8, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Elwyn H. Rothwell	LICENSE NO.: DL 778

FIRM NAME: Hazen & Jaeger Funeral Homes, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 8 1972
MAY 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5419
Local Reg. No. 411
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Kootenai			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake	c. LENGTH OF STAY (In this place):		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake	
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home			d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew		Swanson	November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 14, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Swanson	Sweden	Hilda Westenburg	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-03-8595	Mrs. Elsie Ailport	Missoula, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cause ill defined — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable C.V.A. — 1c
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not , 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'alene, Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1972	Rose Lake Cemetery	Rose Lake, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5420
Local Reg. No. 402
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Iowa
b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilmore City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Nelson	Day	November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 15, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Dealer 2	Self	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Day	USA	Emma Conwell	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	484-05-3831	Mrs. Dawn Turner-Rathdrum, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aplastic Anemia, Etiology unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov ____, 19 72, to Nov ____, 19 72, that I last saw the deceased alive on 11 / 26 ____, 19 72 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion Powell M.D.	920 Ironwood Dr., CDA	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 2, 1972	Hazen and Jaeger	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5421
Local Reg. No. 397
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 7 - 1972 281

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Mem. Hospital 01	d. STREET ADDRESS (If rural, give location) Rt. I

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) A.	c. (Last) Barber	4. DATE OF DEATH (Month) (Day) (Year)	November 29,1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29,1908	9. AGE (In years last birthday) 64	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright 5	10b. KIND OF BUSINESS OR INDUSTRY Potlatch Forest	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Ernest Barber	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Sarah Davis	BIRTHPLACE England		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-01-0431	17. INFORMANT'S OWN SIGNATURE Pauline Barber	ADDRESS Hayden Lake, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 28, 1972, *to* Nov 29, 1972, *that I last saw the deceased alive on* Nov 29, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD	23b. ADDRESS Coeur d'Alene, Idaho	23c. DATE SIGNED 1 Dec.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery	24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho
DATE REC'D BY LOCAL REG. Dec. 4, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER [signature]	LICENSE NO. E-397

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DEC 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5422
Local Reg. No. 399
Reg. Dist. No. 120

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: KOOTENAI 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: KOOTENAI 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COEUR D' ALENE — c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAYDEN LAKE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PINEWOOD MANOR 261	d. STREET ADDRESS (If rural, give location): RT. # 1 BOX 248 C.

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) T.	c. (Last) MELTON	4. DATE OF DEATH (Month) (Day) (Year)	NOV. 29 1972	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: APRIL 9, 1887	9. AGE (In years last birthday): 85	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MINISTER	10b. KIND OF BUSINESS OR INDUSTRY: Religion	11. BIRTHPLACE (State or foreign country): TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: WILLIAM N. MELTON	BIRTHPLACE: TENN.	14. MOTHER'S MAIDEN NAME: RUTH E. WATSON	BIRTHPLACE: VIRGINIA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service): NONE	16. SOCIAL SECURITY NO.: 443 05 5754	17. INFORMANT'S OWN SIGNATURE: Erma L. Moyer	ADDRESS: Borger, Texas		

4360

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C.V.A -	4-6 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension, Chronic.	Years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	C.V.A - July 1972.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 1967, 19___, *to* 11/28/72, 19___, *that I last saw the deceased alive on* 11/28/72, 19___, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Fredriksen (Degree or title) MD.	23b. ADDRESS: C.D.A.	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 12-2-1972	24c. NAME OF CEMETERY OR CREMATORY: FOREST CEMETERY	24d. LOCATION (City, town, or county): COEUR D" ALENE	(State): IDAHO
DATE REC'D BY LOCAL REG.: Dec 4, 1972	REGISTRAR'S SIGNATURE: Lorraine R Brush	25. EMBALMER: N. H. Riplinger Jr.		LICENSE NO.: E 397

FIRM NAME: ENGLISH CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 5423
Local Reg. No. 140
Reg. Dist. No. 200

STATE OF IDAHO

BIRTH NO.

NOV 27 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch rural
d. STREET ADDRESS (If rural, give location): Route # 1 Box 322

3. NAME OF DECEASED (Type or Print): a. (First) Esther; b. (Middle) Louise; c. (Last) Davis

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 6 1917
9. AGE (In years last birthday): 55 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Edgemont, South Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Emery Reeves — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Alda Grandell — BIRTHPLACE: South Dakota
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 01 0182
17. INFORMANT'S OWN SIGNATURE: Everett Davis — ADDRESS: Potlatch, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3960

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic aortic & mitral valvular disease — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. , 19 72, *to* 10-25-72, 19 , *that I last saw the deceased alive on* 10-24-72, 19 , *and that death occurred at* 2:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. P. Marineau, M. D. — 23b. ADDRESS: 328-1129 W. Third St. Moscow, Ida. — 23c. DATE SIGNED: 11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-28-1972
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Potlatch Idaho

DATE REC'D BY LOCAL REG.: Nov. 13 1972
REGISTRAR'S SIGNATURE: Dolores Lettenmaier
25. EMBALMER: Jack E Kramer — LICENSE NO.: 636
FIRM NAME: Kimball Funeral Home Palouse, Wa.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 19 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5424
Local Reg. No. 139
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Farmington, Wa.
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles E. Idaho-Wash. line 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Whitman 5-55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tekoa
d. STREET ADDRESS (If rural, give location): Broadway Street

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Byron
c. (Last): Bruce Sr.

4. DATE OF DEATH (Month) (Day) (Year): October 28 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 19 1898
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (ret) 7
10b. KIND OF BUSINESS OR INDUSTRY: diversified farm
11. BIRTHPLACE (State or foreign country): Marion, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Bruce — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Anna Adams — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 538 34 9848
17. INFORMANT'S OWN SIGNATURE: Irene Bruce — ADDRESS: Tekoa, Wa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4134

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* about 10:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edgar Hawkins MD Coroner 583 4
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 11-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov 1 1972
24c. NAME OF CEMETERY OR CREMATORY: Goldenrod Cemetery
24d. LOCATION (City, town, or county) (State): Tekoa Wash.

DATE REC'D BY LOCAL REG.: Nov. 13, 1972
REGISTRAR'S SIGNATURE: Dolores Lettenmaier
25. EMBALMER: Jack E Kramer
LICENSE NO.: 636

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home Tekoa, Wa.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 24 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED NOV 27 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5425
Local Reg. No. 138
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH a. COUNTY LATAH 290	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY LATAH 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KENDRICK; c. LENGTH OF STAY (In this place) APR '72	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KENDRICK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) TRAILER HOUSE (2) BLOCKS WEST OF MAIN STREET	e. STREET ADDRESS (If rural, give location) TRAILER HOUSE, (2) BLOCKS WEST OF MAIN STREET IN KENDRICK

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) AUGUST	c. (Last) HEIMGARTNER	4. DATE OF DEATH (Month) (Day) (Year) 31 OCTOBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 25 SEPT 1897	9. AGE (In years last birthday) 75; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY HOUSE BUILDER	11. BIRTHPLACE (State or foreign country) LEADS, IOWA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ROBERT HEIMGARTNER SR.	BIRTHPLACE SWITZERLAND	14. MOTHER'S MAIDEN NAME ALBERTINE KAWALKE	BIRTHPLACE GERMANY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 549 10 6770	17. INFORMANT'S OWN SIGNATURE X Eric Heimgartner	CLARKSTON, WASHINGTON	

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart Disease.	1+ years.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Myocardial Infarct. 24 Nov. 1971	—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Nov., 1971, *to* 31 October, 1972, *that I last saw the deceased alive on* 20 Sept., 1972, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE B R Stern (Degree or title) MD 496-1	23b. ADDRESS Lewiston Ida.	23c. DATE SIGNED 31 Nov. 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL/BURIAL	24b. DATE 3 NOV 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 11-9-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER W. E. BLACK W E Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5426
Local Reg. No. 137
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Theophilus Towers

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cocolalla
d. STREET ADDRESS (If rural, give location): Bottle Bay

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Joseph	Donnerberg Jr.	Nov	1	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	never married	Jan 30, 1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student	College	Portland, Ore.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence Donnerberg Sr.	Oregon	Edith Close	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-60-8689	X L. J. Donnerberg	Sandpoint, Ida.

9187

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Basilar Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crush injury to chest — "
DUE TO (c) fracture L humerus, R tibia fibula — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	School Dormatory	Moscow 13-291	Latah	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov.	1,	1972	m.		Crushed in elevator shaft

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roger Hawkins MD Coroner	Moscow Idaho	11-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	Nov 1, 1972	Pinecrest Cemetery	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 9, 1972	Dolores Lettenmaier	Conrad Ward	M-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 4 1972
NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5427

State File No. 5427
Local Reg. No. 142
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics 29/

1. PLACE OF DEATH
a. COUNTY Latah 29/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow,
c. LENGTH OF STAY (In this place) 6½ Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Convalescent Center 366

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah 29/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary		Snyder	Nov. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 12, 1874	98		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Cook County, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-60-9563	Thomas Dowdy	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1967, to Nov. 7, 1972, that I last saw the deceased alive on Nov. 5, 1972, and that death occurred at 6:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward J Boas	MD	Moscow Idaho	11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 14, 1972	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Dolores Lettenmaier	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5428
Local Reg. No. 141
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Moscow Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Abram b. (Middle) Firth c. (Last) Garrison

4. DATE OF DEATH (Month) (Day) (Year): 11-8-1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-28-1906

9. AGE (In years last birthday): 66

IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesaler 3

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pella, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel A. Garrison
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Firth
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-2951

17. INFORMANT'S OWN SIGNATURE: X George L. Garrison
ADDRESS: Renton, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent Coronary — 4-5 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1969, to 11-8, 1972, that I last saw the deceased alive on 11-8, 1972, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Edward J. Bass (Degree or title) MD

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 11-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-11-1972

24c. NAME OF CEMETERY OR CREMATORY: Palouse Cemetery

24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: Nov. 17, 1972

REGISTRAR'S SIGNATURE: Delores Lettenmaier

25. EMBALMER: E. Pete Albertson

LICENSE NO.: M-525

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5429
Local Reg. No. 143
Reg. Dist. No. 200

RECEIVED NOV 27 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): 7 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112	d. STREET ADDRESS (If rural, give location): 817 So. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Edith	c. (Last) Meneely	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 14, 1885	9. AGE (In years last birthday): 87 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Hord, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James W. Kirkpatrick	BIRTHPLACE: Scottland	14. MOTHER'S MAIDEN NAME: Catherine Ann Carrick	BIRTHPLACE: Flora, Ill.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-82-4792	17. INFORMANT'S OWN SIGNATURE: x Maurice Arcates Meneely	ADDRESS: Moscow, Ida.	

887X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Femur (Rt) Fracture	7 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Senility	
DUE TO (c)	Terminal Pneumonia	1 Day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow 13-291 Latah Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 5-1972 4P m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell in Home	

22. *I hereby certify that I attended the deceased from* 2-10 1950, *to* Nov 12, 1972, *that I last saw the deceased alive on* 11-12, 1972, *and that death occurred at* 3:32P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward A. Dunn MD (Degree or title)	23b. ADDRESS: Moscow Idaho	23c. DATE SIGNED: 11-16 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 15, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery	24d. LOCATION (City, town, or county) (State): Moscow, Idaho
DATE REC'D BY LOCAL REG.: Nov. 20, 1972	REGISTRAR'S SIGNATURE: Dolores Lettenmaier	25. EMBALMER: Donald Ward	LICENSE NO.: M-380

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5430
Local Reg. No. 144
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah 291
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1204 S. Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): BABB

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 21, 1885
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Greenville, Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Valentine Britton, BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Kathryn Durham, BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-38-9097
17. INFORMANT'S OWN SIGNATURE: William L. Babb — ADDRESS: Moscow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1971, *to* Nov. 14, 1972, *that I last saw the deceased alive on* Nov. 10, 1972, *and that death occurred at* 5:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward F Beas MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 11-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 11/18/72
24c. NAME OF CEMETERY OR CREMATORY: Colfax Cemetery
24d. LOCATION (City, town, or county) (State): Colfax, Whitman, Washington

DATE REC'D BY LOCAL REG.: Nov. 24, 1972
REGISTRAR'S SIGNATURE: Dolores Lettenmaier
25. FUNERAL DIRECTOR: L.L. Bruning Funeral Home — Ray C. Brown
ADDRESS: Colfax Washington

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5431
Local Reg. No. 149
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paradise Villa Conv. Center 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 217 N. Almon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Edward	Botts	Nov. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 6, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Mason County, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis E. Botts	Illinois	Laura E. Peavler	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		504-103635	William E Botts	S. D.

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CEREBRO-VASCUALR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple previous CVA — 6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from December 4, 1964, to November 15, 1972, that I last saw the deceased alive on October 19, 1972, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J M Myers, 015 (Degree or title) M.D.	Moscow, Idaho	Dec 2 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 20, 1972	Pullman Cemetery	Pullman Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 7, 1972	Wayne R Jenkins	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 17 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5432
Local Reg. No. 145
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Genesee
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David	Delbert	Harpole	Nov. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 5, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Poultry Farmer		Junction City, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Harpole	Unknown	Elizabeth Southworth	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-60-7355	x Mary Jane Browning	Genesee, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4270

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1969, to Nov. 15, 1972, that I last saw the deceased alive on Nov. 15, 1972, and that death occurred at 3:20A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward F Bras MD	Moscow Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 17, 1972	Genesee Catholic Cemetery	Genesee, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 1, 1972	Wayne R Heistand	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5433
Local Reg. No. 146
Reg. Dist. No. 300

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Convalescent Center 366

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John		Westerlund	11-20-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Never married	3-19-1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker 5	Logging	Philips, Wisc.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eric W. Westerlund	Sweden	Christina Bystiet	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-10-4702	Lyle E. Carlson	Bonners Ferry, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3-5 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infected leg ulcers
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1967, to 11-20-72, 1972, that I last saw the deceased alive on 11-19-72, 1972, and that death occurred at 3:25a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward C Sears MD	Moscow Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Burial	11-22-1972	Grandview Cemetery	Boundary Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1972	Wayne R Deishuri	E. Pete Albertson	M-525

FIRM NAME: Shorts Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5434
Local Reg. No. 148
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elizabeth	(NMI)	Kinman	November 21 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	married	Oct 25 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Prague, Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lienhard — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Not available — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518 16 9178
17. INFORMANT'S OWN SIGNATURE: Ira Kinman — ADDRESS: Princeton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Edema — 5 hrs.
DUE TO (c) Hypertensive Cardiovascular Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive Heart Failure
Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/21, 19 72, *to* 11/21, 19 72, *that I last saw the deceased alive on* 11/21, 19 72, *and that death occurred at* 3:22 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norris A. Bjugstad, M.D. 242-1	Potlatch, Idaho	11/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-25-1972	Freeze Cemetery	Potlatch Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 5 1972	Marjorie Heiskari	Jack E Kramer	636

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home Palouse, Wa.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5435
Local Reg. No. 147
Reg. Dist. No. 000

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
c. LENGTH OF STAY (In this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joseph	Marion	Evans	Nov. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Nov. 1, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 5	Timber	Agatha, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Granville Evans	Unknown	Mattie Green	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-01-0565	Verbue L. Evans	Bovill, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

492X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-7, 19 72, *to* 11-26, 19 72, *that I last saw the deceased alive on* 5-4, 19 72, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O Drury	MD	Troy, Idaho	11-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Nov. 29, 1972	Bovill Cemetery	Bovill	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1972	Wayne R Heiskari	Fred Nelson	M-504

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 23 1981

JUL 18 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Copy sent 7-13-81
Could not find request
Do not mail 2nd copy.
Write receipt and file.
for Death. C.C.

4.00

Joseph M. Evans

— 1960 —

11-26-72

12-5-43

Dear

Moscow Title

P.O. Box 9144

Moscow

83843

cate of Death
TE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE b. COUNTY

OF this place) b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

e) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)

RIED, (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME BIRTHPLACE

TY NO. 17. INFORMANT'S OWN SIGNATURE ADDRESS

AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

20b. MAJOR FINDINGS OF OPERATION

n or about bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

RRED WHILE ORK 21f. HOW DID INJURY OCCUR?

, 19____, to _____, 19____, that I last saw the deceased alive

____m., from the causes and on the date stated above.

e) 23b. ADDRESS 23c. DATE SIGNED

TERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)

25. MORTICIAN LICENSE NO.

FIRM NAME:

72-9696

RECEIVED DEC 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5436
Local Reg. No. 150
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH a. COUNTY LATAH 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MOSCOW b. COUNTY LATAH 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOSCOW; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOSCOW
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) X 416 N. Blaine 000	d. STREET ADDRESS (If rural, give location) 428 - TROY ROAD

3. NAME OF DECEASED (Type or Print)	a. (First) ERIKA	b. (Middle) LEE	c. (Last) HINES	4. DATE OF DEATH (Month) (Day) (Year) 27 NOVEMBER 1972
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 2 SEPT 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months 2 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 9	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MOSCOW, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME RICHARD DEE HINES	BIRTHPLACE BURLEY, IDAHO	14. MOTHER'S MAIDEN NAME CAROL ANNE MEEK	BIRTHPLACE CALIFORNIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S OWN SIGNATURE X Richard D. Hines	ADDRESS MOSCOW	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crib Death — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Coroner's case *, to* _____ *, 19*____ *, that I last saw the deceased alive on* _____ *, 19*____ *, and that death occurred at* X 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward L Beas 288 (Degree or title) MD	23b. ADDRESS Moscow, Idaho	23c. DATE SIGNED 12-2-72
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL/BURIAL	24b. DATE 30 NOV 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY
24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO		
DATE REC'D BY LOCAL REG. Dec 7, 1972	REGISTRAR'S SIGNATURE Wayne R Heishari	25. EMBALMER X E. Pete Albertson
LICENSE NO. X M-525		

FIRM NAME: X Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972
NOV 21 2013

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 18 1972

Certificate of Death
STATE OF IDAHO

State File No. 5437
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Lemhi 301	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon; c. LENGTH OF STAY (In this place) 8 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemhi
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Alonzo	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year) November 4, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Wooster, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alonzo E. Snyder	BIRTHPLACE Ohio	14. MOTHER'S MAIDEN NAME Cora A. Herman	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-34-0344	17. INFORMANT'S OWN SIGNATURE Karl W. Snyder	ADDRESS Lemhi, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

552X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 12 hr

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post operative Pneumonia 12 hr

DUE TO (c) Strangulated rt ing hernia 1 wk, with abscess -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION abscess R.L.Q. in Strangulated hernia	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Death, 19__, *that I last saw the deceased alive on* Nov 4, 1972 *and that death occurred at* 10.30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 045 (Degree or title)	23b. ADDRESS Salmon, Ida	23c. DATE SIGNED 11-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY Salmon Cemetery	24d. LOCATION (City, town, or county) (State) Salmon, Idaho
DATE REC'D BY LOCAL REG. Nov. 7, 1972	REGISTRAR'S SIGNATURE Mary A. Jones	25. EMBALMER Douglas C. Casey	LICENSE NO. M-540

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5438

Certificate of Death
STATE OF IDAHO

State File No. 5438
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Lemhi 30	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon c. LENGTH OF STAY (In this place): 35 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000	d. STREET ADDRESS (If rural, give location): Box 1431

3. NAME OF DECEASED (Type or Print)	a. (First) HAROLD	b. (Middle) CURTIS	c. (Last) HAVENS	4. DATE OF DEATH (Month) (Day) (Year)	Nov 10, 1972		
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: June 9, 1902	9. AGE (In years last birthday): 70	IF UNDER 1 YR. Months: 5 Days: 1	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): business management 3	10b. KIND OF BUSINESS OR INDUSTRY: several interests	11. BIRTHPLACE (State or foreign country): Davenport, Iowa	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Henry Augustus Havens	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Mary Meadley	BIRTHPLACE: Davenport, Iowa				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-38-6447	17. INFORMANT'S OWN SIGNATURE: Miss Ila Havens	ADDRESS: Salmon, Ida.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 191X Astrocytoma of the Brain — INTERVAL BETWEEN ONSET AND DEATH: about 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-25-71, 19__, to 11-10-, 19 72 that I last saw the deceased alive on 11-8, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Boyd K Simmons (Degree or title) MD 958	23b. ADDRESS: Box 890 Salmon, Idaho	23c. DATE SIGNED: 11-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Burial	24b. DATE: Nov 14, 1972	24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park	24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho
DATE REC'D BY LOCAL REG.: Nov 15 1972	REGISTRAR'S SIGNATURE: Mary A. Jones	25 EMBALMER: Delbert C. Jones	LICENSE NO.: M-369

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: JONES & CASEY FUNERAL HOME

JAN 3 1973
MAR 1 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

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IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5439
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 27 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Lemhi 30/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	D.	Johnson	November 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 23, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 5	Construction	Clark County, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Johnson	Unknown	Nora Crane	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	569-01-9426	x Etta E. Johnson	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 492X Severe Emphysema — INTERVAL BETWEEN ONSET AND DEATH: many yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 11, 1972, to November 14, 1972, that I last saw the deceased alive on November 14, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Boyd L. Simmons, M.D. 458 (Degree or title)	Salmon, Idaho	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 17, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: JONES & CASEY FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972
DEC 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 1 2 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5440
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi — 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (In this place): few days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California — b. COUNTY: Plumas — 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canyon Dam
d. STREET ADDRESS (If rural, give location): Box 336

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lilburn	Hugh	Brand	November 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 28, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 2	Logging	Kansas City, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur A. Brand	Kansas	Hazel Dunn	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	566-14-4390	Ery Malnarich (telephone)	Hamilton, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* — , 19____, *to* — , 19____, *that I last saw the deceased alive on* — , 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[illegible] 263 (Degree or title) MD	Salmon Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-burial	Nov. 18, 1972	Greenville Cemetery	Greenville, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

JAN 10 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5441
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place) 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadore
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	"NONE"	Peterson	November 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 31, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 7	Agriculture	Mount Pleasant, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete Peterson	Denmark	Caroline Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518-48-1336A	Bobbi C Anderson	Leadore, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1579 Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis Cardiac decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-30, 1960, *to* 11-20, 1972, *that I last saw the deceased alive on* 11-19-, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Box 769 Salmon, Idaho	11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 24, 1972	McRea Cemetery	Leadore, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 30, 1972	Mary A. Jones	Douglas C. Casey	M-540

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-53021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972
DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 15 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUL 11 1974
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5442
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadore
c. LENGTH OF STAY (In this place): 80 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roland	Harrison	Davidson	November 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Mar. 30, 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Garage Operator 2	Automotive	St. Charles, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Davidson	Arkansas	Ella Mae Burke	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	518-16-6903	Karen Marie Tier Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Unknown natural — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Causes - probably
DUE TO (c) heart

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
None m.		

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 5-25, 1972, *that I last saw the deceased alive on* 5-25-, 1972 *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L Blackadar M.D. 945	Salmon Ida	11-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1972	Yearian Cemetery	Leadore, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1972	Mary A. Jones	Delbert C. Jones	M-369

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5443
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 30 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location): Box 7

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charley	Foster	Wilcox	November 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 5, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Operator 2	Hotel	Jamestown, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Wesley Wilcox	Minnesota	Lavina Burgduff	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	572-22-7182A	Howard J. Wilcox	Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2001

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2+ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-5, 1972 to 11-24, 1972 that I last saw the deceased alive on 11-23, 1972 and that death occurred at 2 10 a m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Boyd K. Simmons, MD (Degree or title)		11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 27, 1972	May Cemetery	May, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 28, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1972
DEC 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5444
Local Reg. No. 6
Reg. Dist. No. 737

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS NOV 10 1 06 PM '72

1. PLACE OF DEATH a. COUNTY Lewis 310	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4½ Miles S.W. Winchester c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Winchester
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Francis	b. (Middle) Thomas	c. (Last) Moriarty	4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 28, 1896	9. AGE (In years last birthday) 76 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 7	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Butte, Mont.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Morairty	BIRTHPLACE Ireland	14. MOTHER'S MAIDEN NAME Margaret O'Leary	BIRTHPLACE Hancock, Mich.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 518-48-1679	17. INFORMANT'S OWN SIGNATURE X Katherine Kaufman	ADDRESS Lewiston, Idaho.	

4299

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent heart attack	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE S.E. Hell (Degree or title) Coroner	23b. ADDRESS Kamiah Ida	23c. DATE SIGNED 11-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 2, 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.
DATE REC'D BY LOCAL REG. 11/8/72	REGISTRAR'S SIGNATURE [signature]	25. EMBALMER Andrew F. Vassar	LICENSE NO. M 315

FIRM NAME: Vassar-Rawls Funeral Home Inc

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5445
Local Reg. No. 21
Reg. Dist. No. 242

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): 123 E Lorahama

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Arvid	Borgeson	Nov	24	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Jan 13, 1890	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Grain Farm	Abbetorp Sweden	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Augustuv Borgeson		unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 42 2877	Ray Borgeson	Craigmont, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Died while working in his potato cellar — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Heart attack
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Craigmont,	Lewis	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 6:00 PM, from the causes stated on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. A. Held	Lewis County Coroner	Kamiah, Idaho	11-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 28, 72	I O O F	Craigmont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
December 4, 1972	Elizabeth A Uhlorn	R R Hanson	M 433

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5446
Local Reg. No. 773
Reg. Dist. No. 430

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kimama
c. LENGTH OF STAY (In this place) 320
d. FULL NAME OF HOSPITAL OR INSTITUTION ½ Mi. east of Kimama

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 83301
d. STREET ADDRESS (If rural, give location) 428 Main Ave No Miller Apts

3. NAME OF DECEASED (Type or Print) a. (First) EVERETT b. (Middle) AUGUST c. (Last) STAGEMEYER
DATE OF DEATH (Month) (Day) (Year) November 16, 1972

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 11, 1920
9. AGE (In years last birthday) 52
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) NEBRASKA
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Ernest Stagemeyer
BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Elvina Burgener
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Moves WW2 US Army
16. SOCIAL SECURITY NO. 506-16-4391
17. INFORMANT'S OWN SIGNATURE Doris E. Stagemeyer
ADDRESS Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

8100

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture-Dislocation of cervical spine and transection of cord — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) ½ mile east of 06
21c. (CITY, TOWN, OR TOWNSHIP) Kimama 13-32S (COUNTY) Lincoln County (STATE) Idaho
21d. TIME OF INJURY (Month) Nov (Day) 16 (Year) 1972 (Hour) 9:45 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck he was driving was hit by a train

22. *I hereby certify that I attended the deceased from* did not see alive 19 , 10:00A to , 19 , *that I last saw the deceased alive on* , 19 , *and that death occurred at* 9:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner 533-4
23b. ADDRESS Shoshone Idaho
23c. DATE SIGNED Nov 20, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/21/1972
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 11-27-72
REGISTRAR'S SIGNATURE Francis M. Bergin
25. EMBALMER
LICENSE NO. M-343
FIRM NAME: WHITE MORTUARY Twin Falls, Ida

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 28 1972

NOV 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 11 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5447
Local Reg. No. 67
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Madison 330	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lorenzo (rural) c. LENGTH OF STAY (In this place) min.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) River bridge.	d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)	a. (First) CHAD	b. (Middle) LIND	c. (Last) CHRISTIANSEN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1972
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 21, 1953	9. AGE (In years last birthday) 18 — IF UNDER 1 YR. Months 10 Days 25 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY College	11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME H. J. Christiansen	BIRTHPLACE Marysville, Idaho	14. MOTHER'S MAIDEN NAME Lou Etta Robison	BIRTHPLACE Lyman, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 519-64-8327	17. INFORMANT'S OWN SIGNATURE H. J. Christiansen	ADDRESS Aberdeen, Ida.

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Auto accident — INTERVAL BETWEEN ONSET AND DEATH 30"

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fractured neck

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) US 191-Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-330 Madison County, Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 16 72 9:45 PM	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto accident	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	583 (Degree or title) coroner	23b. ADDRESS Rexburg, Idaho.	23c. DATE SIGNED 27Nov72
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. &Burial	24b. DATE 11-20-72	24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery	24d. LOCATION (City, town, or county) (State) Aberdeen, Idaho
DATE REC'D BY LOCAL REG. 11-27-72	REGISTRAR'S SIGNATURE Leona Flamm	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5448
Local Reg. No. 68
Reg. Dist. No. 630

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. IF HOSPITAL OR INSTITUTION, DURATION OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Madison Memorial 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 75 So. 5 West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elvin	Andrew	Rasmussen	Nov. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 10, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner- & Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salt LAke City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Rasmussen	Aarhus, Denmark	Elizabeth Ann Harrison	Wales, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-28-3512
17. INFORMANT'S OWN SIGNATURE: Charles K. Rasmussen ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1950 to Nov. 22, 1972 that I last saw the deceased alive on Nov. 22, 1972 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Rexburg Idaho	11/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1972	Victor Cemetery	Victor- Teton County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-72	Leonal Flamm	Russell Flamm	1M-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 4 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5449
Local Reg. No. ~~78~~ 80
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Minidoka 341	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Utah 45 b. COUNTY Weber 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hooper
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital 125	d. STREET ADDRESS (If rural, give location) 5720 West 4600 South

3. NAME OF DECEASED (Type or Print)	a. (First) Verna	b. (Middle) Simpson	c. (Last) Manning	4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 1972
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-24-1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Hopper, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Simpson	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Electa Mills	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S OWN SIGNATURE Odeen Manning	ADDRESS California	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4124

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro Vascular accident	few hours.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASCVD	year.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to* Date of death *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Jen K. Humphrey M.D. 253 (Degree or title)	23b. ADDRESS Rupert Idaho	23c. DATE SIGNED 11-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-8-72	24c. NAME OF CEMETERY OR CREMATORY Hooper Cemetery	24d. LOCATION (City, town, or county) (State) Hooper, Utah
DATE REC'D BY LOCAL REG. 12-1-72	REGISTRAR'S SIGNATURE Mary Ellen Carlson	25. EMBALMER [signature] FIRM NAME Payne Mortuary	LICENSE NO. M389

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5450
Local Reg. No. 76
Reg. Dist. No. 45c

BIRTH NO.

RECEIVED NOV 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Minidoka 340	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home RFD 000	d. STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print)	a. (First) Sharon	b. (Middle) Marie	c. (Last) Sherfey	4. DATE OF DEATH (Month) (Day) (Year)	11-7-72
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9-29-1964	9. AGE (In years last birthday) 8	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (State or foreign country) Burley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Kenneth Wallace Sherfey	BIRTHPLACE Nebraska	14. MOTHER'S MAIDEN NAME Renee Anderson	BIRTHPLACE Oakley, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ********	17. INFORMANT'S OWN SIGNATURE Kenneth Sherfey	ADDRESS Heyburn, Id.	

9229

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accidental gun shot wound in abdomen — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) at her home 01	21c. (CITY, TOWN, OR TOWNSHIP) 13-340 (COUNTY) (STATE) Heyburn Minidoka County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 7 1972 8 PM m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR Shot gun accidentally dischrged prior to cleaning

22. *I hereby certify that I attended the deceased from* did not see alive *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk	(Degree or title) 583-4 Coroner	23b. ADDRESS 710 6th street, Rupert Idaho	23c. DATE SIGNED Nov 10 1972
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-72	24c. NAME OF CEMETERY OR CREMATORY Pleasant View	24d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. 11-14-72	REGISTRAR'S SIGNATURE Mildred Hyde, Deputy	25. EMBALMER Irwin Lee Hansen	LICENSE NO. M 514

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5451
Local Reg. No. 79
Reg. Dist. No. 450

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 624 south 3rd street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 624 south 3rd street

3. NAME OF DECEASED (Type or Print) a. (First) Corwin b. (Middle) Earl c. (Last) Greene

4. DATE OF DEATH (Month) (Day) (Year) Nov 19 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 16 1914
9. AGE (In years last birthday) 58
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building contracter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Acequia Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Orlando R Greene BIRTHPLACE Tennessee
14. MOTHER'S MAIDEN NAME Alice Baker BIRTHPLACE Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518 12 7967
17. INFORMANT'S OWN SIGNATURE x Lucille Greene ADDRESS Rupert Ida

18. CAUSE OF DEATH 4100
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary occlusion	5 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac decompensation	2 years
DUE TO (c)	Hypertension	6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	6 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1972, *to* November 19, 1972, *that I last saw the deceased alive on* October 25, 1972, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE AC Truxal, M.D. (Degree or title)
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 11-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 22 1972
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert Idaho (State)

DATE REC'D BY LOCAL REG. 11-28-72
REGISTRAR'S SIGNATURE Mildred Hyde Deputy
25. EMBALMER Robert C Walk
LICENSE NO. M 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5452
Local Reg. No. 18
Reg. Dist. No. 450

BIRTH NO.

RECEIVED NOV 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Minidoka Memorial Hosp 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 701 6th street Rupert Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Frank c. (Last) Loosli
4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 14 1884
9. AGE (In years last birthday) 88 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman 8
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (State or foreign country) Trenton Cache County Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ulrich Loosli BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Eliza Eggiman BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518 09 3554
17. INFORMANT'S OWN SIGNATURE Joe Loosli ADDRESS 814 South "D" st. Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

794X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) General Debilities of Advanced years. — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley (Degree or title) MD
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 27 1972
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert IdaHO (State)

DATE REC'D BY LOCAL REG. 11-28-72
REGISTRAR'S SIGNATURE Mildred Dyer, Deputy
25. EMBALMER Robert C Walk
FIRM NAME: Walk Mortuary
LICENSE NO. M 294

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service
FORM DH-63021

APR 3 0 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5453
Local Reg. No. 291
Reg. Dist. No. 220

BIRTH NO.

NOV 13 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): usual residence 000	d. STREET ADDRESS (If rural, give location): 1030 Alder Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) CLAY	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year): 1 November 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 10 Aug. 1872	9. AGE (In years last birthday): 100 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Truck Garden	11. BIRTHPLACE (State or foreign country): near Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Young	BIRTHPLACE: no record	14. MOTHER'S MAIDEN NAME: Amelia (no record)	BIRTHPLACE: no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 60 7605	17. INFORMANT'S OWN SIGNATURE: Bert D. Young	ADDRESS: Lewiston, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

890X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ASPHYXIATION	MOMENTS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	SMOKE & GAS INHALATION	
DUE TO (c)	HOUSE FIRE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME 01	21c. (CITY, TOWN, OR TOWNSHIP): LEWISTON 13-351	(COUNTY): NEZ PERCE (STATE): IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 Nov. 1972 4:00 Am.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? RESIDENTAL FIRE	

22. ~~Thereon certify that I attended the deceased from ... 19 ... 19 ... that I last saw the deceased alive ... 19 ...~~, and that death occurred at 4:00 Am., from the causes and on the date stated above.

23a. SIGNATURE: Wilfred J. Duclos	(Degree or title) CORONER 503-4	23b. ADDRESS: LEWISTON, IDAHO	23c. DATE SIGNED: 1 NOV 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 4 Nov. 1972	24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 11-9-72	REGISTRAR'S SIGNATURE: Glenard Dalzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5454
Local Reg. No. 290
Reg. Dist. No. 320

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics 35-1

1. PLACE OF DEATH a. COUNTY: Nez Perce b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): yrs d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): usual residence	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 35-1 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston d. STREET ADDRESS (If rural, give location): 1030 Alder Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MABEL	CLARA	YOUNG	1 November 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	28 June 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper	own home	Palamar, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 60 7604	Burtha Young	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

890X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASPHYXIATION — INTERVAL BETWEEN ONSET AND DEATH: MOMENTS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SMOKE & GAS INHALATION
DUE TO (c) HOUSE FIRE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
ACCIDENT	HOME	LEWISTON 13-351 NEZ PERCE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
31 Nov. 1972 4:00 PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	RESIDENTAL FIRE

22. I HEREBY CERTIFY that I attended the deceased from XXXX

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5455
Local Reg. No. 289
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence 000	d. STREET ADDRESS (If rural, give location): 1030 Alder Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) BESSIE	b. (Middle) VIRGINIA	c. (Last) GIRARD	4. DATE OF DEATH (Month) (Day) (Year) 1 November 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 22 Feb. 1910	9. AGE (In years last birthday): 62 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper X	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Canton, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George C. Young	BIRTHPLACE: Mexico, Mo.	14. MOTHER'S MAIDEN NAME: Flora (no record of name)	BIRTHPLACE: (no record)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 64 0477	17. INFORMANT'S OWN SIGNATURE: Bert D. Young	ADDRESS: Lewiston, Idaho	

890 X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ASPHYXIATION	MOMENTS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	SMOKE & GAS INHALATION	
DUE TO (c)	HOUSE FIRE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): HOME 01	21c. (CITY, TOWN, OR TOWNSHIP): LEWISTON 13-351 (COUNTY): NEZ PERCE (STATE): IDAHO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 Nov. 1972 4:00A m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? RESIDENTAL FIRE	

22. ~~[illegible]~~, and that death occurred at 4:00 A m., from the causes and on the date stated above.

23a. SIGNATURE: Wilfred J. Ducloz	(Degree or title) CORONER 5834	23b. ADDRESS: LEWISTON, IDAHO	23c. DATE SIGNED: 1 NOV 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 4 Nov. 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 11-9-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5456
Local Reg. No. 285
Reg. Dist. No. 320

BIRTH NO.

NOV 13 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: NezPerce 35			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston	c. LENGTH OF STAY (In this place): 1yr		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128			d. STREET ADDRESS (If rural, give location): 306-5th Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marion	A.	Gardner	Nov. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct 1, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	entertainer	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record		No record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 48 1679	X Martin J. Gardner	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 5, 1972 to Aug. 3, 1972, that I last saw the deceased alive on Aug. 3, 1972 and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Rogers	446 MD	GALEN A. ROGERS, M.D. 900 Seventh St. Clarkston, Washington	11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county) (State)
Removal	Nov. 7, 1972	Cypress Lawn Cemetery	Colma, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-72	Glenna Dalzen	O. Vassar	M 297

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 3 0 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5457
Local Reg. No. 294
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 4 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lapwai
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location) PO Box - 162

3. NAME OF DECEASED (Type or Print)	a. (First) MARVIN	b. (Middle) nmi	c. (Last) GREENE	4. DATE OF DEATH (Month) (Day) (Year) 7 November 1972
5. SEX Male	6. COLOR OR RACE Ame. Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6 April 1952	9. AGE (In years last birthday) 20 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 9	10b. KIND OF BUSINESS OR INDUSTRY University of Wn.	11. BIRTHPLACE (State or foreign country) Lewiston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jesse Greene	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Regina Kane	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 64 2296	17. INFORMANT'S OWN SIGNATURE Regina Ehrstein	ADDRESS Lewiston, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2381

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Posterior Fossa Brain Tumor	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Upper G.I. Bleeding	

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/72, 19__, *to* 11/14/72, 19__, *that I last saw the deceased alive on* 11/14, 19 72, *and that death occurred at* 2:08PM *m., from the causes and on the date stated above.*

23a. SIGNATURE David Spencer 1005 (Degree or title) MD	23b. ADDRESS 1522 17th	23c. DATE SIGNED 11/9/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10 Nov 1972	24c. NAME OF CEMETERY OR CREMATORY Spalding Memo. Cemetery	24d. LOCATION (City, town, or county) (State) Spalding, NezPerce Co., Ida.
DATE REC'D BY LOCAL REG. 11-10-72	REGISTRAR'S SIGNATURE Glenara Salzen	25. EMBALMER W E Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5458
Local Reg. No. 288
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 13 1972 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural)
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Somerville Rest Home /3/

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha		Heine	Nov. 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 22 1883	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Retired	Immenhof, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Kruger	Germany	Bertha Sauer	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-6918	X Gus Kruger	Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Pneumonia
DUE TO (c) Infirmities of age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/12, 1969, to 11-7, 1972, that I last saw the deceased alive on 10-26-72, 19__, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. Glover MD 501-1	939 Bryden, Lewiston, Ida	11-09-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-9-72	Cameron Cemetery	Cameron Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-9-72	Glenna Dalzen	Andrew H. Vassar	M 515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.
1221 F St.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5459
Local Reg. No. 295
Reg. Dist. No. 220

RECEIVED NOV 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 8 Mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Nursing Home 131	d. STREET ADDRESS (If rural, give location): 3309 - 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First) ALEX	b. (Middle) ALFRED	c. (Last) ANDERSON	4. DATE OF DEATH (Month) (Day) (Year) 7 November 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 20 Mary 1887	9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY: House Building	11. BIRTHPLACE (State or foreign country): Lorenz, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Anderson	BIRTHPLACE: no record	14. MOTHER'S MAIDEN NAME: Emma Anderson	BIRTHPLACE: no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 475 05 4265	17. INFORMANT'S OWN SIGNATURE: X Russell G. Anderson	ADDRESS: Lewiston, Idabo	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3979

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Valvular Heart Disease (Old Rheumatic Fever)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Infirmities of age

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-16- *, 19*66*, to* 11-7 *, 19*72*, that I last saw the deceased alive on* 8-17 *, 19*72*, and that death occurred at* 8:40 PM *, from the causes and on the date stated above.*

23a. SIGNATURE: R M Stover, M.D. (Degree or title)	23b. ADDRESS: 939 Bryden Lewiston, Ida	23c. DATE SIGNED: 11-9-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 10 Nov 1972	24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 11-10-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5460
Local Reg. No. 283
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3140-5th Street

3. NAME OF DECEASED (Type or Print): a. (First) Gail b. (Middle) B. c. (Last) Mansfield

4. DATE OF DEATH (Month) (Day) (Year): November 7, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 4, 1972

9. AGE (In years last birthday): 76
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Charlottesville, Va.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Everett Mansfield
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Slinder Johnston
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 265 01 5393A

17. INFORMANT'S OWN SIGNATURE: Mary Linda Kellogg
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 4123 Myocardial Infarction

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Clot.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 051 (Degree or title) MD
23b. ADDRESS: 1522-17th St. Lewiston, Id.
23c. DATE SIGNED: 11-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-72
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-10-72
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: V. Vassar
LICENSE NO.: M297

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5461
Local Reg. No. 292
Reg. Dist. No. 220.

RECEIVED NOV 13 1972 Bureau of Vital Statistics 351

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: California 05 b. COUNTY: Sacramento 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sacramento
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): no record

3. NAME OF DECEASED (Type or Print)	a. (First) Anthony	b. (Middle) J.	c. (Last) Dosch	4. DATE OF DEATH (Month) (Day) (Year) November 8, 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: April 4, 1896	9. AGE (In years last birthday): 76 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Priest	10b. KIND OF BUSINESS OR INDUSTRY: Catholic Church	11. BIRTHPLACE (State or foreign country): Spokane, Washington	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: John Dosch	BIRTHPLACE: Switzerland	14. MOTHER'S MAIDEN NAME: no record	BIRTHPLACE: Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 372 24 9145A	17. INFORMANT'S OWN SIGNATURE: D. B. O'Connor	ADDRESS: Pomeroy, Washington	

18. CAUSE OF DEATH — 4273
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial - failure.	11/1/72.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Ht. Block. Cryptic Wink.	11/6/72.
DUE TO (c)	Buscador F. Irritation possible digitalis intoxication	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): None	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2nd, 1972, *to* Nov 9th, 1972, *that I last saw the deceased alive on* Nov 9th, 1972, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E. Bredeck M.D. 022 (Degree or title)	23b. ADDRESS: 1522 17th St - Lewiston Idaho	23c. DATE SIGNED: 11/9/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Nov. 10, 1972	24c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery	24d. LOCATION (City, town, or county) (State): Spokane, Washington
DATE REC'D BY LOCAL REG.: 11-9-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: V. Vassar	LICENSE NO.: M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5462
Local Reg. No. 297
Reg. Dist. No. 220

BIRTH NO.

NOV 20 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital	d. STREET ADDRESS (If rural, give location): 2106 - 4TH AVE. N.

3. NAME OF DECEASED (Type or Print)	a. (First) ELMO	b. (Middle) LA VERN	c. (Last) JOHNSTON	4. DATE OF DEATH (Month) (Day) (Year) 8 November 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED	8. DATE OF BIRTH: 6 DEC 1920	9. AGE (In years last birthday): 51 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER 6	10b. KIND OF BUSINESS OR INDUSTRY: LUMBERING	11. BIRTHPLACE (State or foreign country): LENORE, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: ARTHUR W. JOHNSTON	BIRTHPLACE: IOWA	14. MOTHER'S MAIDEN NAME: ANSEY LEE	BIRTHPLACE: WASHINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: 518 01 5276	17. INFORMANT'S OWN SIGNATURE: X Janice Foredyce	CLARKSTON WASHINGTON	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrythmia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Atheriosclerosis	
DUE TO (c)	Fatty Infiltration of the Myocardium, fibrosis and cronic heart strain.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [XX] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - - - - - - - - *, 19* - *, to* - - - - - - - - - *, 19* - - *, that I last saw the deceased alive on* - - - - - - - - - *, 19* - - *, and that death occurred at* 9:50AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilford [signature]	523 (Degree or title) 4 Coroner	23b. ADDRESS: 419 Stewart Ave., Lewiston, Id.	23c. DATE SIGNED: 8Nov1972
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 11 NOV 1972	24c. NAME OF CEMETERY OR CREMATORY: NORMAL HILL CEMETERY	24d. LOCATION (City, town, or county) (State): LEWISTON, IDAHO
DATE REC'D BY LOCAL REG.: 11-17-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

State File No. 5463
Local Reg. No. 308
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nezperce 357	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 10 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location): Parkhill Manor Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First) EVA	b. (Middle) C.	c. (Last) WIEDER	4. DATE OF DEATH (Month) (Day) (Year) Nov 9, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 14, 1892	9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Grangeville, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas Crea — BIRTHPLACE: Centerville, Iowa		14. MOTHER'S MAIDEN NAME: Clara Kendall — BIRTHPLACE: Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 537 05 9264D	17. INFORMANT'S OWN SIGNATURE: Mrs M.C. Bud Andrews Jr — ADDRESS: Grangeville, Idaho		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

887X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): generalized cardiopulmonary — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): failure

DUE TO (c): arteriosclerosis, advanced age

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 Nov 72	19b. MAJOR FINDINGS OF OPERATION: Fracture - left hip	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fractured hip	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Grangeville Nursing Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho 13-251
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Fell.

22. *I hereby certify that I attended the deceased from* 31 Oct, 1972 *to* DEATH, 19____, *that I last saw the deceased alive on* Nov 8, 1972 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard D Thorton MD (Degree or title)	23b. ADDRESS: 307 St John's Way	23c. DATE SIGNED: 24 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Prairieview	24d. LOCATION (City, town, or county) (State): Grangeville, Idaho
DATE REC'D BY LOCAL REG.: 11-30-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: Fred Noland — Fred Noland	LICENSE NO.: M 493

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 29 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5464
Local Reg. No. 298
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

351

1. PLACE OF DEATH a. COUNTY NEZ PERCE	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE WASHINGTON 98 b. COUNTY WALLA WALLA 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) D.O.A.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WALLA WALLA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 000	d. STREET ADDRESS (If rural, give location) 203 - ORCHARD AVE.

3. NAME OF DECEASED (Type or Print)	a. (First) MAGGIE	b. (Middle) N/M/I	c. (Last) CAMPBELL	4. DATE OF DEATH (Month) (Day) (Year)	9 NOVEMBER 1972
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9 APRIL 1889	9. AGE (In years last birthday) 88	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE X	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) PROTECTION, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME WILLIAM H. MC LAUGHLIN	BIRTHPLACE NO RECORD	14. MOTHER'S MAIDEN NAME ANNA BELLE SCOTT	BIRTHPLACE NO RECORD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 536 20 5131	17. INFORMANT'S OWN SIGNATURE CATHRYN KOSTAL	ADDRESS LEWISTON		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7960

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) D. O. A.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Prob. DUE TO (b) arteriosclerotic Heart Disease or

DUE TO (c) Rupture of "Aortic Aneurysm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/72, 19___, *to* 11/9/72, 19___, *that I last saw the deceased alive on* 11/1/72, 19___, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	114 (Degree or title) MD	23b. ADDRESS 397 S Robins Clay	23c. DATE SIGNED 11/1/72
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL/BURIAL	24b. DATE 13 NOV 1972	24c. NAME OF CEMETERY OR CREMATORY MT. VIEW CEMETERY	24d. LOCATION (City, town, or county) (State) WALLA WALLA, WASHINGTON
DATE REC'D BY LOCAL REG. 11-17-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK [signature]	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5465
Local Reg. No. 296
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 6th St & 5th Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Cecilia	c. (Last) Feucht	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: March 26, 1898	9. AGE (In years last birthday): 74 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Bovill, Idaho.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Feucht — BIRTHPLACE: LeRoy, Wis.		14. MOTHER'S MAIDEN NAME: Madgaline Reider — BIRTHPLACE: Boyd, Wis.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: X Sister M. Clotilda	ADDRESS: Feucht	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Insufficiency (Angina)	3 years
DUE TO (c)	Arterial Sclerosis	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1970, *to* Nov 10, 1972, *that I last saw the deceased alive on* Nov 10, 1972, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Josh E Baedeck M.D. 022 (Degree or title)	23b. ADDRESS: 1522 17th St Lewiston Idaho	23c. DATE SIGNED: 11/13/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 11-14-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5466
Local Reg. No. 299
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Lewiston Convalescent 420

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 911 - 11th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ADELAIDE; b. (Middle) nmi; c. (Last) JENNINGS

4. DATE OF DEATH: (Month) 10 (Day) November (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 18 April 1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Tammany, Idabo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Berry McCracken
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Lily Hutchins
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 539 20 2913

17. INFORMANT'S OWN SIGNATURE: X Edna Harlenghouse
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2059 Myelogenous Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2/72, 19__ to 11/10/72, 19__, that I last saw the deceased alive on 11/3/72, 19__, and that death occurred at 9:45 AM., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title) MD

23b. ADDRESS: [illegible]

23c. DATE SIGNED: 11 13 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 13 Nov 1972

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-17-72

REGISTRAR'S SIGNATURE: Glenard Walgen

25. EMBALMER: W E Black

LICENSE NO.: M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 20 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5467
Local Reg. No. 300
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY LEWIS 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON; c. LENGTH OF STAY (In this place) 2 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NEZPERCE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 207 - OAK

3. NAME OF DECEASED (Type or Print) a. (First) PAUL	b. (Middle) BURTON	c. (Last) RAGAN	4. DATE OF DEATH (Month) (Day) (Year) 12 NOVEMBER 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2 APRIL 1915	9. AGE (In years last birthday) 57 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY WHEAT & GRAIN	11. BIRTHPLACE (State or foreign country) STEELE, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ISAC P. RAGAN	BIRTHPLACE MISSOURI	14. MOTHER'S MAIDEN NAME MINERVA CHAPMAN	BIRTHPLACE NEBRASKA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 1942 - 1945	16. SOCIAL SECURITY NO. 518 18 6559	17. INFORMANT'S OWN SIGNATURE X Sharon P. Harris	ADDRESS SPOKANE, WASHINGTON	

450X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Emboli — INTERVAL BETWEEN ONSET AND DEATH: Inf Lower

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-60, 19__, *to* 11-11, 1972, *that I last saw the deceased alive on* 11-10-72, 19__, *and that death occurred at* 6:05 P *m., from the causes and on the date stated above.* 11-11-72

23a. SIGNATURE [signature] 0.20 (Degree or title)	23b. ADDRESS 626 4th ave Lewiston Ida	23c. DATE SIGNED 11-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 15 NOV 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 11-17-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK W. E. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972
JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5468
Local Reg. No. 301
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 20 1972 351 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 440-25th Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dorothy		Carssow	Nov 14 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	married	3-24-16	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X		Spokane, Wash	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. Salmon	no record	no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		John E. Carssow MD	Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of The Pancreas	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-55- , 1972 to 11-14 , 1972, that I last saw the deceased alive on 11/14 , 1972 and that death occurred at 9.47 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	347 St Johns Way	11/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Interment	11-24-72		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-17-72	Alma M. Wolgen	Andrew H. Vassar	M315

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

NOV 24 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 7 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 13 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

NOV 30 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

JUL 18 1974

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 28 1972 Bureau of Vital Statistics

State File No. 5469
Local Reg. No. 303
Reg. Dist. No. 220.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 74yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 620-20th Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Christian	b. (Middle) B.	c. (Last) Weisgerber
4. DATE OF DEATH (Month) (Day) (Year)	11-15-1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	
8. DATE OF BIRTH: 11-5-1898	9. AGE (In years last birthday): 74yrs	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Account 2	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Christ Weisgerber	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Mary Jacobs	BIRTHPLACE: St Cloud, Minn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 518-01-1096A	17. INFORMANT'S OWN SIGNATURE: X Ollie Weisgerber	ADDRESS: Lewiston, Idaho.

8199

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac arrest Aspiration Pneumonia	5 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured ribs r side	4 days
DUE TO (c)	Auto Accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-350	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Nov. 15, 1968, *to* Nov. 15, 1972, *that I last saw the deceased alive on* Nov. 15, 1972, *and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 1	23b. ADDRESS: 625 Sixth Ave Lewiston	23c. DATE SIGNED: 11-16-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-17-72	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 11-20-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

E.J. Baldwin

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5470

Certificate of Death
STATE OF IDAHO

State File No. 5470
Local Reg. No. 304
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 702 Grelle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 702 Grelle

3. NAME OF DECEASED (Type or Print): a. (First) Ethel b. (Middle) A. c. (Last) Shinn

4. DATE OF DEATH: (Month) November (Day) 15, (Year) 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 26, 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster 2

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Colfax, Washington

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Cochran
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Marion L. Shinn
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1949, to 11-15, 1972, that I last saw the deceased alive on 11-13, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE: Don Stover (Degree or title) M.D.
23b. ADDRESS: 939 - Bryden, Lewiston, Ida.
23c. DATE SIGNED: 11-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 18, 1972
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-25-72
REGISTRAR'S SIGNATURE: Elmara Balzen
25. EMBALMER: D. Vassar
LICENSE NO.: M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
JAN 2 3 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED NOV 20 1972 Bureau of Vital Statistics

State File No. 5471
Local Reg. No. 302
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles North of Lewiston on US HiWay No. 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 48
b. COUNTY: Whitman 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): N. W. Kenny Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GERALD	GARTH	MESKE	Nov.	16	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	26 June 1936	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Proprietor	Ins. Agency	Grenfell, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Meske	Rhine, No. Dak.	Katherine Janz	Southey, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	470 34 6063	Loran A. Meske - N.W. 210 Coryell, Pullman	

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes Wn.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple Injuries to Head & Body
DUE TO (c): Auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	HiWay 06	Rural Lewiston 13-340 NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
16 November 1972-8:15AM		Auto left road on sharp curve-rolling over several times

22. *I hereby certify that I attended the deceased from* - - -

NOV 2 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5472

Certificate of Death
STATE OF IDAHO

State File No. 5472
Local Reg. No. 306
Reg. Dist. No. 220

BIRTH NO. 72-12094

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): Life	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location): 3706 - 14th Street 'C'

3. NAME OF DECEASED (Type or Print)	a. (First) SHAWN	b. (Middle) MICHAEL	c. (Last) LEONARD	4. DATE OF DEATH (Month) (Day) (Year): 17 November 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 14 Nov 1972	9. AGE (In years last birthday): - - - - IF UNDER 1 YR. Months - - Days 3 IF UNDER 24 HRS. Hours 6 Min. 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9	10b. KIND OF BUSINESS OR INDUSTRY: Infant	11. BIRTHPLACE (State or foreign country): Lewiston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Richard E. Leonard	BIRTHPLACE: Lewiston, Id.	14. MOTHER'S MAIDEN NAME: Lori Lea Wakefield	BIRTHPLACE: Lewiston, Id.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Lori L. Leonard	ADDRESS: Lewiston, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7761

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hyaline Membrane Disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Prematurity	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14 *19*72 *to* 11-17 *, 19*72 *, that I last saw the deceased alive on* 11-17 *, 19*72 *and that death occurred at* 5:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert L Olson MD (Degree or title) 377-1	23b. ADDRESS: Lewiston Idaho	23c. DATE SIGNED: 11-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 20 Nov 1972	24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 11-27-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: K H Malcom	LICENSE NO.: M-376

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5473

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 307
Reg. Dist. No. 220.

BIRTH NO.

RECEIVED DEC 7 - 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 616 Warner Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST	nmi	ROBERTS	18 Nov. 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	8 Apr 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Lumbering	Spangle, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Luther C. Roberts	Wisconsin	Mary B. Knight	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 03 3675	Loyal W Roberts	Box 157 Kamiah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart Disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Advanced Pulmonary Emphysema — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-27-68 *19__, to* 11-18 *, 19*72*, that I last saw the deceased alive on* 11-17 *, 19*72*, and that death occurred at* 5:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard M Alford, MD	1522 17th, Lewiston ID	11-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	21 Nov 1972	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-28-72	Eleanor Dalzen	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5474
Local Reg. No. 305
Reg. Dist. No. 220

RECEIVED NOV 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE WASHINGTON 48 b. COUNTY ASOTIN 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON — LENGTH OF STAY (In this place) 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLARKSTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 903 - 16TH STREET

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	WILLIAM	GRASSER	19 NOVEMBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	4 DEC 1902	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LUMBER STACKER 5	LUMBER MILL	VALLEY CITY, N. DAKOTA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM HOWARD GRASSER	WEST VIRGINIA	AUGUSTA HERDER	WISCONSIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518 01 4223 A	Rose Grasser	Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral thrombosis Acute	1 Day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral Vascular Sclerosis	yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV, 1966, *to* NOV 19, 1972, *that I last saw the deceased alive on* NOV 19, 1972, *and that death occurred at* 6:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John Ann Long MD (Degree or title) 013 1	2075 + Johns Way	11/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	22 NOV 1972	NORMAL HILL CEMETERY	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-25-72	Glenara Dalzen	W. E. BLACK [signature]	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972

FEB 1 5 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5475

Certificate of Death
STATE OF IDAHO

State File No. 5475
Local Reg. No. 314
Reg. Dist. No. 220

RECEIVED DEC 15 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston — c. LENGTH OF STAY (In this place) 47days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lenore
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Floyd	b. (Middle) E.	c. (Last) Wisdom	4. DATE OF DEATH (Month) (Day) (Year) 11-23-72	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-8-12	9. AGE (In years last birthday) 60 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Longmont, Colo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Wisdom, BIRTHPLACE Springfield, Ill		14. MOTHER'S MAIDEN NAME Lulu Churchhill, BIRTHPLACE DesMoines, Iowa.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) II	16. SOCIAL SECURITY NO. 518-03-5907HA	17. INFORMANT'S OWN SIGNATURE Edgar A. Wisdom	ADDRESS Star Idaho	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary emphysema, severe,

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c̄ multiple pulmonary bullae

DUE TO (c) c̄ 2° pulmonary insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Pulmonary Emphysema, Resection Ruptured Bullae	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/72, 19__, *to* Death 11-23, 1972, *that I last saw the deceased alive on* 11-23-, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE David Spencer 1005 (Degree or title) MD	23b. ADDRESS 1522 17th ST.	23c. DATE SIGNED 12-5-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) 11-27-72	24b. DATE Burial	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.
DATE REC'D BY LOCAL REG. 12-11-72	REGISTRAR'S SIGNATURE Glenara Salzen	25. EMBALMER Andrew F. Vassar	LICENSE NO. M 315

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 18 1972

DEC 19 1972

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 15 1972 Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5476
Local Reg. No. 312
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 27 JAN '72	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ORCHARD'S NURSING HOME 174	d. STREET ADDRESS (If rural, give location) 4TH AVE. APT. #3

3. NAME OF DECEASED (Type or Print) a. (First) ADA	b. (Middle) E.	c. (Last) CLARK	4. DATE OF DEATH (Month) (Day) (Year) 28 NOVEMBER 1972	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 16 NOV 1883	9. AGE (In years last birthday) 89 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) FIFE LAKE, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME GEORGE D. PARSONS	BIRTHPLACE NEW YORK	14. MOTHER'S MAIDEN NAME EMMA HAGER	BIRTHPLACE MICHIGAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 46 0787	17. INFORMANT'S OWN SIGNATURE Marie Clark Cleveland	ADDRESS PULLMAN, WASH.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1829

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma (Generalized)	1 year
DUE TO (c)	Carcinoma uterus	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-18, 1967, *to* 11-28, 1972, *that I last saw the deceased alive on* 11-28, 1972, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS Lewiston Idaho	23c. DATE SIGNED 11-30-72
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 30 NOV 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY
24d. LOCATION (City, town, or county) LEWISTON, IDAHO (State)		
DATE REC'D BY LOCAL REG. 12-11-72	REGISTRAR'S SIGNATURE Glenara Dalzen	25. EMBALMER W. E. BLACK [signature]
LICENSE NO. M-426		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 16 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5477
Local Reg. No. 26
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Oneida 360	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Ohio 36 b. COUNTY: Athens 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Black Pine Area; c. LENGTH OF STAY (In this place): -	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nelsonville
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 80-North 000	d. STREET ADDRESS (If rural, give location): 439 Scott Street

3. NAME OF DECEASED (Type or Print) a. (First): MICHAEL	b. (Middle): WAYNE	c. (Last): WELCH	4. DATE OF DEATH (Month) Nov. (Day) 10 (Year) 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Oct. 28, 1952	9. AGE (In years last birthday): 20 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree Trimmer 5	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Nelsonville, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: THOMAS WELCH	BIRTHPLACE: Ohio	14. MOTHER'S MAIDEN NAME: RUTH SPEELMAN	BIRTHPLACE: Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Army 2/7/72	16. SOCIAL SECURITY NO.: 268-50-2916	17. INFORMANT'S OWN SIGNATURE: Mrs. Nancy Welch, Nelsonville, Ohio	ADDRESS	

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): shock — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Crushed upper thorax-neck injuries-fractured left hip or dislocation
DUE TO (c): auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 06 interstate highway	21c. (CITY, TOWN, OR TOWNSHIP): rural (Black Pine Area) 13-360 (COUNTY): Oneida (STATE): Idaho	
21d. TIME OF INJURY (Month) Nov. (Day) 10 (Year) 1972 (Hour) 5:30 A. m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? rolled car over on highway	

22. *I hereby certify that I attended the deceased from* NO MEDICAL ATTENDENT, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Raiford G. Benson (Degree or title): 583 Coroner 4	23b. ADDRESS: 132 W 3 N., Malad, Idaho	23c. DATE SIGNED: 11/10/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	24b. DATE: 11/14/72	24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State): Nelsonville, Athens, Ohio
DATE REC'D BY LOCAL REG.: 11/10/72	REGISTRAR'S SIGNATURE: Ruth G. Sweeten	25. EMBALMER: Raiford G. Benson	LICENSE NO.: M-351

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
MAR 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5478
Local Reg. No. 27
Reg. Dist. No. 530

BIRTH NO.

RECEIVED NOV 16 1972 Bureau of Vital Statistics 360

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Oneida b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City c. LENGTH OF STAY (In this place): 4 days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 385	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Oneida 360 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City d. STREET ADDRESS (If rural, give location): 553 N. 200 W.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	LUSK	JONES	NOV	14	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 10, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farming	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM T. JONES	Brigham City, Utah	CYNTHIA MARIA LUSK	Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-	518-14-8736	Hesley B Jones	Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5193

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Obstructive Lung Dis. — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Long Smoking History — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebro Vascular Accident — Hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-30-70, 19___, to Nov. 14, 19 72, that I last saw the deceased alive on Nov. 14, 1972, and that death occurred at 5:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald K. Goodenough M.D.	Malad, Idaho	Nov 15 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	Nov 17 1972	Malad City Cemetery	Malad City, Oneida, Idaho	Raiford G. Benson	M-351

DATE REC'D BY LOCAL REG.: Nov 15 1972
REGISTRAR'S SIGNATURE: Ruth G. Sweeten

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

NOV 24 1972
DEC 21 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5479
Local Reg. No. 28
Reg. Dist. No. 530

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
LENGTH OF STAY (In this place): 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 276 South Main St.

d. FULL NAME OF HOSPITAL OR INSTITUTION: Oneida County Hospital 385
d. STREET ADDRESS (If rural, give location): Malad City, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) - c. (Last) LUSK
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 12, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance Supervisor	Oneida Co Hospital	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM J. LUSK	Perry, Utah	MARY ANN JENKINS	Glamorganshire, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-16-5301	[signature]	Malad Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Hemiparesis — Years
DUE TO (c) CVA — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. History of M.I.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-14 , 1970, *to* Nov. 23 , 1972 , *that I last saw the deceased alive on* Nov. 23 , 1972 , *and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. K. Goodenough 1959 M.D.	Malad, Idaho	11/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 27, 1972	Malad City Cemetery	Malad City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 25, 1972	Ruth G. Sweeten	Ralford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972
JUN 2 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5480
Local Reg. No. 391
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homedale Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) Route# 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eva	May	Adams	Nov. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widowed	Feb. 21, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Cherry Creek, Nevada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Julian	Unknown	Annie Davey	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-19-8034	Thomas L. Adams	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/23

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1956, to Nov 8, 1972, that I last saw the deceased alive on Nov 8, 1972, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Caldwell	11-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/11/72	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/17/72	Andrew Hasfield	Leonard C. Flahiff	M-481

FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972
APR 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5481

Certificate of Death
STATE OF IDAHO

State File No. 97
Local Reg. No.
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Bruneau
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 18 miles So. Bruneau, Hiway 51

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Arizona 03
b. COUNTY: 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Safford
d. STREET ADDRESS (If rural, give location): 414½ 2nd Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ANTHONY b. (Middle) c. (Last) RUFFINO SR.

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 11, 1911

9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy-Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Antonino Ruffino
BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: -
BIRTHPLACE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. 11

16. SOCIAL SECURITY NO.: 082-05-0807

17. INFORMANT'S OWN SIGNATURE: Arthur Smith
ADDRESS: North Bergen, N.J.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture of Cervical Vertebrae with transection of cord. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Numerous head lacerations

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway 26

21c. (CITY, TOWN, OR TOWNSHIP) 13-370 (COUNTY) (STATE): Rural-Bruneau, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 23, 1972 4:30PM

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY occur? single pick-up rollover victim alone in vehicle

22. I hereby certify that I attended the deceased from INVESTIGATION, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30PM, from the causes and on the date stated above.

23a. SIGNATURE: William E Hoetz (Degree or title) Coroner

23b. ADDRESS: Murphy, Idaho

23c. DATE SIGNED: 11/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11/25/72

24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

24d. LOCATION (City, town, or county) (State): Fairview, New Jersey

DATE REC'D BY LOCAL REG.: Dec. 5, 1972

REGISTRAR'S SIGNATURE: Mary R. Fulton

25. EMBALMER: Arthur Smith

LICENSE NO.: M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

SEP 17 1973

MAY 25 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5482
Local Reg. No. 384
Reg. Dist. No. 530

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. SE of City Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural
d. STREET ADDRESS (If rural, give location): 3 MI. SE of City Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rosalie	Mae	NINAS	November 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 11, 1918	54	– / –	– / –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Education	Corona, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Creighton O. Waldorf	Michigan	Mae Bebbe	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	– –	573-22-6268	Calvin Ninas	New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

9557

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Suicide-- Gun shot wound of mouth, nose brain and skull — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY)	(STATE)
2 suicide	home	3-381 Payette, Payette	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
11-4-72 m.		

22. I hereby certify that I attended the deceased from did not--saw following death, 19____, that I last saw the deceased alive on 11-4-72, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Payette, Idaho	11-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Nov. 8, 1972	Mountain View Crematory	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-10-72.	Annabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JUL 3 0 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5483
Local Reg. No. 388
Reg. Dist. No. 330

BIRTH NO.

RECEIVED NOV 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): Moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 North 8th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Bancroft Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	Edward	JOHNSTON	November 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Aug. 22, 1912	60	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 8	General Labor	Greenwood, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Johnston	Norway	Anna Englebretson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	391-14-0482	Keith M. Jensen	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3459

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Intracranial trauma	15 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Epileptic seizure and fall striking head.	15 min.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic alcoholism.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Sidewalk 38	Payette - Payette - Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY Ooccur?
Nov. 6 1972 9:45 a.m.		Apparently had conv. seizure & fell striking head on sidewalk

22. *I hereby certify that I attended the deceased from* 1964, *to* Nov. 6, 1972, *that I last saw the deceased alive on* Nov 6, 1972, *and that death occurred at* 10:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Payette, Idaho	11/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1972	Riverside	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-9-72.	[signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 15 1972 Bureau of Vital Statistics 380

State File No. 5484
Local Reg. No. 385
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural)
c. LENGTH OF STAY (In this place): Moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½Mi. West on Highway 30 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 109 Hawthorne Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Robert
c. (Last): STILLER

4. DATE OF DEATH (Month) (Day) (Year): November 7, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 6, 1909
9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months — Days —
IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman 6
10b. KIND OF BUSINESS OR INDUSTRY: City Police Dept.
11. BIRTHPLACE (State or foreign country): Gillespie, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles N. Stiller
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Millie Smith
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): — —
16. SOCIAL SECURITY NO.: 519-03-9084
17. INFORMANT'S OWN SIGNATURE: Mildred Gaston
ADDRESS: New Plymouth, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture of Cervical Vertebrae and traumatic chest injuries. — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Plymouth 13-380 Payette, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 7, 1972 4:45P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Automobile Collision in Intersection

22. *I hereby certify that I* Investigated, *the deceased on* Nov. 7, 1972, *and that death occurred at* 4:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milford D Dragoo 583 (Degree or title) Dep. Coroner 4
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: Nov.8,1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.10,1972
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth Idaho

DATE REC'D BY LOCAL REG.: 11-13-72.
REGISTRAR'S SIGNATURE: Annabel Anderson
25. EMBALMER: Keith M. Jensen
LICENSE NO.: M-517
FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5485
Local Reg. No. 386
Reg. Dist. No. 330

RECEIVED NOV 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
c. LENGTH OF STAY (In this place): 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 S. 11TH SO. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
d. STREET ADDRESS (If rural, give location): 515 S. 11TH SO. ST.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): LOUISE
c. (Last): McGINTY

4. DATE OF DEATH (Month) (Day) (Year): NOV. 17, 1972

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 23, 1894
9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: TEACHING
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: STARBUCK
BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: CAROLINE PENNINGTON
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Nancy C. Leonard
ADDRESS: Rt #1, Box 7, Soap Lake Wa.

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1972, *to* Nov 17, 1972, *that I last saw the deceased alive on* Nov 15, 1972, *and that death occurred at* 6-7 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W Watts Jr (Degree or title) M.D. 553-1
23b. ADDRESS: 16 So. 9th Payette, Ida
23c. DATE SIGNED: 11/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 11-19-72
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW
24d. LOCATION (City, town, or county): BOISE ADA (State): IDAHO

DATE REC'D BY LOCAL REG.: 11-21-72
REGISTRAR'S SIGNATURE: Annabel Anderson
25. EMBALMER: Milford D Ovogas
LICENSE NO.: M#318

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 7 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5486
Local Reg. No. 387
Reg. Dist. No. 330

BIRTH NO.

RECEIVED NOV 24 1972

1. PLACE OF DEATH
a. COUNTY: PAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: CASA LOMA CONVALSCENT CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: PAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FRUITLAND
d. STREET ADDRESS (If rural, give location): 419 SO. KANSAS

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNAS	MAY	BEUNS	NOV. 18 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	MAY 20, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER	HOMEMAKING	VAN WICK IDAHO	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM LANDETH	IOWA	EMMA FARMER	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	519-12-7193	Norman E Beuns Bx 95 Fruitland Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinomatosis	3 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Adenocarcinoma, primary unknown	3 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/13/72	Adenocarcinoma, metastatic to liver	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 17, 1972 *to* Nov. 18, 1972, *that I last saw the deceased alive on* Nov. 17, 1972 *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. S. Arnold, M.D.	Box 309, Payette, Ida.	11/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOV. 22, 1972	ROSEDALE MEMORIAL GDNS	PAYETTE PAYETTA IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-72	Annabel Anderson	Millard D Driggs	M-318

FIRM NAME: CHAPEL OF THE ROSES

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 8 1972
JAN 1 7 1973
SEP 3 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5487
Local Reg. No. 388
Reg. Dist. No. 330

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Casa Loma Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Black Canyon

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank		HYNEK	November 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Nov. 17, 1879	93	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Laborer	Farming	Czechoslovakia	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	512-09-6007A	Lewis W. Hynek	Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	2 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic arteriosclerotic heart disease	10 yrs.
DUE TO (c)	Generalized arteriosclerosis with hypertension	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic asthmatic bronchitis emphysema	15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 20, 1972, to Nov. 22, 1972, that I last saw the deceased alive on Nov. 22, 1972, and that death occurred at 10:20 AM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. E. Davis	M. D.	New Plymouth, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	11-27-1972	Haddam Cemetery	Haddam Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-72	Arnabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5488
Local Reg. No. 389
Reg. Dist. No. 330

BIRTH NO.

RECEIVED DEC 6 - 1972 380

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland (Rural)
c. LENGTH OF STAY (In this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000 RR Crossing 2 Mi. SE of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 208 Holly St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Carol	Rae	FRATES	November 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 22, 1943	29	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Homemaking	Redlands, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Denkhases	Unknown	Faye Moss	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	548-60-6275	Velma Gates	New Plymouth, Ida

8109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Frontal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	06 Railroad Crossing	Fruitland 13-380	Payette	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov. 27, 1972 6:00 P.m.		Automobile struck by train at Rural Rail Road Crossing.

22. *I hereby certify that I attended the deceased from* Investigated *to* [illegible] *that I last saw the deceased alive on* Nov. 27, *, 19* 72 *, and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy H Jackson	595 4 Coroner	Payette, Idaho	Nov. 30, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Dec. 2, 1972	Park View Cemetery	New Plymouth	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-4-72	[signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 22 1972

APR 0 8 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5489
Local Reg. No. 24
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 15 1972 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Hom
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles No. Arbon Interchange

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pocatello
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DARRELL	EDWIN	SPARKS	Nov. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 4, 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truckdriver	Allied Truck Lines	Blackfoot, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kelly Sparks	Idaho	Sue Wyler	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1948-1950		Jacob D Ellis	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3039

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Edema of Lungs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) alcoholism, acute
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [XX] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] saw the deceased alive dead on Nov. 2, 1972, and that death occurred at ?? m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Dud Kelly 583 (Degree or title) 4	[illegible]	11-10

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 6, 1972	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-13-72	Irene Deeg	[signature]	M-54

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 6 1972

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES in BLACK ink under items 17, 23a and 25.

OCT 3 1974

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APR 1 1 2012

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5490
Local Reg. No. 27
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): American Falls
c. LENGTH OF STAY (In this place): 4½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Nursing Home 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 1234 Idanha St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEVI	RUFUS	WALKER	Nov. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Married	Nov. 6, 1905	66	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Farm	Rockland, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Levi L. Walker	Sandy, Utah	Mary Millie Stanger	Slaterville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-22-8411	Mary T. Walker	Am.Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple pulmonary infarction	3 da
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atherosclerosis (generalized)	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Secondary anemia	

4409

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-1-68, 19__, to 11-4-72, 19__, that I last saw the deceased alive on 11-4-72, 19__, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Harms, MD	American Falls, Idaho 83211	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-7-72	Neeley Cemetery	Neeley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 22, 1972	Irene Neeley	H. L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 14 1977
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 22 1972 Bureau of Vital Statistics

State File No. 5491
Local Reg. No. 25
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Power 391	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137	d. STREET ADDRESS (If rural, give location) Williams Brothers Trailer Court

3. NAME OF DECEASED (Type or Print)	a. (First) FORD	b. (Middle) ROBERT	c. (Last) O'GRADY	4. DATE OF DEATH (Month) (Day) (Year) November 13, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1910	9. AGE (In years last birthday) 62 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Repairman 5	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Howell, Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Melvin O'Grady	BIRTHPLACE		14. MOTHER'S MAIDEN NAME Lulu	BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO.		17. INFORMANT'S OWN SIGNATURE Luella O'Grady	ADDRESS American Falls, Id

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular fibrillation	1 hour (before)
	Cardiogenic shock	45 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute myocardial Infarction	10 hours
DUE TO (c)	Arteriosclerotic Heart Disease	Σ yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-12, 1972, *to* 11-13, 1972, *that I last saw the deceased alive on* 11-13, 1972, *and that death occurred at* 4:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	23b. (Degree or title) M.D.	23b. ADDRESS	23c. DATE SIGNED 11/16/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1972	24c. NAME OF CEMETERY OR CREMATORY Soda Springs Cemetery	24d. LOCATION (City, town, or county) (State) Soda Springs, Caribou, Idaho
DATE REC'D BY LOCAL REG. November 20, 1972	REGISTRAR'S SIGNATURE Irene Deeg	25. EMBALMER [signature]	LICENSE NO. H. L. Davis M-253

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972
NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-12119 — BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

State File No. 5492
Local Reg. No. 29
Reg. Dist. No. 500-602

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 3 9 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) BETTY; b. (Middle) JO; c. (Last) GONSALES

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 25, 1972

9. AGE (In years last birthday) | IF UNDER 1 YR. Months | Days | IF UNDER 24 HRS. Hours 5 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9

10b. KIND OF BUSINESS OR INDUSTRY: xxxx

11. BIRTHPLACE (State or foreign country): American Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bedillio Gonsales
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Frances O'Grady
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxxx

16. SOCIAL SECURITY NO.: xxxx

17. INFORMANT'S OWN SIGNATURE: Frances Gonsales
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7761

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hyaline membrane disease of lungs with respiratory failure

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth (five month gestation) abruptio placenta
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 Nov, 1972, *to* 25 Nov, 1972, *that I last saw the deceased alive on* 25 Nov., 1972, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Harris (Degree or title) MD
23b. ADDRESS: American Falls, Idaho 83211
23c. DATE SIGNED: 12-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 1972
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: December 7, 1972
REGISTRAR'S SIGNATURE: Irene Deeg
25. EMBALMER: Theron Spiller
LICENSE NO.: M-524
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5493
Local Reg. No. 28
Reg. Dist. No. 500 602

RECEIVED DEC 6 - 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (In this place) 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MARIA
b. (Middle) L.
c. (Last) HOFFER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1972

5. SEX Female
6. COLOR OR RACE Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 21, 1884
9. AGE (In years last birthday) 88
IF UNDER 1 YR. Months 2 Days 5
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-3833-A
17. INFORMANT'S OWN SIGNATURE Lloyd L Hoffer
ADDRESS Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Multiple Emboli (gangrene of lower left foot) — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — ½ year
Complete procidentia — 30 years
Bacteriuria — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Apr. 1970, 19__, *to* 26 Nov., 19 72 *on* 26 Nov. 1972, 19__, *and that death occurred at* 2:05 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE B. L. Harms
203 (Degree or title) M.D.
23b. ADDRESS American FAlls, Idaho

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-1-72
24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery
24d. LOCATION (City, town, American Fa

DATE REC'D BY LOCAL REG. December 4, 1972
REGISTRAR'S SIGNATURE Irene Deeg
25. EMBALMER H. Davis H. L.
FIRM NAME Davis Furniture &

correspondence 9.17.09 CW

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 14 2009

JUL 13 2012

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5494
Local Reg. No. 30
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics 391

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home (Roosevelt Street) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 391
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls,
d. STREET ADDRESS (If rural, give location): Roosevelt Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VICTOR	REED	STONE	11-29-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	cauc.	Married	June 3, 1902	70	5 / 26	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dry Cleaner 6	Dry Cleaning	Salem, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Q. Stone	North Carolina	Matilda Beddoes	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes, 1-3-21/4-20-22	519-10-8741	x Vilda W Stone	Am.Falls,Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 4310

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Frontal cerebral extension hemmorhage	12 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Essential hypertesion	5 yrs
DUE TO (c)	arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	overweight	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-8-61, 19____, *to* 11-29-72, 19____, *that I last saw the deceased alive on* 11-28-72, 19____, *and that death occurred at* 10:00 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. L. Harms	M.D.	American Falls, Idaho 83211	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem.	Nov. 29, 1972	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
December 8, 1972	Irene Lacy	W. L. Davis	M-253

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Davis Furniture And Mortuary, Inc

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 12 1972
DEC 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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H. L. Davis

Davis Furniture And Mortuary, Inc

Certificate of Death
STATE OF IDAHO

State File No. 5495
Local Reg. No. 413
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS Nov 10 11 39 AM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Murray
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dream Gulch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 183 King Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leonard	J.	Glodowski	November 3. 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 28, 1922	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Body & Fender 5	Auto.	Sidney, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert L. Glodowski	Poland	Caroline Lessman	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II	545-18-6482	X Rosella Glodowski	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9520

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carbon monoxide toxicity. — INTERVAL BETWEEN ONSET AND DEATH: est. 24 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
apparent suicide	10	13-400

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* not attended, 19____, *to* ____, 19____, *that I last saw the deceased alive on* no, 19____, *and that death occurred* unknown m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kent T. Kuelli	MD 455-1	Wallace Idaho	11/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 8, 1972	Nine Mile Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 7, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 0 1972

JAN 1 2 1973

APR 1 9 2010

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5496
Local Reg. No. 421
Reg. Dist. No. 140

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Nursing Home 344

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Frederick	Hale	Nov. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 9, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Slusherman 5	Mining	New York City	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Philip Hale	Unknown	Lovina Hammond	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-03-3648A	Margaret Gipson	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Few seconds
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Several years
DUE TO (c)	Emphysema, Severe	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-21-65 *to* 11-5-72, 19 *that I last saw the deceased alive on* 11-5-72 *and that death occurred at* 1:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D.	Wallace, Idaho	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1972	Nine Mile Cemetery	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 9, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972
FEB 1 1 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5497
Local Reg. No. 182
Reg. Dist. No. 143

BIRTH NO.

RECEIVED NOV 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
LENGTH OF STAY (In this place): 400
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 349 Shoshone Co. Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 48
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Kingston

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Maurice	Francis	Lyons	11	7	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if 1 day or over)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb 26, 06	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Zinc Plant - ret 5	Mining	Dublin Ireland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Lyons	Ireland	Mary Morris	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-09-1288	Robert M Lyon	Sandpoint Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral arteriosclerosis	4-5 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonitis, chronic	4-5 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 1, 1971, *to* Nov 7, 1972, *that I last saw the deceased alive on* Nov 7, 1972, *and that death occurred at* 11:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Orland B Scott MD (Degree or title)	Kellogg Idaho	11/9/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-10-72	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11/21/72	Frances Farley	Allen A Peterson	M- 534

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 2 1972
DEC 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 2 0 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5498
Local Reg. No. 414
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS NOV 16 11 25 AM '72

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place) 13 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION East Shoshone Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington 48 b. COUNTY Spokane 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) C. 1514 Desmet

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Violet	Mae	Edwards	Nov. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 17, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker X	Own Home	Bremfield, Ill.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Fletcher	-	Jessie Derby	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-10-6208	Mrs Wilma Forney	1511 E DeSmet

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

4134

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial failure	TWK.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cardiovascular disease	years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mesenteric thrombosis	2 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from early 1972, 19___, to 11 Nov 72, 19___, that I last saw the deceased alive on 11 Nov 72, 19___, and that death occurred at 3:30 p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Robert J. Russell 435 (Degree or title) MD	Wallace Idaho	11/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 14, 1972	Spokane Memorial Gardens	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 14, 1972	Darrell Juelfs	Darrell J. Juelfs	M 518

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 1 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5499

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 422
Reg. Dist. No. 140

RECEIVED DEC 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burke Canyon c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Canyon Silver Mine 000	d. STREET ADDRESS (If rural, give location): 125 Fir Street

3. NAME OF DECEASED (Type or Print)	a. (First): William	b. (Middle): H.	c. (Last): Morrow	4. DATE OF DEATH (Month) (Day) (Year): November 14, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: November 18, 1917	9. AGE (In years last birthday): 54 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mine Owner 2	10b. KIND OF BUSINESS OR INDUSTRY: Silver Mine	11. BIRTHPLACE (State or foreign country): Mildred, Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James J. Morrow	BIRTHPLACE: ----	14. MOTHER'S MAIDEN NAME: Lorna Marietta	BIRTHPLACE: -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II	16. SOCIAL SECURITY NO.: 517-01-7933	17. INFORMANT'S OWN SIGNATURE: Stephen J. Morrow	ADDRESS:	

9251

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Shock c̄ marked esophageal edema	Few minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(Compatible c̄ physical injury)	
DUE TO (c)	History of contact c̄ electric current	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Adrenal Tuberculosis, Severe	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Mine 03	21c. (CITY, TOWN, OR TOWNSHIP) 13-400 (COUNTY) (STATE): Burke Canyon, Shoshone, Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-14-72 about 8:20 A.M.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Came in contact c̄ electric current & fell in water	

22. *I hereby certify that I attended the deceased from* WHO DIED ON 11-14, 1972, [redacted], *that I last saw the deceased* [redacted] *on* 11-14-72, 19__, *and that death occurred at* about 8:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 12-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 17, 1972	24c. NAME OF CEMETERY OR CREMATORY: Nine Mile Cemetery	24d. LOCATION (City, town, or county): Wallace (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 9, 1972	REGISTRAR'S SIGNATURE: Darrell J. Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972
MAR 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5500
Local Reg. No. 415
Reg. Dist. No. 140

RECEIVED NOV 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton - Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Galena Mine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 1623 Burke Road

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) Clinton
c. (Last) Nielson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 13, 1927
9. AGE (In years last birthday) 45
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 5
10b. KIND OF BUSINESS OR INDUSTRY Silver Mine
11. BIRTHPLACE (State or foreign country) Klamath Falls, f Ore.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ------
BIRTHPLACE ---------
14. MOTHER'S MAIDEN NAME ---------
BIRTHPLACE ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 519-20-6383
17. INFORMANT'S OWN SIGNATURE X Mrs. Shirley Nielson
ADDRESS

18. CAUSE OF DEATH 4109
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* not attended *, 19____, that I last saw the deceased alive on* not *, 19____, and that death occurred at* 11:22 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert T Ruelli 435 (Degree or title) MD
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 11/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 18, 1972
24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 16, 1972
REGISTRAR'S SIGNATURE Darrell J Juelfs
25. EMBALMER Darrell J. Juelfs
LICENSE NO. M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 7 1972

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 2 3 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5501
Local Reg. No. 183
Reg. Dist. No. 143

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
LENGTH OF STAY (In this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Nursing Ho. 341

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 621 West Park

3. NAME OF DECEASED (Type or Print): a. (First) Plumer b. (Middle) R. c. (Last) Simpson
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 15, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11/6/1892
9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter Worker
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ellis Plumer Simpson BIRTHPLACE: S.C.
14. MOTHER'S MAIDEN NAME: Fanny Lone BIRTHPLACE: S.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-7580
17. INFORMANT'S OWN SIGNATURE: Lee E. Martin ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3949

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: several days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure — 2½ years
DUE TO (c) Mitral stenosis & insufficiency, atrial fibrillation — 4-5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17, 1972 *to* 15 November, 1972, *that I last saw the deceased alive on* 14 November, 1972, *and that death occurred at* 10:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Cardwell, M.D. (Degree or title) 105
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 30 Nov 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-Burial
24b. DATE: 11/20/1972
24c. NAME OF CEMETERY OR CREMATORY: New Silver Brook
24d. LOCATION (City, town, or county) (State): Anderson, South Carolina

DATE REC'D BY LOCAL REG.: 11/29/72
REGISTRAR'S SIGNATURE: Frances Farley
25. EMBALMER: Dave Merritt
LICENSE NO.: M 551
FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

DEC 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5502
Local Reg. No. 416
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS Nov 22 11 34 AM '72

1. PLACE OF DEATH a. COUNTY: Shoshone 400		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton	c. LENGTH OF STAY (In this place): 34	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Nursing Home		d. STREET ADDRESS (If rural, give location): 413 Hunter Street	

3. NAME OF DECEASED (Type or Print) a. (First): Ida	b. (Middle): M.	c. (Last): Kosonen	4. DATE OF DEATH (Month) (Day) (Year): November 16. 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 12, 1883	9. AGE (In years last birthday): 89 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Finland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Korppila	BIRTHPLACE: Finland	14. MOTHER'S MAIDEN NAME: Ida (unknown)	BIRTHPLACE: Finland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-16-2266D	17. INFORMANT'S OWN SIGNATURE: Mrs. Elsie Pabst	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: MONTHS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Ischemia — MONTHS
DUE TO (c) Coronary artery disease — MONTHS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9-18, 19 72, to 11-16, 19 72, that I last saw the deceased alive on 11-15, 19 72, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M.D.	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 11-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountain View	24d. LOCATION (City, town, or county): Mullan (State): Idaho
DATE REC'D BY LOCAL REG.: Nov. 20. 1972	REGISTRAR'S SIGNATURE: Darrell J. Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 3 1974
APR 2 4 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 0 7 1995

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5503
Local Reg. No. 418
Reg. Dist. No. 140

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone General 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moon Gulch
d. STREET ADDRESS (If rural, give location): Star Route Kellogg

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	Harold	Harper	11	16	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	September 12-05	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Carpentry	Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. W. Harper	Ohio	Orphia Gorman	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		446-10-3899	Hazel L. Harper	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of lung + metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-16-, 1965, *to* 11-16-, 1972, *that I last saw the deceased alive on* 11-16-, 1972, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson, M.D.	Wallace, Idaho	11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11-20-72	Smith Funeral Home	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 25, 1972	Darrell J. Jacobs	Dean H. Petersen	M- 554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 6 1972

MAR 1 8 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5504
Local Reg. No. 417
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS NOV 22 11 34 AM '72

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) County Nursing Home 344

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 269 Copper Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Floyd	--	Flathers	November 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	December 10, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 5	Silver Mine	Hayward, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ela Otis Flathers	Iowa	Mary Hazeltine	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	503-03-6965A	x Mrs Doris Flathers	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2447

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchial Pneumonia	7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypothyroidism	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19 70, to 11-17, 19 72, that I last saw the deceased alive on 11-16, 19 72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	168 M.D.	Wallace Idaho	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 22, 1972	Mountain View	Mullan Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 21, 1972	[signature]	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5505
Local Reg. No. 419
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS Nov 29 9 38 AM '72

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 King Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 10 King Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Edwin	Horning	Nov. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 2, 1890	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney	Law	Grangeville, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank A. Horning		Eudora Spooner	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519-44-0746	John D. Horning	18953 San Jose St Northridge Calif

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* November 16, 19 72, *to* November 26, 19 72, *that I last saw the deceased alive on* November 26, 19 72, *and that death occurred at* 5:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Wallace Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 29, 1972	Restlawn Cemetery	Coeur D Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Darrell J. Jacobs	Dean H. Petersen	M-534

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972
JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

NOV 1 4 2007

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5506
Local Reg. No. 420
Reg. Dist. No. 140

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS NOV 29 9 39 AM '72

1. PLACE OF DEATH a. COUNTY: Shoshone b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace c. LENGTH OF STAY (In this place): 9 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 118 River Street	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace d. STREET ADDRESS (If rural, give location): 118 River Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	James	Amsden	Nov. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 16, 1935	37		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Aberdeen, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bruce Amsden	Unknown	Winnie Warden	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1956 - 1958	518-38-3243	X Mrs Donna Amsden	

4123

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* - - *to* November 26, 19 72, *that I last saw the deceased alive on* November 26, 19 72, *and that death occurred at* about 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Box 200, Wallace, Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1972	Nine Mile Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
SEP 2 7 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5507
Local Reg. No. 184
Reg. Dist. No. 142

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 S. Division

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 408 S. Division

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hanna	Olea	Rygg	Nov. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 7, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse	Nursing	Howard South Dak.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
	Norway	Anne Kverns	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-22-9742	Bethel R. Bruns	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased who DIED ON 11-27-72, [redacted], that I last saw the deceased [redacted] on 11-27-, 1972, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson, M.D.		Wallace, Idaho	11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Burial	Dec. 3, 1972	Belleview	Howard South Dakota

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/5/72	Frances Farley		m 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5508
Local Reg. No. 185
Reg. Dist. No. 14

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone (c)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place) 4dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General (4)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Shoshone (0)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 309 Emerald Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Arthur		Kosanke	Nov. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 10, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shift Boss (4)	Mining	Romania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Kosanke	Romania	Maria Rosmau	Romania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-40-6584	Richard Kosanke	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	5312 Gastric ulcer acute & chronic	11 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute upper GI Hemorrhage Cardiac arrest	7 days 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/27/72	Penetrating gastric ulcer - bleeding	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 24, 1972 *to* Nov 28, 1972, *that I last saw the deceased alive on* Nov 28, 1972 *and that death occurred at* 5:07 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Orland B. Scott MD (4)	Kellogg Idaho	11/30/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/2/1972	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-6-72	Frances Farley		M 551

FIRM NAME Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 1972
JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. FEB 6 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5509
Local Reg. No. 186
Reg. Dist. No. 142

BIRTH NO.

RECEIVED DEC 14 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Kellogg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 6 East Mission

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Giles	F.	Reece	11	29	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 17, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Businessman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Roseberg Kan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John I. Reece — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Alice E. Cline — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-1981
17. INFORMANT'S OWN SIGNATURE: Velma M. Reece — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

185X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): metastatic cancer of prostate — INTERVAL BETWEEN ONSET AND DEATH: appx 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2/72, 19__, to 11/29/72, 19__, that I last saw the deceased alive on 11/29/72, 19__, and that death occurred at 1130 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Keith Dahlberg	MD	204 Oregon ST Kellogg	12/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	12-4-72	Riverside	Spokane	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-6-72	Frances Farley		M- 534

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 2 1973

JUL 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5510
Local Reg. No. 17
Reg. Dist. No. 620

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~4 mi East of Victor~~ Victor
c. LENGTH OF STAY (In this place): ~~2 years~~ 4 years 142
d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley ~~Retirement Center~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location): 4mi East of Victor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Warren		Frame	October 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	10-20-1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	labor	South Bend, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown		unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
unknown	108-03-3578	Family records	Driggs, Idaho

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-3, 1970, *to* 10-18, 1972, *that I last saw the deceased alive on* 10-18-, 1972, *and that death occurred at* 6:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
K Heard MD	Driggs Id 83422	12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 25, 1972	Driggs Cemetery	Driggs, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-4-1972	Ella Driggs	Robert Bean	M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5511
Local Reg. No. 16
Reg. Dist. No. 620

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION: her home 2 miles no of Driggs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs (rural area)
d. STREET ADDRESS (If rural, give location): 2 miles north of Driggs

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marie	Margurete	Johnson	November 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	March 7, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
floral 4	floral	Clawson, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Hansen	Providence, Utah	Metta Sorensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-44-4587	Ben L Johnson	Driggs Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Tuberculosis	6 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 8, 1961, to Nov 5, 1972, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:00p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD (Degree or title)	Driggs Id 83422	11-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
burial	Nov 11, 1972	Cache-Clawson Cemetery	Tetonia, Teton Co., Idaho	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-17-72	Ella Driggs	Robert Bean	M-456

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5512
Local Reg. No. 18
Reg. Dist. No. 620

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Austin	R.	Neeley	November 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	divorced	July 14, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farming	Rexburg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Enos Neeley	American Falls, Idaho	Eva Ricks	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	519-38-6029A	Ella A. Griggs	Salt Lake City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1961, to 11-22, 1972, that I last saw the deceased alive on 11-22, 1972, and that death occurred at 7:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Heard MD	Driggs Id 83422	12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 25, 1972	Driggs Cemetery	Driggs, Teton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-4-72	Ella Griggs	Robert L. Bean	M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Feb 5, 1973

Certificate of Death
STATE OF IDAHO

State File No. 5513
Local Reg. No. 19
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
c. LENGTH OF STAY (In this place) 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Victor

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital 142
d. STREET ADDRESS (If rural, give location) 3 mi. No. of Victor on Highway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lulu	M.	Hale	November 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug 9, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
food packing plant 5	food	Soldier, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Festus Loughmiller	Avoca, Kansas	Rosanna Isabelle Foster	Nodaway County, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528-30-5798A	Barbara L. Smith	Victor, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4369	CVA	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	A S Cerebral Vasc. Dis.	8 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-16 , 1969 , *to* 11-27 , 19 72 , *that I last saw the deceased alive on* 11-27 , 19 72 , *and that death occurred at* 2:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. Head, M.D.	Driggs, Idaho	12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov 30, 1972	Forest Hill Cemetery	Kansas City, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-4-72	Ella Griggs	Robert Bean	M 456

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 5 12 01 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 72-5513
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Lulu M. Hale (Name on Original Certificate) who died (Was Born or Died) on Nov. 27, 1972 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on November 23, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#13 Name of Father	George Loughmiller	George Festus Loughmiller
Father's Birthplace	unknown	Avoca, Kansas
Mother's birthplace	unknown	Nodaway County, Missouri

Subscribed and sworn to before me this 1st day of Feb., 19 73
Notary Public, residing at Twin Falls, Idaho
My commission expires 6-14-76
(Seal)

Signed Mrs. Ruth Peters Niece
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1, Twin Falls, Idaho 83301
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Feb., 19 73
Notary Public, residing at Twin Falls, Idaho
My commission expires 6-14-76
(Seal)

Signed Leonard B. Peters Nephew-in-law
(Signature of Any Credible Person)
Route 1, Twin Falls, Idaho 83301
(Street Address, City, State)

FORM DH 60-155

L-1-3-73 RP

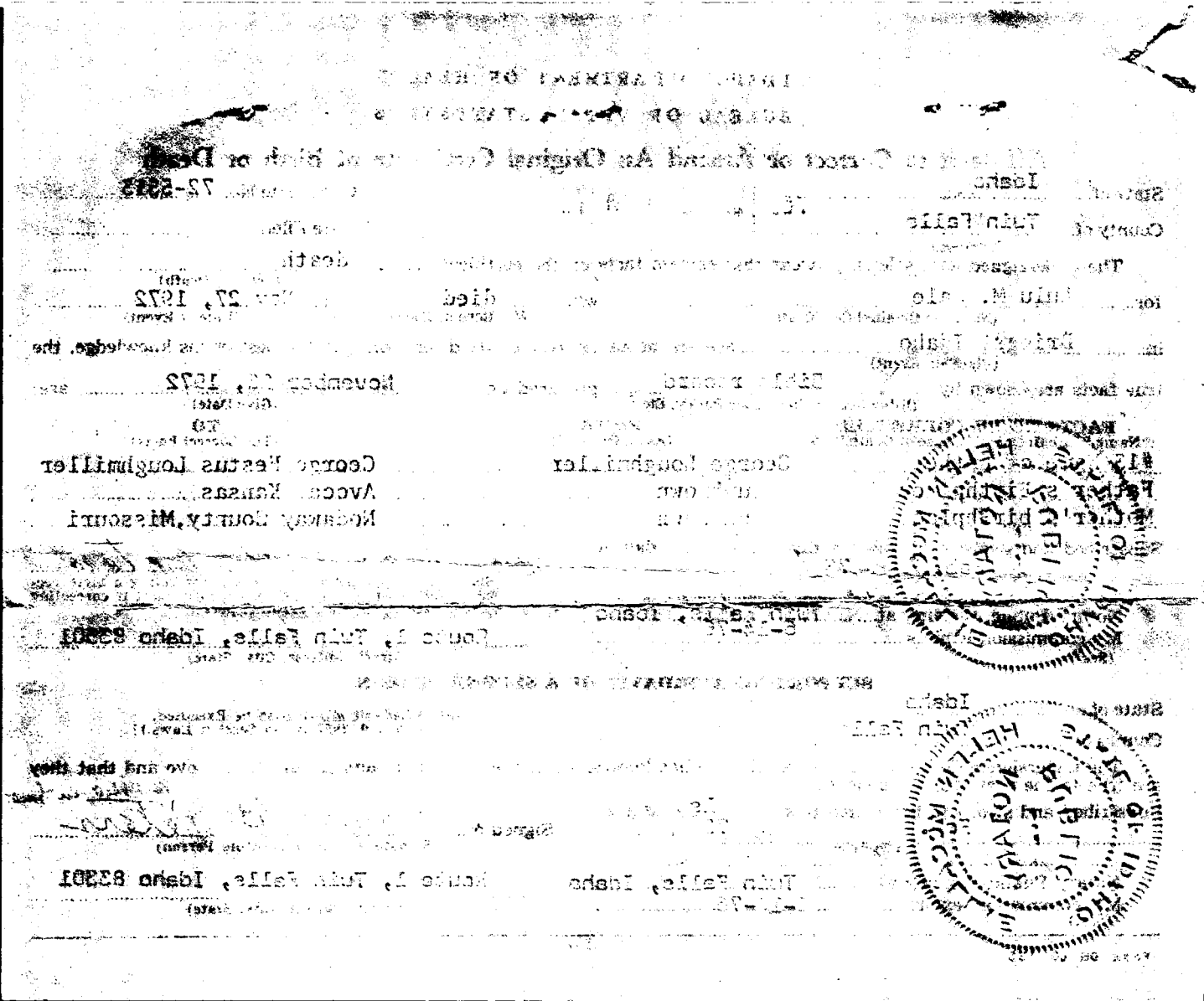

Certificate of Death
STATE OF IDAHO

State File No. 5513
Local Reg. No. 19
Reg. Dist. No. 620

BIRTH NO. —

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location): 3 mi no. of Victor on Highway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lulu	M.	Hale	November 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Aug 9, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
food packing plant	food	Soldier, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Loughmiller	unknow-n	Rosanna Isabelle Foster	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	528-30-5798A	Barbara L. Smith	Victor, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CVA	1 Day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	A S Cerebral Vascular dis	8 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-16, 1969, *to* 11-27, 1972, *that I last saw the deceased alive on* 11-27, 1972, *and that death occurred at* 2:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Head MD	Driggs Ida 83422	12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Removal	Nov 30, 1972	Forest Hill Cemetery	Kansas City, Missouri	M-456

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	FIRM NAME
12-4-72	Ella Driggs	Robert D Bean	Robert Bean Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH—63021

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 5 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5514
Local Reg. No. D. 326
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 4/21
a. STATE: Idaho
b. COUNTY: Twin Falls 4/21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Hazeldel Drive

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle); c. (Last) LEAHY
4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 31, 1878
9. AGE (In years last birthday): 93
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Assumption, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Timothy Leahy — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Ryan — BIRTHPLACE: Ireland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 518-54-0158J
17. INFORMANT'S SIGNATURE: Edgar J. Robertson — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4867

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable sepsis (Sepsis)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable Senile pneumonia
DUE TO (c): Debility of old age
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——— , 19____ , to ——— , 19____ , that I last saw the deceased alive on ——— , 19____ , and that death occurred at 9 P. m., from the causes and on the date stated above. 11-1-72

23a. SIGNATURE: D Desmond MD (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/4/1972
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Par
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 6, 1972
REGISTRAR'S SIGNATURE: Norma D. Marsh
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: M-470
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 9 1972

NOV 1 5 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5515
Local Reg. No. D-330
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 9 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 820 Sprague St

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Harrel's Nursing Home 205

3. NAME OF DECEASED (Type or Print): a. (First) GLADYS b. (Middle) PEARL c. (Last) PARHAM

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 21, 1893
9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver J, Burnett BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Katherine Cox BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 544-28-7058 A
17. INFORMANT'S OWN SIGNATURE: Gladys Olson ADDRESS: Buhl

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
due to Arteriosclerotic Heart Disease 15-20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Marked deforming Rheumatoid arthritis 30 yrs
Malnutrition several yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1965, 19__, to Nov 2, 1972, that I last saw the deceased alive on Nov. 2, 1972, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE: Vern Henderson, M.D. (Degree or title)
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 11-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1972
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county): Buhl, (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1972
REGISTRAR'S SIGNATURE: Mavis O. Mavis
25. EMBALMER: George Farmer
LICENSE NO.: M-480

FIRM NAME: Albertson-Dickard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5516

Certificate of Death
STATE OF IDAHO

RECEIVED NOV 13 1972 Bureau of Vital Statistics

State File No. 5516
Local Reg. No. D-331
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place): 2 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 143	d. STREET ADDRESS (If rural, give location): 277 E. Ave. B

3. NAME OF DECEASED (Type or Print)	a. (First) Nels	b. (Middle) C.	c. (Last) Christianson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1972
5. SEX: Male	6. COLOR OR RACE: Caus	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 1, 1889	9. AGE (In years last birthday): 83; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 5	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Winona, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Louis Christianson	BIRTHPLACE: Noreway	14. MOTHER'S MAIDEN NAME: Nellie Johnson	BIRTHPLACE: Minn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 516-03-5317	17. INFORMANT'S OWN SIGNATURE: Theodore A. Rosen	ADDRESS: Rosen	

18. CAUSE OF DEATH 144X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary occlusion	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer, floor of mouth	8 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Cardiovascular Disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: Suspected metastatic disease (Lt) neck	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) TF (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6, 1972, *to* 11-5, 1972, *that I last saw the deceased alive on* 11-5, 1972, *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Neal J. [signature]	921 (Degree or title) MD	23b. ADDRESS: 570 Shoup Ave West	23c. DATE SIGNED: 11-8-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11-8-72	24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery	24d. LOCATION (City, town, or county) (State): Wendell, Idaho
DATE REC'D BY LOCAL REG.: Nov. 10, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Joe B. Leeper [signature]	LICENSE NO.: M-530

FIRM NAME: Leeper Mortuary Wendell, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5517
Local Reg. No. D-342
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1857 Sigrid

3. NAME OF DECEASED (Type or Print) a. (First) DELMAR b. (Middle) RAYMOND c. (Last) EDWARDS

4. DATE OF DEATH (Month) (Day) (Year) November 7, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH February 3, 1905

9. AGE (In years last birthday) 67

IF UNDER 1 YR. Months Days

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Charleston, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Herbert Edwards
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Virginia Hildebrandt
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 516-05-4276

17. INFORMANT'S OWN SIGNATURE Twin Falls, Idaho ADDRESS
x Dorothy Edwards

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypovolemic Shock

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured ABD Aortic Aneurysm
DUE TO (c) Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 19 72 to 11/7/, 19 72, that I last saw the deceased alive on 11-7, 19 72, and that death occurred at 8:38 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/11/72

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Nov. 24, 1972

REGISTRAR'S SIGNATURE Marva O. Marsh

25. EMBALMER Paul D. Reynolds

LICENSE NO. M-495

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5518
Local Reg. No. D-332
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	P.	HARAN	Nov.	8,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 9, 1912	60	4	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired railroader	U.P. Railroad	Butte, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Edmond Haran	Ireland	Nora Margaret McBride	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	720-03-2911	X Carl J. Lewis	Shoshone, Idaho

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) (1) Hemorrhage, intraperitoneal — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (2) Laceration liver & Spleen
DUE TO (c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (3) Dislocation, right hip; (4) Cirrhosis, liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Hiway #24	Dietrich Lincoln Ida.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Nov	7	1972	9 p.m.		auto accident

22. I hereby certify that I attended the deceased from 8 a.m. Nov 8, 1972, to 8 a.p. Nov 8, 1972, that I last saw the deceased alive on Nov 8, 1972, and that death occurred at 8 45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
George W. Warner MD	Twin Falls Ida	11-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-11-1972	Shoshone Cemetery	Shoshone Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 13, 1972	Marva D. Mason	Francis M Bergin	M-463

FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 21 1972
DEC 1 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 27 1994

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5519
Local Reg. No. D-355
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Harrels Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 432
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 820 Sprague Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULA	GERTRUDE	SMITH	11 - 9 - 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	2-11-1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathan Harbough	Unknown	Emma Jackson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-1451	H. Melvin Smith	Buhl, Idaho

2810

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure due to Arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pernicious Anemia — 10-15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* 11-9, 1972, *that I last saw the deceased alive on* 11-7, 1972, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson M.D.	Buhl, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-11-1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 1, 1972	Marva D. Nash	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 1972

JUN 1 0 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED NOV 24 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5520
Local Reg. No. D-335
Reg. Dist. No. 460

BIRTH NO. 72-7656

1. PLACE OF DEATH a. COUNTY: TWIN FALLS 420	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: TWIN FALLS 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 1 BUHL; c. LENGTH OF STAY (In this place): 4 MO	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 1 BUHL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE 1 000	d. STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print): a. (First) LOREN b. (Middle) RAY c. (Last) SNODGRASS

4. DATE OF DEATH (Month) NOV. (Day) 10, (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	NEVER MARRIED	JULY 8, 1972		4	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE 9	NONE	TWIN FALLS, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
MARLIN DEE SNODGRASS	ARIZONA	DEBORAH BENNETT	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		NONE	* Marlin Dee Snodgrass Jr.	BUHL, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Aspiration of Gastic Contents	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Crib Death	
DUE TO (c)	Sudden unexpected death	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* inv ONLY, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 800 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Cloyce O. Edwards 583 (Degree or title) Coroner 4	R#3 Twin Falls Ida	11-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	NOV. 11-1972	BUHL CEMETERY	BUHL IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Marva D. Marsh	Jim A Hopkins	M-482

FIRM NAME: HOPKINS-BUHL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5521

Certificate of Death
STATE OF IDAHO

State File No. 5521
Local Reg. No. D-333
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 20 1972 421 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY IN (This place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazel Del Manor Nursing Home 285	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 4126 a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly d. STREET ADDRESS (If rural, give location): 715 East Center

3. NAME OF DECEASED (Type or Print)	a. (First) ETHEL	b. (Middle)	c. (Last) ROGERSON	4. DATE OF DEATH (Month) (Day) (Year)	Nov. 11, 1972
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov. 9, 1885	9. AGE (In years last birthday): 87	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): KANSAS	12. CITIZEN OF WHAT COUNTRY?: US		
13. FATHER'S NAME: UNK	BIRTHPLACE: UNK	14. MOTHER'S MAIDEN NAME: UNK	BIRTHPLACE: UNK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 527-70-2421	17. INFORMANT'S OWN SIGNATURE: Luchen P. Rogers	ADDRESS: Eden, Id.		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Right Heart Failure	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	10 years
DUE TO (c)	Arteiosclerotic Heart Disease	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcenoma of Bowel with possible partial obstruction	3 years

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1971, *to* November 11, 1972, *that I last saw the deceased alive on* November 11, 1972, *and that death occurred at* 11:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS: 1221 Lynwood Mall Twin Falls	23c. DATE SIGNED: 11/13/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/14/1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Nov. 14, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Jerry D. Holman	LICENSE NO.: M-516

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 21 1972
NOV 13 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5522
Local Reg. No. D-334
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 20 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls LENGTH OF STAY (In this place): d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls d. STREET ADDRESS (If rural, give location): 142 Carney		
3. NAME OF DECEASED (Type or Print) a. (First): JUDY	b. (Middle): R.	c. (Last): REED		4. DATE OF DEATH (Month) (Day) (Year): 11 - 14 - 1972		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 6-17-1948	9. AGE (In years last birthday): 24	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Teller	10b. KIND OF BUSINESS OR INDUSTRY: Banking	11. BIRTHPLACE (State or foreign country): Boise, Idaho		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Rex Ulrich	BIRTHPLACE: Grand Chain, Ill.	14. MOTHER'S MAIDEN NAME: Jean Dixon	BIRTHPLACE: Canby, Ore.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-56-5335	17. INFORMANT'S OWN SIGNATURE: X M Myron Reed	ADDRESS: Twin Falls, Idaho			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4309

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): ruptured cerebral anneurysm — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-71, 19____, to 11-14-72, 19____, that I last saw the deceased alive on 11-14-72, 19____, and that death occurred at 1:40p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Twin Falls, Idaho	11-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1972	Marva A. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5523
Local Reg. No. D-336
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 24 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Rogerson
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION: U.S. Highway 93

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California
b. COUNTY: Sacramento
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sacramento
d. STREET ADDRESS (If rural, give location): 6031 McLaren Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carol		Sexton	Nov	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec 10 1949	22	9	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wendell Idaho	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Claud Leytham	Arkansas	Frances Frields	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -		X Roy L. Martin	428 3rd Ave W. Jerome Idaho

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
Accident	Hi-way 93 -	40 Mi - S - Twin Falls	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov	15	72	6:50 P m.		Auto Accident

22. *I hereby certify that I attended the deceased from* INV ONLY, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 6:50 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gloyce O. Edwards	Coroner	R#3 Twin Falls Idaho	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	11-18-72	Jerome Cemetery	Jerome	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Marva D. Marva	Dale Patterson	M-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 24 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5524
Local Reg. No. D- 337
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Rogerson
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION: U.S. Highway 93

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: California b. COUNTY: Sacramento 34
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sacramento
d. STREET ADDRESS (If rural, give location): 6031 McLaren Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SAMUEL	CLIFFORD	SEXTON	Nov. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Aug. 6, 1942	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed	disabled	Maryland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel J. Sexton	Virginia	Gladys Cornett	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -		personal records	

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE ! (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
Accident	Hi-Way - 93	40 Mi - S - Twin Falls	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Nov	15	72	6:50 P m.		Auto Accident

22. I hereby certify that I attended the deceased from IND ONLY, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd C. Edwards	Coroner	R#3 Twin Falls Idaho	11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
removal	11-17-72	Korewitz-Sweeten Funeral Home	West Sacramento, Calif.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1972	Maria D. Mares	Dale L. Pattison	M-451

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 8 1972

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 2 1 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b)Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d)Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5525
Local Reg. No. D-339
Reg. Dist. No. 460

RECEIVED NOV 24 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 — c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 751 2nd Ave. East 000	d. STREET ADDRESS (If rural, give location): 751 2nd Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Walter	c. (Last) Stallings	4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 29, 1904	9. AGE (In years last birthday): 68 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vacuum Sales 3	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Vella Rica, Georgia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Wesley Stallings	BIRTHPLACE: Georgia	14. MOTHER'S MAIDEN NAME: Lizzie May Driskoll	BIRTHPLACE: Georgia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------	16. SOCIAL SECURITY NO.: 453-05-9004	17. INFORMANT'S OWN SIGNATURE: X Eleanor D. Stallings	ADDRESS: Twin Fal	

4109

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	30 minutes
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	5 years +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary emphysema with chronic bronchitis, bronchiectasis, and cor pulmonale	5 years +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 27, *19* 67, *to* November 16, *19* 72, *that I last saw the deceased alive on* October 10, *19* 72, *and that death occurred at* 4:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James H. Gifford M.D. 489 (Degree or title)	23b. ADDRESS: 284 Martin - Twin Falls, Ida.	23c. DATE SIGNED: 11-17-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 11/21/72	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho		
DATE REC'D BY LOCAL REG.: Nov. 22, 1972	REGISTRAR'S SIGNATURE: Marva D. Morse	25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: M-470		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 24 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5526
Local Reg. No. D-345
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 171 Blue Lakes So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Ida ho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 171 Blue Lakes So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	SHERMAN	HAYES	11 - 16 - 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	11-26-1896	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Cement Finisher		Stillwater, Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Hayes	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-0572	James R. Hayes	Anchorage, Alaska

5609

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Twin Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-21-1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Maria A. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5527
Local Reg. No. D-344
Reg. Dist. No. 460

BIRTH NO.

REC NOV 27 1972 421 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Magic Valley Mem. Hospital	d. STREET ADDRESS (If rural, give location) Glenns Ferry

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) WADE	c. (Last) TOOMBS	4. DATE OF DEATH (Month) (Day) (Year) November 17, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13, 1879	9. AGE (In years last birthday) 93 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Logger	10b. KIND OF BUSINESS OR INDUSTRY Farm & Timber	11. BIRTHPLACE (State or foreign country) Morganfield, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Sumter Wade Toombs	BIRTHPLACE Ken.	14. MOTHER'S MAIDEN NAME -	BIRTHPLACE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 499-05-3181	17. INFORMANT'S OWN SIGNATURE Raymond A Toombs	ADDRESS Glenns Ferry	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* inv only *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Floyce O. Edwards 583 (Degree or title) Coruner 4	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 11-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/20/72	24c. NAME OF CEMETERY OR CREMATORY Charleston, Missouri	24d. LOCATION (City, town, or county) (State) Charleston, Missouri
DATE REC'D BY LOCAL REG. Nov. 24, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER [signature]	LICENSE NO. E 741

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 24 1972 Bureau of Vital Statistics

State File No. 5528
Local Reg. No. D-338
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 312 6th Av. North

3. NAME OF DECEASED (Type or Print): a. (First) INGA; b. (Middle); c. (Last) STEWART

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5, 1928

9. AGE (In years last birthday): 44
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John VanAusdeln
BIRTHPLACE: Garland, Utah

14. MOTHER'S MAIDEN NAME: Edith Johnson
BIRTHPLACE: WashingtonCo. Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-24-4087

17. INFORMANT'S OWN SIGNATURE: Robert V. Stewart
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of the breast — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 18 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

174X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept 1950, to 18 Nov, 1972 that I last saw the deceased alive on 17 Nov, 1972, and that death occurred at 3:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Dean H Appleick MD 003

23b. ADDRESS

23c. DATE SIGNED: 11-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/22/72

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls

DATE REC'D BY LOCAL REG.: Nov. 22, 1972

REGISTRAR'S SIGNATURE: Marva A. Marsh

25. EMBALMER: Jerry D. Holman

LICENSE NO.: M-516

FIRM NAME: WHITE MORTUARY Twin Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 4 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 2 9 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 24 1972 Bureau of Vital Statistics

State File No. 5529
Local Reg. No. D-340
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls	c. LENGTH OF STAY (In this place): 42		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls	
d. FULL NAME OF HOSPITAL OR INSTITUTION: HOME	1924 Falls Av. East		d. STREET ADDRESS (If rural, give location): 1924 Falls Av. East	

3. NAME OF DECEASED (Type or Print)	a. (First): VEVA	b. (Middle): ELEANOR	c. (Last): LEMMON	4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1972		
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 12, 1914	9. AGE (In years last birthday): 58	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): NEBRASKA	12. CITIZEN OF WHAT COUNTRY?: US			
13. FATHER'S NAME: Charles W. Marsh	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Eleanor Lewis	BIRTHPLACE: Pennsylvania			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 524-26-3344	17. INFORMANT'S OWN SIGNATURE: [illegible] Lemmon	ADDRESS: Twin Falls			

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma Lung	1969
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer Breast	1963
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: Jan 67	19b. MAJOR FINDINGS OF OPERATION: Carcinoma Breast			20. AUTOPSY? Yes ☐ No ☒ XXX
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): [illegible]	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* Aug 6, 1968 *to* Nov 20, 1972 *that I last saw the deceased alive on* Nov 10, 1972 *and that death occurred at* 4:30A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)	23b. ADDRESS: Twin Falls	23c. DATE SIGNED: 11-20-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	24b. DATE: Nov. 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Cozad Cemetery	24d. LOCATION (City, town, or county) (State): Cozad, Nebraska
DATE REC'D BY LOCAL REG.: Nov. 22, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: [illegible]	LICENSE NO.: M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 24 1972
APR 30 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5530
Local Reg. No. D-341
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 24 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 640 Filer Avenue West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JESSIE	B.	PERSONIUS	November 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	September 27, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lagrange, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sherman W. Beaman	unknown	Rhoda E. Carper	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-36-7700B	[signature]	Edmonds, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	4 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arterio-sclerosis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-15, 19 72, *to* 11/20/, 19 72, *that I last saw the deceased alive on* 11-19, 19 72, *and that death occurred at* 3:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 283 (Degree or title) M.D.	Twin Falls, Idaho	11/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/22/72	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 22, 1972	Marna D. Mace	James C. Reynolds [signature]	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 24 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25. JUL 8 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5531
Local Reg. No. 343
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics 421

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (in this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hazel Del Manor 285	d. STREET ADDRESS (If rural, give location) 203 4th St. North

3. NAME OF DECEASED (Type or Print)	a. (First) ROSE	b. (Middle) A.	c. (Last) SINCLAIR	4. DATE OF DEATH (Month) (Day) (Year) November 20th, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan.22,1886	9. AGE (In years last birthday) 86 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) Kearney, Nebraska	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Alfred Flint	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Rose Ann Taylor	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-26-4308	17. INFORMANT'S OWN SIGNATURE James A. Sinclair	ADDRESS TwinFalls Ida	

1729

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic carcinoma of the liver due

DUE TO (c) to malignant melanoma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 5, *19*70, *to* November 20, *19*72, *that I last saw the deceased alive on* November 20, *19*72, *and that death occurred at* 4:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE John B. Gilmore MD (Degree or title) 972-1	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 11.21.72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11.22.72	24c. NAME OF CEMETERY OR CREMATORY TwinFalls Cemetery	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Nov. 24, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Edgar J. Robertson	LICENSE NO. M-507

FIRM NAME: White Mortuary TwinFalls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 8 1972

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5532
Local Reg. No. D-349
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143	d. STREET ADDRESS (If rural, give location) 1440 6th Av. East

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) FREDRICK	c. (Last) DAY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1972	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1904	9. AGE (In years last birthday) 68	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY Sugar Company	11. BIRTHPLACE (State or foreign country) UTAH	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Fredrick Day	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Loretta Coburn	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-09-7039	17. INFORMANT'S OWN SIGNATURE Ruby Day	ADDRESS Twin Falls		

4419

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ruptured aortic aneurysm	8 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	12 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [redacted] No [redacted]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 19 72, *to* 11-20, 19 72, *that I last saw the deceased alive on* 11-20-, 19 72, *and that death occurred at* 7:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE Roy J. Shaub MD (Degree or title) 466-1	23b. ADDRESS 562 Shoup Ave. W., Twin Falls	23c. DATE SIGNED 11-27-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/25/72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Nov. 27, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Ronald J. Hamilton	LICENSE NO. M-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
FEB 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5533
Local Reg. No. D-356
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Sky View Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	EDNA	HILLMAN GRANT SPERRY	Nov 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	widowed	July 12, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Swan Lake, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira King Hillman	Richmond, Utah	Fuby Faye Cutler	Deweyville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519 09 8364	Max Gene Stratton	Dallas, Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchial pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Adenocarcinoma of the stomach	
DUE TO (c)	Cirrhosis of the liver	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic pyelonephritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar 7, 1966, *to* Nov 21, 1972, *that I last saw the deceased alive on* Nov 21, 1972, *and that death occurred at* 6:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Quayle, MD	Twin Falls, Idaho	12-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Nov 25, 1972	Oxford Cemetery	Oxford, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1972	Marva D. Marsh	Ronald J. Hamilton	M-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5534
Local Reg. No. D-346
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 28 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Nevada 29	b. COUNTY: Elko 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls	c. INSIDE CITY LIMITS (In this place):		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wells	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 493			d. STREET ADDRESS (If rural, give location): Rural Wells	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	
EVERETT		MILLER	11 - 22 - 1972	

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	6 - 1 - 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranch forman	Ranching	Ennunelew, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen Miller	Unknown	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	520-09-9707	X Jerry Everett Miller	Wells, Nevada

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	Acute myocardial infarction	4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-22 *, 19 72 , to* 11-22-72 *, 19 , that I last saw the deceased alive on* 11-22-72 *, 19 , and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Roy O. Shaw M.D. 466 (Degree or title) M.D.	Twin Falls, Idaho	11-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Trans-Burial	11-25-72	Wells Cemetery	Wells, Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 27, 1972	Marva A. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

NOV 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5535
Local Reg. No. D-351
Reg. Dist. No. 460

RECEIVED NOV 30 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital (060)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham (060)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): R.F.D. # 1--Box 83

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WALTER	OWEN	HARNAR	Nov.	22	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Aug. 10, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Potato Grader 8	Processing	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Georg e M. Harnar	No Record	Mary Korn	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		500-09-1919	Walter J. Harnar	909 11th Ave. N. Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

911X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Accidental Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Choking on piece of meat
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Home of son 01	Buhl 13-422	Twin Falls	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov.	22,	1972	p.m.		Choked on piece of meath

22. *I hereby certify that I attended the deceased from* Investigation only *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gloya O. Edwards Twin Falls County Coroner 583 4	R.F.D. # 3, Twin Falls, Ida.	11/25/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	11/25/72	Buhl	Buhl,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 29, 1972	Maria O. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 17 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5536

Certificate of Death
STATE OF IDAHO

State File No. 5536
Local Reg. No. D-347
Reg. Dist. No. 460

RECEIVED NOV 28 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Ida ho b. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place) 421	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem.Hospital 143	d. STREET ADDRESS (If rural, give location) 323 Park Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) CORILLA	b. (Middle) JANE	c. (Last) LA JEUNESSE	4. DATE OF DEATH (Month) (Day) (Year) November 22,1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25,1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boise,Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Granville Brown	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Lillie Brassfield	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-82-4810	X 17. INFORMANT'S OWN SIGNATURE Twin Falls, Jay La Jeunesse	ADDRESS Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	congestive heart failure sec. to ASHD	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Aortic aneurysm	
DUE TO (c)	peptic ulcer severe rheumatoid arthritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	abdominal aneurysm	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11, 1972, *to* 11/22/, 1972, *that I last saw the deceased alive on* 11-22, 1972, *and that death occurred at* 1:45a. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	1030 (Degree or title) M.D.	23b. ADDRESS Twin Falls,Idaho	23c. DATE SIGNED 11-27-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/24/72	24c. NAME OF CEMETERY OR CREMATORY Sunset Mem.Park	24d. LOCATION (City, town, or county) (State) Twin Falls,Idaho
DATE REC'D BY LOCAL REG. Nov. 27,1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Paul D.Reynolds [signature]	LICENSE NO. M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 9 1972
FEB 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5537
Local Reg. No. D-352
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 30 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp. 143	d. STREET ADDRESS (If rural, give location) Route # 2 83301

3. NAME OF DECEASED (Type or Print)	a. (First) HEBER	b. (Middle) JOSEPH	c. (Last) LOUGHMILLER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 13, 1920	9. AGE (In years last birthday) 52 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY Ranching	11. BIRTHPLACE (State or foreign country) Mayetta, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willie A. Loughmiller	BIRTHPLACE Kansas	14. MOTHER'S MAIDEN NAME Martha Flanders	BIRTHPLACE Avoca, Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) -------	16. SOCIAL SECURITY NO. 518-14-4785	17. INFORMANT'S OWN SIGNATURE William J. Loughmiller	ADDRESS Twin Falls

18. CAUSE OF DEATH 4109
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Thrombosis	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN 17, 1948, *to* Nov 23, 1972, *that I last saw the deceased alive on* Nov 22, 1972, *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Applecke 003 (Degree or title)	23b. ADDRESS Twin Falls Id	23c. DATE SIGNED 27 Nov 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/25/1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Nov. 29, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Jerry D. Holman	LICENSE NO. M-516

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 3 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 28 1972 Bureau of Vital Statistics

State File No. 5538
Local Reg. No. D-350
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor Nursing Home	d. STREET ADDRESS (If rural, give location): 737 2nd. Av. West

3. NAME OF DECEASED (Type or Print)	a. (First) VIRGIE	b. (Middle) ETHEL	c. (Last) EDWARDS	4. DATE OF DEATH (Month) (Day) (Year)	Nov. 23, 1972
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Apr. 21, 1885	9. AGE (In years last birthday): 87	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): INDIANA	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Joseph Hildebrand	BIRTHPLACE: UNK	14. MOTHER'S MAIDEN NAME: Della Kramer	BIRTHPLACE: UNK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-60-3381	17. INFORMANT'S OWN SIGNATURE: Clarice Wheeler	ADDRESS: Twin Falls		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

0799

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Viral Infection — INTERVAL BETWEEN ONSET AND DEATH: 1 Wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Terminal heart failure
DUE TO (c): Gen arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Gen debility (age 87)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-1968, *to* Nov 22, 1972, *that I last saw the deceased alive on* Nov 22, 1972, *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. A. Drake M.D. (Degree or title)	23b. ADDRESS: 594 Hazeldell Drive	23c. DATE SIGNED: 11-24-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/27/72	24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Nov. 27, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Edgar J. Robertson	LICENSE NO.: M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 4 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5539
Local Reg. No. D-354
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 640 Filer Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IRENE	L	STEVENS	11-23-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	12-18-1882	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lousiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Aldredge	Alabama	Sally McDow	Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No		Reynolds Funeral Chapel Office Files	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	24 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	10 years +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebrovascular insufficiency with senility--progressive Cystitis & Pyelonephritis	5 years + 1 month +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February 23, 1970, to November 23, 1972, that I last saw the deceased alive on November 23, 1972, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stafford 487	M.D.	Twin Falls, Idaho	12-1-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-29-1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1972	Marian D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: JUN 3 0 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED NOV 28 1972 Bureau of Vital Statistics

State File No. 5540
Local Reg. No. D-348
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls (421)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls (421)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital (144)	d. STREET ADDRESS (If rural, give location): 622 Filer Ave. West

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPHINE	b. (Middle)	c. (Last) WORK	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1972
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Feb. 19, 1886	9. AGE (In years last birthday): 86; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Homemaking	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Ferguson	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Susan Davis	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -------	16. SOCIAL SECURITY NO.: 519-54-0128	17. INFORMANT'S OWN SIGNATURE: X Mirna Sisson	ADDRESS: Montana	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Post. Coronary Thrombosis	Sudden
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Aplastic Anemia	1 yr.
DUE TO (c)	Severe Osteoporosis - Spine	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

284X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-5, 1963, *to* 11-24, 1972, *that I last saw the deceased alive on* 11-23, 1972, *and that death occurred at* 4:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McQuisky MD (352) (Degree or title)	23b. ADDRESS: Twin Falls Idaho	23c. DATE SIGNED: 11-27-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/27/1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Nov. 27, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Edgar J. Robertson	LICENSE NO.: M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 6 1973

NOV 18 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5541

Certificate of Death
STATE OF IDAHO

State File No. 5541
Local Reg. No. D-359
Reg. Dist. No. 460

BIRTH NO. 72-1993

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place): 9 mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1865 Elizabeth Blvd. 000	d. STREET ADDRESS (If rural, give location): 1865 Elizabeth Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First) LAWRENCE	b. (Middle) LEON	c. (Last) PEARCE	4. DATE OF DEATH (Month) Nov. (Day) 27, (Year) 1972
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married	8. DATE OF BIRTH: Feb. 11, 1972	9. AGE (In years last birthday): IF UNDER 1 YR. Months 9 Days 17; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Kenneth Pearce	BIRTHPLACE: Calif.	14. MOTHER'S MAIDEN NAME: Deloris L. Smith	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S OWN SIGNATURE	ADDRESS	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crib Death — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Twin falls	(COUNTY) Twin Falls (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Not Injury	

22. *I hereby certify that I attended the deceased from* Inv Only, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Gloyce O. Edwards	583 (Degree or title) Coroner 4	23b. ADDRESS: R#3 Twinfalls, Ida.	23c. DATE SIGNED: 12-5-72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 11-19-1972	24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Dec. 6, 1972	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Dale Patterson	LICENSE NO.: M-451

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5542
Local Reg. No. D-353
Reg. Dist. No. 460

RECEIVED NOV 30 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 420	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rogerson LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome 83328
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway #93 So. of Rogerson 000	d. STREET ADDRESS (If rural, give location) Rural Route #1

3. NAME OF DECEASED (Type or Print)	a. (First) CLYDE	b. (Middle) L.	c. (Last) GOOD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1972
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 31, 1906	9. AGE (In years last birthday) 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store owner 2	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Charles E. Good	BIRTHPLACE Mulhall, Okla.	14. MOTHER'S MAIDEN NAME Lizzie B. Fisher	BIRTHPLACE Mulhall, Okla.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 513-03-1367	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS Twin Falls, Idaho Kimberly, Id.

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fractured Skull	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Multiple Chest Injuries	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Hiway 06	21c. (CITY, TOWN, OR TOWNSHIP) Rogerson 13-420	(COUNTY) Twin Falls (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-28-1972 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Result of auto accident	

22. *I hereby certify that I attended the deceased from* CORONERS INVESTIGATION ONLY *, 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE Cloyce O. Edwards	583 (Degree or title) 4 Coroner	23b. ADDRESS Rt. #3 Twin Falls, Id.	23c. DATE SIGNED 11-29-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/4/1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Nov. 29, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER [signature]	LICENSE NO. M-343

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 1972

FEB 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5543

Certificate of Death
STATE OF IDAHO

State File No. 5543
Local Reg. No. 46
Reg. Dist. No. 310

BIRTH NO.

RECEIVED NOV 13 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Valley 430 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall c. LENGTH OF STAY (In this place): 3 years d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Lakes Nursing Home 329	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Valley 430 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade d. STREET ADDRESS (If rural, give location): Box 649

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELLIE	CHRISTINE	SMALLEY	Nov. 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 10, 1879	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bergen, Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Niels Ellison	Bergen, Norway	Karen Larsen	Bergen, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-74-3836	Lyman Smalley	Cascade, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute pulmonary embolus	1-2 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured hip	13 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

8877

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
X	Nursing Home 03	McCall 13-430 Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
11-3-73 4 p.m.		Fell after getting out of bed

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Nov 3, 1972, *that I last saw the deceased alive on* 10-2, 1972, *and that death occurred at* 330p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H Stuart MD	McCall Idaho	11-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 6, 1972	Margaret Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-72	Maryanne Hill	Burton E Walker	M-386

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WALKER FUNERAL HOME

NOV 14 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5544
Local Reg. No. 48
Reg. Dist. No. 316

RECEIVED NOV 22 1972 Bureau of Vital Statistics 430

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Valley	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall c. LENGTH OF STAY (In this place) 11 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Meadows
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Memorial Hospital 209	d. STREET ADDRESS (If rural, give location) Box 262

3. NAME OF DECEASED (Type or Print)	a. (First) PAUL	b. (Middle) A.	c. (Last) MITCHELL	4. DATE OF DEATH (Month) (Day) (Year) November 10, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1901	9. AGE (In years last birthday) 71 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer and hard-rock miner, retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Meadows, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Mitchell	BIRTHPLACE		14. MOTHER'S MAIDEN NAME Louisa Swivel	BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 516-05-4923-A		17. INFORMANT'S OWN SIGNATURE Thelma Mitchell	ADDRESS New Meadows, Ida.

5193

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Respiratory Failure	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	emphysema	20 yrs
DUE TO (c)	Chronic obstructive pulmonary disease	30 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9-72, 19__, *to* 11-10-72, 19__, *that I last saw the deceased alive on* 11-9-72, 19__, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold S. Nokes M.D. (Degree or title) 391-1	23b. ADDRESS McCall, Idaho	23c. DATE SIGNED 11-16-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 13, 1972	24c. NAME OF CEMETERY OR CREMATORY Meadows Valley Cemetery
24d. LOCATION (City, town, or county) Meadows,	(State) Idaho	
DATE REC'D BY LOCAL REG. 11-17, 1972	REGISTRAR'S SIGNATURE Maryanne Hill	25. EMBALMER Burton E Walker
LICENSE NO. M-386		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 2 2 1972
FEB 1 5 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 12 1980
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5545

Certificate of Death
STATE OF IDAHO

State File No. 5545
Local Reg. No. 49
Reg. Dist. No. 30

BIRTH NO.

RECEIVED NOV 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): Box 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUISE	D.	COOPER	November 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 14, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife & restaurant worker		Horseshoe Bend, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lyman Fenton	unknown	Nellie Steveson	Horseshoe Bend, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-28-3608	Alice Buffington	Cascade, Idaho

135X

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) SAR COLOOSIS (pulmonary) — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		CAS CADE VALLEY IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from MAY 1965, to NOV 1972, that I last saw the deceased alive on NOV 18 1972 and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Mac	MD	CASCADE	11/20

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11/21/72	Margaret Cemetery	Cascade Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-72	Maryanne Hill	Burton C. Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5546
Local Reg. No. 50
Reg. Dist. No. 3/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) EUGENE c. (Last) BIGELOW
4. DATE OF DEATH (Month) (Day) (Year) November 19, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Jan. 1, 1914
9. AGE (In years last birthday) 58
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 8
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Woodville, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elmer Charles Bigelow BIRTHPLACE Smithport, Penn.
14. MOTHER'S MAIDEN NAME Mabel Cora Denning BIRTHPLACE Ripley, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 521-16-7744
17. INFORMANT'S OWN SIGNATURE Hospital records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5699

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Irreversible shock syndrome — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Upper GI Hemorrhage — 30 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left lower lobe pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-23, 19 72 *to* Nov 19, 19 72, *that I last saw the deceased alive on* Nov 18, 19 72 *and that death occurred at* 12:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Wayne F. Allen M.D. (Degree or title)
23b. ADDRESS McCall Idaho
23c. DATE SIGNED 11-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11/22/72
24c. NAME OF CEMETERY OR CREMATORY McCall Cemetery
24d. LOCATION (City, town, or county) McCall (State) Idaho

DATE REC'D BY LOCAL REG. 11-27-72
REGISTRAR'S SIGNATURE Marjorie Hill
25. EMBALMER Burton E Walker
LICENSE NO. M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
FORM PH-63621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5547

Certificate of Death
STATE OF IDAHO

State File No. 5547
Local Reg. No. 52
Reg. Dist. No. 310

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Idaho 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall, rural
d. STREET ADDRESS (If rural, give location): Shepp Ranch

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: DOA McCall Memorial Hospital 6550

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLENN	HARVEY	SCHUBERT	Nov. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 7, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Outfitter & Game Guide 6	Recreational	Madison, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clyde Schubert	Nebraska	Elsie Maurer	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W 2	540-24-9737	Delores A. Schubert	McCall

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute head injury — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple traumatic injuries

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Road way 96	Riggins 13-25 Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
11 25 1972 p.m.		Auto accident

22. I hereby certify that I attended the deceased from 11-24, 19 69, to 11-25, 19 72, that I last saw the deceased alive on 12-8, 19 72, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Allen	006 MD	McCall Idaho	12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11/29/72	Willamette National	Multnomah County Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-72	Maryanne Hill	Burton E Walker	M-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-68021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 0 1972

NOV 1 0 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5548
Local Reg. No. 51
Reg. Dist. No. 310

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: McCall Memorial Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Payette Lakes Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	BELLE	MANNING	Nov. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Feb. 28, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lincoln, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown		unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-18-7214-D	Nursing Home records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 486X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe generalized arteriosclerotic cardio-vascular disease — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1966, 19__, to Nov 27, 1972, that I last saw the deceased alive on Nov 27, 1972, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald S. Mokeski M.D. 391	McCall, Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
burial	Nov. 30, 1972	McCall Cemetery	McCall Idaho	M-386

DATE REC'D BY LOCAL REG.: 12-8-72
REGISTRAR'S SIGNATURE: Maryanne Hill
25. EMBALMER: Burton C Walker
FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-3021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5549
Local Reg. No. 25
Reg. Dist. No. 320

RECEIVED NOV 17 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DONNA b. (Middle) RUBY c. (Last) WOMACK

4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 1972

5. SEX: female
6. COLOR OR RACE: caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9/26/1918
9. AGE (In years last birthday): 54 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Nyssa, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Kuntz — BIRTHPLACE: S. Dakota
14. MOTHER'S MAIDEN NAME: Hettie Mae Schumaker — BIRTHPLACE: Fort Dodge, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dennis L. Womack — ADDRESS: Cambridge,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Metastatic Cancer breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1971, *to* Nov 5, 1972, *that I last saw the deceased alive on* Nov 5, 1972, *and that death occurred at* 143A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward Rewheeler MD (Degree or title) 907
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/8/72
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Washington Idaho

DATE REC'D BY LOCAL REG.: 11-6-72
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

State File No. 5550
Local Reg. No. 26
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Washington 441	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser, Idaho; c. LENGTH OF STAY (In this place): 1yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Convalesent Center 392	d. STREET ADDRESS (If rural, give location): 1018 East Commercial Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) SAMUEL	b. (Middle) MATHEW	c. (Last) SEIBER	4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 72	
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 19, 1888	9. AGE (In years last birthday): 84	IF UNDER 1 YR. Months 3 Days 28; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): Topaz, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Steven Seiber	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Anna Buckmaster	BIRTHPLACE: Indiana		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 518-18-3212	17. INFORMANT'S OWN SIGNATURE: See Ford	ADDRESS		

486X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gen. arteriosclerosis	years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1969, *to* Nov 17, 1972, *that I last saw the deceased alive on* Nov 14, 1972, *and that death occurred at* 5:45 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Edward Ochsler M.D. 907 (Degree or title)	23b. ADDRESS: 14 E Idaho Weiser	23c. DATE SIGNED: 11/22/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 11/21/72	24c. NAME OF CEMETERY OR CREMATORY: Roswell	24d. LOCATION (City, town, or county) (State): Roswell, Idaho
DATE REC'D BY LOCAL REG.: 11-22-72	REGISTRAR'S SIGNATURE: R. Dee Thomason	25. EMBALMER: Robert J. Clifford	LICENSE NO.: M-554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5551
Local Reg. No. 27
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 11 1972 Vital Statistics

1. PLACE OF DEATH a. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Idaho b. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser d. STREET ADDRESS (If rural, give location) Apt. 19 Globe Apts.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PHILLIP	NMN	KUNTZ	11	27	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	never married	3/23/1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--	--	Serbia, Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Kuntz	Russia	Eva Schreiner	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Susan Startup by L. Thomason	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 486X Pneumonia, right base — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident — prob. one week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-2-68, 19__, *to* 11-27-72, 19__, *that I last saw the deceased alive on* 11-27-72, 19__, *and that death occurred at* 2:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Giever, M.D. 186-1	P.O. Box 629 Weiser, Idaho	12-2-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/1/72	Hillcrest Cemetery	Weiser, Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-2-72	L. Lee Thomason	Marshall S. Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

MAR 2 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5552
Local Reg. No. 836
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 13 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Montana 27
b. COUNTY: Toole 53
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelby
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROY	J.	WILCOX	Nov. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	July 12, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Havre, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James M. Wilcox	Michigan	Ida Lindquist	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	517-20-5451	Lydia L. Cotter	Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/09

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	complete heart block	hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	acute myocardial infarction	hours
DUE TO (c)	arteriosclerotic heart disease	1 month
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Boise, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/30/72, 19____, *to* 11/30/72, 19____, *that I last saw the deceased alive on* 11/30/72, 19____, *and that death occurred at* 3:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John C Hyde	M D 1018-I	220 North First Boise, Id	12/16/7

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-1-72		Shelby, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2 1973	Myrtle Palmer	Howard W Summers	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5553
Local Reg. No. 854
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jefferson 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Luke Hospital 002	d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FREDRICK	ASTON	CRABTREE	Dec. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 8, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Cutter 5	Meat	Providence, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Aston Crabtree	Utah	Margaret Blair	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-09-2961	Grace Crabtree Anderson	Terreton, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	congestive heart failure	2 month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary heart disease	1967
DUE TO (c)	arteriosclerotic heart disease	1967
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	hypertension	Twelve

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Boise, Idaho Ada

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/28/72, 19__, to 12/1/72, 19__, *that I last saw the deceased alive on* 12/1/72, 19__, *and that death occurred at* 10:25 AM *from the causes and on the date stated above.*

23a. SIGNATURE	1018 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John C. Hyler	M.D.	220 N. First Boise, Id.	12/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5 Dec 1972	Rosehill	Idaho Falls Bonn. Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 4, 1973	Myrtle Palmer	[signature]	410

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5554
Local Reg. No. 188
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 5 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon 38
b. COUNTY: Malheur 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vale
d. STREET ADDRESS (If rural, give location): 289 N. Court St.

3. NAME OF DECEASED (Type or Print): a. (First) Fred, b. (Middle) J. c. (Last) Shartner
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 1, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1895
9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber yard worker
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Adam Shartner — BIRTHPLACE: Poland
14. MOTHER'S MAIDEN NAME: Eve Redeski — BIRTHPLACE: Poland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 1917-1919
16. SOCIAL SECURITY NO.: 544-09-0751
17. INFORMANT'S OWN SIGNATURE: Irene Shartner — ADDRESS: 289 N. Court St. Vale, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Bronchogenic Carcinoma — 2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): left lung
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pyopericardium — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Robert H. Hollister (Degree or title) M.D.
23b. ADDRESS: 201 W State ST, Boise
23c. DATE SIGNED: 5 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/72
24c. NAME OF CEMETERY OR CREMATORY: Valley View Cemetery
24d. LOCATION (City, town, or county) (State): Vale, Oregon

DATE REC'D BY LOCAL REG.: Dec. 5, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Kelysa
FIRM NAME:
LICENSE NO.: M-412

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 5 - 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5555
Local Reg. No. 195
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Utah
b. COUNTY Box Elder
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brigham City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MINNIE	ALTHERA	WEAVER JEPPESEN	DEC. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	JUNE 3, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) PERRY, UTAH
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES ALBERT WEAVER	ENGLAND	DORTHEA SOPHIA JOHNSON	NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Gladys Call ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1538 Carcinoma Metastatic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal-Hepatic Cancer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2 years ago
19b. MAJOR FINDINGS OF OPERATION Not available said to be Liver Cancer
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/17/ 72 *to* 12/2/ 72 *that I last saw the deceased alive on* 12/1/ 72 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Joe Salter 459 (Degree or title) MP
23b. ADDRESS Nampa
23c. DATE SIGNED 12/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE DEC. 5, 1972
24c. NAME OF CEMETERY OR CREMATORY MANTUA CEMETERY
24d. LOCATION (City, town, or county) (State) BRIGHAM CITY, UTAH

DATE REC'D BY LOCAL REG. Dec 11 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER L. Conway Grant
LICENSE NO. M478
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5556
Local Reg. No. 193
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 011
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4339 Adams Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4339 Adams Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	June	Eloise	Diggs	December 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	April 18, 1937	35		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-----	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Claude Privett	Unknown	Mable Hesse	Meridian, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-2241	Earl Waggoner	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9229

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) SHOCK, TRAUMA, EXSANGUINATION — INTERVAL BETWEEN ONSET AND DEATH: brief

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GUNSHOT WOUND
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
4	01 4339 Adams St.	Boise 13-011	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased* AS CORONER ONLY, 19__ DID NOT SEE ALIVE, 19__ ~~*that I last saw the deceased alive*~~ on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski 583	Deputy Coroner 4	1214 Ada - Boise Idaho	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-6-1972	Syringa Gardens Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Myrtle Palmer	Earl Waggoner	M 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5557
Local Reg. No. 800
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1104 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elizabeth	Lillian	Scudder	December 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 6, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	---	Westchester, Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charlton Lack	Unknown	Elizabeth Miller	Philadelphia, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchogenic Ca	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Lung	3 mo
DUE TO (c)	Multiple Metastases	3 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3/11/60, 19__, *to* 12/3/72, 19__, *that I last saw the deceased alive on* 12/3/72, 19__, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
516	1703 Hill Road Boise	12/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/8/1972	Sunset Mem. Gardens	Richland, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 12 1972	Myrtle Palmer		M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5558
Local Reg. No. 808
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 909 Reserve

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sophronia	Belle	Whipple	December 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	January 21, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Hicks		Nancy Jane Thompson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-58-6549	Ewell Waggoner	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 4339

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 60, *to* Dec 3, 19 72, *that I last saw the deceased alive on* Nov 27, 19 72 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	MD	Boise, Idaho	12/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-5-1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 15 1972	Myrtle Palmer	Ewell Waggoner	M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 13 1972 Bureau of Vital Statistics

State File No. 5559
Local Reg. No. 799
Reg. Dist. No. 370
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	LENGTH OF STAY (In this place): 12 Days		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002			d. STREET ADDRESS (If rural, give location): 1217 South Roosevelt Street	

3. NAME OF DECEASED (Type or Print) a. (First): EVA	b. (Middle): E.	c. (Last): IVERS	4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 14, 1888	9. AGE (In years last birthday): 84 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Minnesota	12. CITIZEN OF WHAT COUNTRY?: USA	
13. FATHER'S NAME: Charles Lewis	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Mary Draper	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): ---	16. SOCIAL SECURITY NO.: 519-26-1286	17. INFORMANT'S OWN SIGNATURE: Jean B. McDonald	ADDRESS: 1217 S. Roosevelt Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe arteriosclerosis, generalized

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD	23b. ADDRESS Boise Ida	23c. DATE SIGNED 12/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-6-72	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 11 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Long	LICENSE NO.: M-497

FIRM NAME: SUMMERS' FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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NAME: Ivers, Eva

Autopsy # 72-A-156
C022713

PHYSICIAN S. Merrill, R. Scots Reinhart, M. D. Date 12-4-72

PATHOLOGIST L. L. Knight, M. D.

PROVISIONAL DIAGNOSES

(These are based upon gross autopsy findings; additions or modifications will be incorporated into final report).

1. Severe arteriosclerosis, generalized.
2. Cardiomegaly (CHF clinically).
3. Multiple pulmonary emboli, old and recent.
4. Bilateral spical adhesions, lungs, possibly old Tbc.
5. Bilateral pleural effusion.
6. Amyloidosis, spleen (possibly kidneys also)
7. Nephrosclerosis (nephrotic syndrome clinically).
8. Cystic endometrial hyperplasia with endometrial polyp.

cc: Record Room
Mailed 12-5-72

DEC 1 3 1972

MAR 1 5 1973

Certificate of Death
STATE OF IDAHO

State File No. 5560
Local Reg. No. 790
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3½ Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home 235	d. STREET ADDRESS (If rural, give location): 2417 N. 23rd

3. NAME OF DECEASED (Type or Print) a. (First): MARTHA	b. (Middle): HARRIS	c. (Last): SMITH	4. DATE OF DEATH (Month) (Day) (Year): December 3, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 30, 1885	9. AGE (In years last birthday): 87 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): London, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Harris	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Mary Jane Botterill	BIRTHPLACE: Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-07-6781	17. INFORMANT'S OWN SIGNATURE: X Charles F. Smith	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

471X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Influenzal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-9, 1972, *to* 12-3, 1972, *that I last saw the deceased alive on* 12-2, 1972, *and that death occurred at* 4:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 333-1	23b. ADDRESS: 808 La Cassia Dr. Boise	23c. DATE SIGNED: 12/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 5, 1972	24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Memorial Gardens	24d. LOCATION (City, town, or county) (State): Meridian, Idaho
DATE REC'D BY LOCAL REG.: Dec. 7, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Clyde J. Vassar [signature]	LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 8 1974

AUG 1 5 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 1 6 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5561
Local Reg. No. 192
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 217 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: OREGON
b. COUNTY: MALHEUR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ONTARIO
d. STREET ADDRESS (If rural, give location): 29 S.W. 5TH STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMETT	V.	HUFFMAN	DECEMBER 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	9-30-10	62	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
COMMUNICATIONS 2	CIVIL SERVICE	WHEELER COUNTY, TEXAS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE HUFFMAN	UNKNOWN	JIMMIE L. DAVIS	OKLAHOMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	532-03-0869	Claudia Renee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1459

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Squamous cell carcinoma, mouth — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I [redacted] attended the deceased from MAY 1, 1972, to DECEMBER 4, 1972, [redacted] and that death occurred at 7:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
FRED B. HINE, M.D. 59 Fred B. Hine MD	VA HOSPITAL, BOISE, IDAHO	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 6, 1972	Evergreen Cemetery	Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8 1972	Myrtle Palmer	Gary A. Cowger	M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972
JAN 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 15 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5562
Local Reg. No. 794
Reg. Dist. No. 270

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 605 N. 19th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leslie	Clarence	Williams	Dec. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 16, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic		Clinton Co., Ind.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Williams	Ind.	Amanda Maxwell	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	304-16-9099	Virginia L. Williams	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	72 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary artery disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obstructive pulm. disease	years

4109

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/25, 1972, to 12/4, 1972, that I last saw the deceased alive on 12/4, 1972, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	994 N. Curtis Boise	12/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/6/72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Myrtle Palmer	Paul Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5563
Local Reg. No. 201
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GARDEN CITY
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Auto Pedestrian Accident 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5115 CHINDEN BLVD.,
d. STREET ADDRESS (If rural, give location): BOISE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	THOMAS	OWEN	DEC. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	APRIL 11, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TAX SERVICE 2	SELF	DEVIL SLIDE, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HENRY THOMAS OWEN	WALES, UTAH	FRANCES ANN CLAYS	SANDUSKY, OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	340-09-6312	[illegible]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Severe Head injuries. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Chest injuries — Immediate
DUE TO (c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	06	Boise 13-011	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
12-4-72 9 30 P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski-Deputy Coroner 593 4	1214 Ada-Boise Idaho	12-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	DEC. 7, 1972	CLOVERDALE CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 22, 1972	Myrtle Palmer	Conway Grant	1478

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 23 1973
AUG 27 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5564
Local Reg. No. 194
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 84 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 054

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2717 MALAD, SPACE 24

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALLACE	M.	BOSTWICK	DECEMBER 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	10-12-96	76	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OPERATOR 2	TAVERN	MINNEASOTA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CLARK I. BOSTWICK	MINNEASOTA	SARAH CISCO	MINNEASOTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	518-28-6164	Claudia Lee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

1519

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma, Stomach, with abdominal wall recurrence. — INTERVAL BETWEEN ONSET AND DEATH: 1 Year?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1972	Carcinoma, stomach.	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I [redacted] attended the deceased from SEPTEMBER 11, 1972, to DECEMBER 4, 1972, [redacted], and that death occurred at 10:30a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. W. Laxson WILLIAM W. LAXSON, M.D. 591-1	VA HOSPITAL, BOISE, IDAHO	12-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/8/1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8 1972	Myrtle Palmer	Earl Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5565
Local Reg. No. 793
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 616 So. 15th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Vivian	E.	Search	Dec. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 27, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Norton, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amos L. Davis	Unknown	Nora Ann Bright	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-10-0252	x Robert D. Search	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1439 Alveolar cell Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J C Stueck MD (Degree or title) 804-1	Boise, Idaho	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-7-72	Lower Boise Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Myrtle Palmer	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3-9261

Certificate of Death
STATE OF IDAHO

State File No. 5566
Local Reg. No. 801
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 6 11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 0 11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1420 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helene	Augusta	Stearns	December 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 5, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
telegrapher 3	Western Union	Coopers Plains, N. Y.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur I. Bidler	N.Y.	Jennie Lewis	N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	542-05-4294A	Mrs. Helene Stearns	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic renal disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 6, 1972, *to* Dec 4, 1972, *that I last saw the deceased alive on* Nov 13, 1972, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ward A Dickey 984 MD	100 Warm Springs Ave. Boise	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/6/1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 12 1972	Myrtle Palmer	Hal Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 24 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5567
Local Reg. No. 803
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS DEC 13 4 34 PM 72

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Restfull Manor Nursing Home 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 316 W. Washington Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LORETTA	K.	LEICHNER	December 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	August 13, 1876	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Kortlander	Germany	Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Darrell A. Gibson (Hosp Records)	Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. , 1965, *to* December , 1972, *that I last saw the deceased alive on* Dec. 1 , 1972, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
George R Baker, MD (Degree or title)	121 E. Idaho	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-7-1972	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-72	Myrtle Palmer	Darrell A. Gibson	H00

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5568
Local Reg. No. 196
Reg. Dist. No. 371

RECEIVED DEC 13 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: OREGON 38 b. COUNTY: MALHEUR 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE — c. LENGTH OF STAY (In this place): 11 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NYSSA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004	d. STREET ADDRESS (If rural, give location): 619 NORTH FIRST

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	CLARK	BROWN	DECEMBER 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	12-2-88	84	-- --	-- --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
COOK	UNKNOWN	ILLINOIS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
D. C. BROWN	CANADA	CARIE GECOBIA	GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	542-30-7960	Carrie Genee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

485X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ~~DUE TO (b)~~ and	Pancreatitis, acute	11-12 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis with severe coronary artery involvement; gangrene left lower leg and arterio-nephrosclerosis	Unknown

19a. DATE OF OPERATION — ~~19b. MAJOR FINDINGS OF OPERATION~~

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA — 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOVEMBER 25, 1972, to DECEMBER 6, 1972 ~~[illegible]~~ and that death occurred at 7:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne G. Crookston WAYNE G. CROOKSTON, M.D. 577-1	VA HOSPITAL, BOISE, IDAHO	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-7-72		Nyssa, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Myrtle Palmer	[signature]	M-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 27 1973

SEP 23 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5569

State File No.
Local Reg. No. 815
Reg. Dist. No. 370

Certificate of Death
STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1523 W. Fort St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OTTENE	---	ANDERSEN	December 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 27, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Demark	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	M. A. 276937	X [signature]	Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

450X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral arteriosclerosis — several yrs
Coronary artery disease — several yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-4-1969 *to* 12-8-1972 *that I last saw the deceased alive on* 12-7-1972 *and that death occurred at* 12:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Misier MD 364-1	1333 W. Jefferson St Boise, Idaho 83702	12/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-11-1972	Dry Creek Cemetery	~~Boise~~ Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18 1972	Myrtle Palmer	[signature]	M-535

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 14 1972 Vital Statistics

State File No. 5570
Local Reg. No. 805
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 012	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 012
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian c. LENGTH OF STAY (In this place): 1 Month	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Nursing Home 399	d. STREET ADDRESS (If rural, give location): 42 E. King

3. NAME OF DECEASED (Type or Print)	a. (First): Elvira	b. (Middle): Jane	c. (Last): Burnham	4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: May 5, 1886	9. AGE (In years last birthday): 86 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Sherman County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry E. Spencer	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Flint	BIRTHPLACE: Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -------	17. INFORMANT'S OWN SIGNATURE: F Mark Burnham	ADDRESS: 42 E. King Meridian, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not See Alive *, 19__, to _____, 19__, that I last saw the deceased alive on _____ 19__ and that death occurred at* 7:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: E D Paris	583 (Degree or title) 4 Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise.	23c. DATE SIGNED: 12-8-72.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Skyline Memorial Gardens	24d. LOCATION (City, town, or county) (State): Portland, Oregon
DATE REC'D BY LOCAL REG.: Dec. 14, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Geary A. Cowger	LICENSE NO.: M-526

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robison Chapel of The Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 14 197

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5571
Local Reg. No. 809
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Alphonsus Hospital 009

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3050 Linda Vista Lane

3. NAME OF DECEASED (Type or Print): a. (First) ORAL b. (Middle) EDGAR c. (Last) BARNETT

4. DATE OF DEATH (Month) (Day) (Year): December 7, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1913

9. AGE (In years last birthday): 59
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Boise Paving

11. BIRTHPLACE (State or foreign country): Sapulpa, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harley Clayton Barnett BIRTHPLACE: Boone Co., Ark.

14. MOTHER'S MAIDEN NAME: Ethel Wriston BIRTHPLACE: Aldrich, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS: [signature] 3050 Linda Vista Blvd Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Heart attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dec 7, 1972, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE: Stephen N Cook 583 (Degree or title) Deputy Coroner 4

23b. ADDRESS: 213 Hea Boise

23c. DATE SIGNED: 12/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-11-72

24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Memorial Gardens

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Dec. 15 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clyde J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 6 1972

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 4 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5572

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Valley Sunset Home 337

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1411 Hays Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABEL	R.	CURTIS	Dec. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 30, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Lawrence, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. W. Brose	Germany	Rosina C. Kigler	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-54-8813	Ashley J. Weaver	107 N. Ash Park Lane Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary heart disease	several yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid Arthritis Esophageal diverticulum	60 yrs several yrs

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-25, 1968, to 12-7, 1972, that I last saw the deceased alive on 11-13, 1972, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner	MD	1333 W. Jefferson St Boise, Idaho 83702	12/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-11-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18, 1972	Myrtle Palmer	Robert G. Lee	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 18 1972

MAY 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5573
Local Reg. No. 807
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2509 West Bannock Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	H.	MORRIS	Dec. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Feb. 3, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 3	Folger Equipment	Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Roy Morris	Pennsylvania	Charity Hershberger	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-10-6136	Idara Hopkins	Seattle, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) poss. myoc infartion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12 - 8 - , 19 72 to 12 - 8 - , 19 72 that I last saw the deceased alive on 12 - 8 - , 19 72 and that death occurred at 7:25 PM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack H. Eder	1143 MD	St. Alphonsus Hosp.	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-12-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 14, 1972	Myrtle Palmer	Howard Summers	M-5 09

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 14 1972
DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 19 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5574
Local Reg. No. 806
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada c/o
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Rural
d. STREET ADDRESS (If rural, give location): Rt. 5

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle); c. (Last) Arnold

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 8, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 23, 1925

9. AGE (In years last birthday): 47
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ## Housewife X

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bastrop, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin L. Kirkpatrick
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Mary Blakey
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 564-26-1179

17. INFORMANT'S OWN SIGNATURE: F. D. Arnold
ADDRESS: Rt. 5 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

403X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coma — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic uremia — about 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension secondary to uremia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7 1969, to 12/7 1972, that I last saw the deceased alive on 12/7, 1972, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 095 (Degree or title) M.D.

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 12/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-11-72

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Dec. 14, 1972

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gary A. Cowan

LICENSE NO.: 526

FIRM NAME: Robison-Jerred Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 14 1972

DEC 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 30 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5575
Local Reg. No. 837
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1125 Lee St.

3. NAME OF DECEASED (Type or Print): a. (First) Ollie; b. (Middle) Tigner; c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1972

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 31, 1903

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Ministery

11. BIRTHPLACE (State or foreign country): Noble Lake, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Will Tigner
BIRTHPLACE: Alabama

14. MOTHER'S MAIDEN NAME: Rose
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-60-0072

17. INFORMANT'S OWN SIGNATURE: Rosa Lee Tigner
ADDRESS: 1125 Lee St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hypertensive cardiovescular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-9, 19 71, *to* 12-8, 19 72, *that I last saw the deceased alive on* 12-7, 19 72, *and that death occurred at* 4:30A M, *from the causes and on the date stated above.*

23a. SIGNATURE: Ward & Dickey (Degree or title): MD 984-1

23b. ADDRESS: 100 Warm Springs Boise

23c. DATE SIGNED: 12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 12, 1972

24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens

24d. LOCATION (City, town, or county) (State): Ada Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Owen Summers

LICENSE NO.: M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5576

Certificate of Death
STATE OF IDAHO

State File No. 5576
Local Reg. No. 813
Reg. Dist. No. 270

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 619-7th Ave. So.

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sunset Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) B. c. (Last) FERGUSON

4. DATE OF DEATH (Month) Dec. (Day) 9, (Year) 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 29, 1890
9. AGE (In years last birthday) 82
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Newark, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Worth Y. Rich
BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Sarah Belle
BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. 519-09-6160A
17. INFORMANT'S OWN SIGNATURE Mrs. Gordon Reynolds ADDRESS 1614 Harvey St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary vascular disease — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1972, to 12-9, 1972, that I last saw the deceased alive on 11-18, 1972, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE Ward E Dickey, 934 (Degree or title)
23b. ADDRESS 100 Warm Springs Boise
23c. DATE SIGNED 12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 10, 1972
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Boise, Ada, (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 18 1972
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Marvin R. Heikkila
LICENSE NO. M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5577
Local Reg. No. 802
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1972 Bureau of

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 202 WALLACE

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) JOHN c. (Last) COTTON

4. DATE OF DEATH (Month) (Day) (Year): DEC. 9, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 28, 1904

9. AGE (In years last birthday): 68
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BLACKFOOT, IDAHO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN COTTON
BIRTHPLACE: ENGLAND

14. MOTHER'S MAIDEN NAME: ZONA ABERCROMBIE
BIRTHPLACE: ALABAMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 534-28-9152 A

17. INFORMANT'S OWN SIGNATURE: C Grant, Mortuary Records
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pulmonary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Emphysema & Bronchitis — 10 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cor pulmonale — 4 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1968, to Dec, 1972, that I last saw the deceased alive on 12/9/72, 19____, and that death occurred at 4:03 P.M., from the causes and on the date stated above.

23a. SIGNATURE: George R Baker, MD (Degree or title)
23b. ADDRESS: 121 E. Idaho, Boise
23c. DATE SIGNED: 12/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 12, 1972
24c. NAME OF CEMETERY OR CREMATORY: SYRINGA GARDENS
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: 12-13-72
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: C Conway Grant
LICENSE NO.: M478

FIRM NAME: KELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1972

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 10 2013

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5578
Local Reg. No. 197
Reg. Dist. No. 371

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 5124 WEST STATE STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	G.	VOLPINTESTA	DECEMBER 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	DIVORCED	NOV. 6, 1923	49	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN	UNKNOWN	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PATRIZIO VOLPINTESTA	ITALY	MARY CORGAN	WYOMING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWII	564-34-8450	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1729 Melanoma, malignant — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22 [redacted] attended the deceased from DECEMBER 8, 19 72, to DECEMBER 10, 19 72, [redacted] and that death occurred at 12:45a.m. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H.H. TYMINSKI M.D.		VA HOSPITAL, BOISE, IDAHO	12-10-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-13-1972	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 15 1972	Myrtle Palmer	[signature]	400

FIRM NAME: GIBSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

5579

State File No.

Local Reg. No. 812

Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

LENGTH OF STAY (In this place): 24 Hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1706 Harrison Boulevard

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Idaho b. COUNTY: Ada c/l

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1706 Harrison Boulevard

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	E.	HAWES	Dec. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 12, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Highway Dep't	Silver City, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard S. Hawes	England	Phillippa Edwards	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-36-0077	X Stan Bennett	1106 N. 16th St. Boise, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Possible Thrombose Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterialsclorotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
12 -	10 -	72	3:00 PM		Natural Causes

22. *I hereby certify that I attended the deceased from* Did not see *to* subject alive *, that I last saw the deceased alive on* _____ *, 19____, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven J. Blonski Deputy Coroner	1214 Ada - Boise Idaho	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-15-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18 1972	Myrtle Palmer	Robert G. Summers	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 18 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5580
Local Reg. No. 198
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEISER
d. STREET ADDRESS (If rural, give location): 953 EAST SECOND

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CALVIN	R.	WEBB	DECEMBER 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	7-8-92	80	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FOREST SERVICE	FORESTRY	ILLINOIS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
MOSES NEAL WEBB	ILLINOIS	EMMA TAYLOR	ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	168-07-0892	Charles Lance Hill	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia, Aspiration	96 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	G.I. hemorrhage with vomiting	36 hours
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease with atrial fibrillation & ventricular aberation.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from DECEMBER 8, 1972, to DECEMBER 11, 1972, and that death occurred at 5:25a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
WAYNE G. BROOKSTON, M.D.	59?-1	VA HOSPITAL, BOISE, IDAHO	12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	12/14/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18, 1972	Myrtle Palmer	F. Lane Thomas	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972
JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5581
Local Reg. No. 819
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): Box 126

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	ANDREW	EVANS	December 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 7, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - retired - VC	Road Department	Cascade, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Evans	Hickory Co., Missouri	Dora Stockam	Joplin, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W 1	519-01-6925	Lottie V H Askins	Cascade, Idaho

1521

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Perforated adenocarcinoma, jejunum	Undetermined
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Leukemia -	
DUE TO (c)	Splenic anemia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 9 '72	Perforated CA jejunum	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 5, 1972, *to* Dec 11, 1972, *that I last saw the deceased alive on* Dec 11, 1972, *and that death occurred at* 9A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J H Hamley 216-1	850 S Latah	18 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec 13, 1972	Crown Point, Cemetery	Cascade Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 20, 1972	Myrtle Palmer	Paul Waggoner	M-422

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972
JAN 30 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5582

State File No. 5582
Local Reg. No. 840
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna
d. STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print) a. (First) KARL b. (Middle) --- c. (Last) WOODALL

4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1972

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 2, 1903
9. AGE (In years last birthday) 69
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 5
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Woodall
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Lillian Myrtle Wolfe
BIRTHPLACE Ohio Plainsville,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-07-4608
17. INFORMANT'S OWN SIGNATURE [signature]
ADDRESS Box 5035, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 12-8-72, 19___, *to* 12-11-, 1972, *that I last saw the deceased alive on* 12-11-72, 19___, *and that death occurred at* 7:30 pm *from the causes and on the date stated above.*

23a. SIGNATURE Donald K. Hoth
974 (Degree or title) MD
23b. ADDRESS 220 N 1st / Boise
23c. DATE SIGNED 12/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/14/72
24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. Jan 3, 1973
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. E-497
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 19 1972 Vital Statistics

State File No. 5583
Local Reg. No. 816
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2713 N. 28th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELINOR	B.	ALLEN	Dec. 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	7-30-90	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Minneapolis, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Peterson	Sweden	Mary Anderson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-54-0228T	Lyle Keith	Boise, Ida. 3013 N. 28th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-11, 1969 *to* 12-11, 1972, *that I last saw the deceased alive on* 12-11, 1972, *and that death occurred at* 4:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	808 Columbia Dr Boise.	12/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/15/72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 18 1972	Myrtle Palmer	Robert G. Summers	E-497

FIRM NAME: Summers Funeral Home, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

JUL 2 8 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5584
Local Reg. No. 817
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian (rural)
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	M.	Keller	Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 8, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7		Goshen, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Keller	Arkansas	Effie Mayes	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-01-0515	Ernest Keller	Rt. # 3 Meridian, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 43 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY ARTERY DISEASE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia Pulmonary Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-10-72, 19__, *to* 12-12-, 1972, *that I last saw the deceased alive on* 12-12, 1972, *and that death occurred at* 1:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald K. Stott MD	2700 J 1st	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 15, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19 1972	Myrtle Palmer	Geo Jerread	M-366

FIRM NAME: Robison-Jerread Chapel of The Chime

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5585
Local Reg. No. 820
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS DEC 27 10 41 AM '72

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 700 Cunningham Place

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLORENCE		KING	Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Apr. 25, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired School Teacher	Education	Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard E. King	Pennsylvania	Cornelia H. King	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	227-46-4388A	x Cornelia K. Jackson	Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

191X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Brittle cerebral metastases — origin unknown. — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mos,

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/20, 19 72, *to* 12/12, 19 72, *that I last saw the deceased alive on* 12/12, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature], M.D. 075-1	Boise Idaho	12/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/15/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 22, 1972	Myrtle Palmer	Marvin R. Gleibila	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973
JAN 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5586
Local Reg. No. 814
Reg. Dist. No. 270

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 4902 Targee

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): ETHEL GLENOMA SAUNDERS NEWSOM

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 26, 1918
9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hartford City, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Brinkley
BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Eva Williamson
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: XC. Fay Saunders
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 CARCINOMA OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: 3½ MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 1, 1972, to DEC. 12, 1972; that I last saw the deceased alive on DEC. 11, 1972, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE: William C. Nisbet, M.D. (Degree or title)
23b. ADDRESS: 151 E. BANNOCK, BOISE
23c. DATE SIGNED: DEC 15, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/15/72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise,
(State): Idaho

DATE REC'D BY LOCAL REG.: Dec 18 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clyde J. Vassar
LICENSE NO.: M-535
FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 6 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5587

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 875
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 22 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 6 Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home 235	d. STREET ADDRESS (If rural, give location): 3324 Collister

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
YETIVE	V.	RORABACK	December 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	April 16, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Whitman, Nebraska	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles William Middleton	Ohio	Sarah Alice Hall	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	548-03-9707	[illegible] family records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinomatosis 1621	2 Mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Adenocarcinoma Lung Rt	7 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dehydration & Emaciation	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 20, 1965 *to* Dec 13, 1972, *that I last saw the deceased alive on* 12-13, 1972, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Carl B. Smithson MD (Degree or title)	Boise Idaho	1-8-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-18-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 22, 1973	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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2 COPY

Certificate of Death
STATE OF IDAHO

State File No. 5588
Local Reg. No. 199
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2121 Stephen 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2121 Stephen

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	Dwain	Youngstrom	Dec. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Dec. 1, 1948	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student	education	Emmett, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy Youngstrom	South Dakota	Lucy Rynearson	Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	1967-1971	518-52-4161	Mrs Lucy Hulse	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1991 Diagnosis, as Cancer. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) In Hospital for Treatments.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 583 (Degree or title) 4	Coroner 3720 Meadow Drive, Boise,	I2-I5-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-18-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18 1972	Myrtle Palmer	Walter Potter	M-445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972
SEP 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5589

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 27 1972 Bureau of Vital Statistics

State File No.
Local Reg. No. 821
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 6 Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor N.H. 293	d. STREET ADDRESS (If rural, give location): 907 No. 11th. St.

3. NAME OF DECEASED (Type or Print)	a. (First) AGNES	b. (Middle) ELLIS	c. (Last) PHILLIPS	4. DATE OF DEATH (Month) (Day) (Year) December 13, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: August 6, 1881	9. AGE (In years last birthday): 91; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse	10b. KIND OF BUSINESS OR INDUSTRY: Hospital	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Ellis	BIRTHPLACE: Ireland	14. MOTHER'S MAIDEN NAME: Winifred Noon	BIRTHPLACE: Ireland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 518 09 1697	17. INFORMANT'S OWN SIGNATURE: X David L. Gerhart	ADDRESS: Boise, Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Heart Disease	Yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 1959, 1960, *to* 12-13, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Patterson 412 (Degree or title) MD.	23b. ADDRESS: Boise Ida	23c. DATE SIGNED: 12-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-16-1972	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State): Boise Idaho
DATE REC'D BY LOCAL REG.: Dec. 22, 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Ryle Vasser	LICENSE NO.: M-535

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5590
Local Reg. No. 200
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada 010	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ---------- 000	d. STREET ADDRESS (If rural, give location) ----------

3. NAME OF DECEASED (Type or Print)	a. (First) Lloyd	b. (Middle) Cleveland	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 30, 1910	9. AGE (In years last birthday) 62 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer 7	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Jasper, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Donald William Ellis	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Lela May Turpin	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 493-16-0215	17. INFORMANT'S OWN SIGNATURE [signature]	ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Probable myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Coroner only--did not see alive *, 19 , to , 19 , and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] Paris	583 (Degree or title) 4 Coroner	23b. ADDRESS 3720 Meadow Dr., Boise, Ida.	23c. DATE SIGNED 12/18/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/1972	24c. NAME OF CEMETERY OR CREMATORY Star Cemetery	24d. LOCATION (City, town, or county) (State) Star, Idaho
DATE REC'D BY LOCAL REG. Dec. 20, 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER [signature]	LICENSE NO. M-422

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973
JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5591

State File No. 5591
Local Reg. No. 850
Reg. Dist. No. 370

BIRTH NO. RECEIVED JAN4 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4210 State St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL	D.	MARTIN	Dec. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 6, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Blackburn, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel D. Martin	Missouri	Hester Ann Hopkins	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	318-07-3793	[signature]	Personal Records Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C V A	? 24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)	Malnutrition	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Freezing of feet. Hyperglycemia	24 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 15, 1972 *to* Dec 16, 1972 *that I last saw the deceased alive on* 12-15, 1972 *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. B. Patterson	MD	Boise	12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 18, 1972	Syringa Gardens	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Myrtle Palmer	[signature]	M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 2 1973

MAR 2 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5592
Local Reg. No. 847
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 934 N. 6th St.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Allen c. (Last) SEABOLT

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 17, 1906

9. AGE (In years last birthday): 66
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft Maint.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bud Seabolt
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Molly Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 257-09-3404

17. INFORMANT'S OWN SIGNATURE: Crystal Drayer
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 624-1

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: Dec. 19, 1972

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Keith M. Jensen

LICENSE NO.: M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 1-8-73

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 5593
Local Reg. No. 822
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA — DEC 27 1972 — Bureau of Vit. Stat.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO — b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 6410 FAIRFIELD AVE.

3. NAME OF DECEASED (Type or Print): a. (First) LAURENCE — b. (Middle) FLORIAN — c. (Last) FLOREK

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 15, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 21, 1906

9. AGE (In years last birthday): 66 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PILOT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BELT, MONTANA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: FLORIAN S. FLOREK — BIRTHPLACE: GERMANY

14. MOTHER'S MAIDEN NAME: MARTHA MUSICK — BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 516-07-0995 A

17. INFORMANT'S OWN SIGNATURE X Tommye G. Florek — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinomatosis of Abdomen, Primary Unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 22, 1960, *to* Dec 15, 1972, *that I last saw the deceased alive on* Dec. 15, 1972, *and that death occurred at* 5PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: 848 La Cassia, Reno — **23c. DATE SIGNED**: 12/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: DEC. 20, 1972 — **24c. NAME OF CEMETERY OR CREMATORY**: MT. OLIVETT CEMETERY — **24d. LOCATION** (City, town, or county) (State): GREAT FALLS, MONTANA

DATE REC'D BY LOCAL REG.: Dec. 22 1972 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: H. Conway Grant — **LICENSE NO.**: M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service — FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 8 2 21 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Laurence Florian Florek (Name on Original Certificate) who died (Was Born or Died) on Dec. 15, 1972 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	July 21, 1921	July 21, 1906

Subscribed and sworn to before me this 8th day of January, 1973

Notary Public, residing at Boise

My commission expires 1-20-74

(Seal)

Signed H. Conway Lovell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

318 W. Latah, Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January, 1973

Notary Public, residing at Boise

My commission expires 1-20-74

(Seal)

Signed D. H. Caine
(Signature of Any Credible Person)

318 W. Latah, Boise
(Street Address, City, State)

FORM DH 60-155

JAN 8 1973

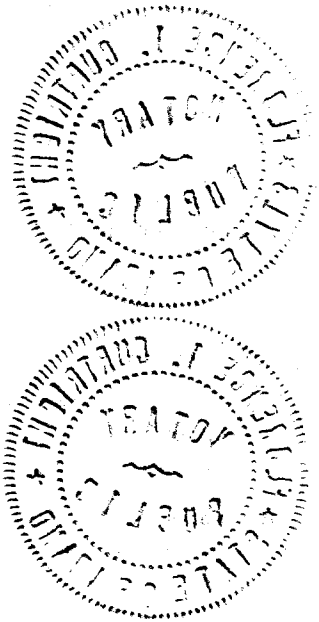

Certificate of Death

STATE OF IDAHO

State File No. 5594
Local Reg. No. 846
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 4 - 1973 011
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Birch Lane, Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) Douglas c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 14, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 1 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles R. Roberts BIRTHPLACE: Boise, Ida.

14. MOTHER'S MAIDEN NAME: Joanne Louise Brashears BIRTHPLACE: Boise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: c/o Charles Roberts ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7471 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pre-Dectal constriction of — 12hrs
DUE TO (c) the Aorta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14, 1972 *to* 12/15, 1972, *that I last saw the deceased alive on* 10:17 AM, 1972 *and that death occurred at* 10:17 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas F Comwall MD

23b. ADDRESS: 620 W. Hays St Boise

23c. DATE SIGNED: 12/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-19-1972

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Paul Waggoner

LICENSE NO.: M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5595
Local Reg. No. 201
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 53 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY
d. STREET ADDRESS (If rural, give location): BOX 123

3. NAME OF DECEASED (Type or Print): a. (First) EUGENE b. (Middle) W. c. (Last) FISCHER

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 16, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 24, 1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months: -- Days: --
IF UNDER 24 HRS. Hours: -- Min.: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): OREGON

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: CHRISTOPHER FISCHER
BIRTHPLACE: GERMANY

14. MOTHER'S MAIDEN NAME: FREDRICKA BOLLER
BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 712-05-3337

17. INFORMANT'S SIGNATURE: [signature]
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Atherosclerotic heart disease with congestive heart failure	several yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized atherosclerosis with AS brain syndrome	several yrs
DUE TO (c)	Acute pyelonephritis (recurrent)	2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic cholecystitis and cholelithiasis	unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY occur?

22. VA attended the deceased from OCTOBER 24, 1972, to DECEMBER 16, 1972 and that death occurred at 10:40a.m., from the causes and on the date stated above.

23a. SIGNATURE: O.G. RIML, M.D. (Degree or title)

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 12-16-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/20/72

24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: A. Verl Humphreys

LICENSE NO.: M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

State File No. 5596
Local Reg. No. 865
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. 2, Hiway 44

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	Edward	Martin	Dec. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Dec. 14, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired U. S. Air Force		Trent, Texas	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Enoch A. Martin	Texas	Bessie Patterson	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW 2	451-12-4444	* Dorothy C. Martin	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 985X Gunshot wound to the brain — INTERVAL BETWEEN ONSET AND DEATH: ~5 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
4 unknown	20	13-011

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
12 - 16 - 72 p.m.		Gunshot wound

22. *I hereby certify that I attended the deceased from* 12-16, 1972, to 12-16, 1972, *that I last saw the deceased alive on* 12-16, 1972 *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	1011 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M Haviland Jr	MD	Boise, Idaho	1/5/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-19-1972	Syringa Gardens Cem.	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8 1973	Myrtle Palmer	Howell Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 - 1973

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5597
Local Reg. No. 864
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 8 - 1973

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2725 N. Five Mile Road #64

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IRVIN	WILLIAM	KLUG	December 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 2, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steam Engineer	Garrett Corp.	Norfolk, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. Klug Sr.	Wisconsin	Olga Paul	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	707-07-7079	x Harold H Klug	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5320 Pneumonitis + Coronary Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Resection done due to — 7 days
DUE TO (c) Bleeding Duodenal ulcer — 30 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1972, *to* death, 1972, *that I last saw the deceased alive on* 12 Dec, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. R. Bladelburn MD	Boise Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-19-72	Terrace Lawn Memorial Gardens	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8, 1973	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 - 1973

FEB 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 4 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 30 1988

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5598
Local Reg. No. 825
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 29 1972 Bureau

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 16 Randall Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lola	Alice	Gardner	Dec. 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 1, 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Merrifield	Fort Collins, Colo.	Marjorie	Wapello, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	William D Johnston	Dallas, Tex.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 3032 Acute Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: presumed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 10:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise Idaho	12/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/20/72	Meridian Cemetery	Ada County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. EMBALMER	LICENSE NO.
Dec. 26, 1972	Myrtle Palmer	Richard W. Messbrink	A-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 6 1973
SEP 2 9 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 2 7 1979
MAR 2 3 2006
MAR 0 3 1999

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

State File No. 5599
Local Reg. No. 208
Reg. Dist. No. 37

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
LENGTH OF STAY (In this place): 114 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 249 BRAEMERE ROAD

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERIC	L.	SWANSON	DECEMBER 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	WIDOWED	MAY 6, 1899	73	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN	UNKNOWN	OHIO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN SWANSON	SWEDEN	OLGA (UNKNOWN)	SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	364-12-5027	Monica Barkley	VA HOSPITAL RECORDS, BOISE, IDAHO

485X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cachexia. — 1 Month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene left leg.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
December 15, 1972	Gangrene of left leg.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. [redacted] attended the deceased from AUGUST 25, 1972, to DECEMBER 17, 1972 [redacted], and that death occurred at 12:45 am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. BUNGARD, M.D.	VA HOSPITAL, BOISE, IDAHO	12-17-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-17-72		Saratoga, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 3 1973	Myrtle Palmer	Howard O. Murray	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5600
Local Reg. No. 867
Reg. Dist. No. 370

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS JAN 11 1973 16 AM 73 002

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Oregon 38 b. COUNTY: Malheur 55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): 3 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes	d. STREET ADDRESS (If rural, give location): 77 Judy Lane

3. NAME OF DECEASED (Type or Print)	a. (First): Blair	b. (Middle): W.	c. (Last): Barnes	4. DATE OF DEATH (Month) Dec. (Day) 17 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb 18, 1902	9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Springfield, S. Dak.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Ira E. Barnes	BIRTHPLACE: UNK.	14. MOTHER'S MAIDEN NAME: Ruth Patten	BIRTHPLACE: UNK.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 516-03-6194	17. INFORMANT'S OWN SIGNATURE: Helen C Barnes	ADDRESS: Ontario Oregon	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1972

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): metastatic left pleural adenocarcinoma primary unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
site undetermined

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Thoracentesis - metastatic adenocarcinoma

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14, 1972, *to* 12-17, 1972, *that I last saw the deceased alive on* 12-17, 1972, *and that death occurred at* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert F Holdren MD (Degree or title) 236	23b. ADDRESS: 201 W State St	23c. DATE SIGNED: 4 Jan 73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Valleyview	24d. LOCATION (City, town, or county): Vale (State): Oregon
DATE REC'D BY LOCAL REG.: Jan. 10 1973	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: John A. Lienkaemper	LICENSE NO.: Ore 91

FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. 5601
Local Reg. No. 831
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada DEC 29 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Route #2

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Alphonsus Hospital 0063

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER b. (Middle) c. (Last) SWEETMAN

4. DATE OF DEATH (Month) (Day) (Year) December 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 22, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher	Boise Valley Packing	San Francisco, Calif.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Sweetman	Ireland	Julia O'Brien	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-3482A	X Georgia L. Sweetman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) BASILAR ARTERY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 14, 1972, to Dec 17, 1972, that I last saw the deceased alive on Dec 16, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Johnson MD	Boise Ida	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-20-72	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29 1972	Myrtle Palmer	Clyde J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

APR 25 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JAN 5 - 1973
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5602
Local Reg. No. 855
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY ADA 01	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ALPHONSUS 003	d. STREET ADDRESS (If rural, give location) 305 S. 3rd W.

3. NAME OF DECEASED (Type or Print) a. (First) JUANITA	b. (Middle)	c. (Last) AGUIRRE	4. DATE OF DEATH (Month) (Day) (Year) DEC. 17, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 27, 1895	9. AGE (In years last birthday) 77 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Spain	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Manuel Urguedi	BIRTHPLACE Spain	14. MOTHER'S MAIDEN NAME Josepha Antonia Goitiandia	BIRTHPLACE Spain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-66-4927	17. INFORMANT'S OWN SIGNATURE Dominga M. Aguirre	ADDRESS Mtn. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Artery Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fractured left radial head	20. AUTOPSY? Yes ☒ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 12-12-72	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mt Home Elmore Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) unknown m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from* 12-13, 1972 *to* 12-17, 1972; *that I last saw the deceased alive on* 12-17, 1972; *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 875 (Degree or title)	23b. ADDRESS 999 N Curtis Rd Boise	23c. DATE SIGNED 12-30-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 20, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. Jan. 4, 1973	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Arthur Smith	LICENSE NO. M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 29 1972 Bureau of Vital Statistics

State File No. 5603
Local Reg. No. 826
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 6221 NORTHVIEW

3. NAME OF DECEASED (Type or Print): a. (First) ADMIRAL b. (Middle) DEWEY c. (Last) DINGER

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 18, 1972

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 15, 1898
9. AGE (In years last birthday): 74
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MT. LION, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DENNIS DINGER BIRTHPLACE: GERMANY
14. MOTHER'S MAIDEN NAME: MARY CATHERINE PASLEY BIRTHPLACE: MT. LION, ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-05-5676
17. INFORMANT'S OWN SIGNATURE: L C Grant - Family Records ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Possible Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-19-72 7ºº ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I attended the deceased from Did not see to Alive, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Deputy Coroner
23b. ADDRESS: 1219 Ada - Boise Idaho
23c. DATE SIGNED: 12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 23, 1972
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE CEMETERY
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Dec. 26, 1972
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: L. Conway Grant
LICENSE NO.: M478
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 1973

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 27 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5604
Local Reg. No. 860
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon b. COUNTY: Baker
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, New Bridge
d. STREET ADDRESS (If rural, give location): 2 miles north of New Bridge

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLYDE	OTHOLO	WILKINS	December 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	April 1, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman	Cattle	LaJunta, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Daniel Wilkins	Palmira, New York	Sarah Tobitha Sharp	Joplin, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	544-10-9277 A	Esra Nedrow	1575 Campbell Street Baker, Oregon 97814

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Probable Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Met. to Brain
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-4, 1972, to 12-18, 1972 that I last saw the deceased alive on 12-18, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	999 N Curtis	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1972	Eagle Valley Cemetery	Richland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 5 1973	Myrtle Palmer	Earl Wagoner	M-422

FIRM NAME: BEATTY CHAPEL, BAKER, OREGON

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 10 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 1 0 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5605

State File No.
Local Reg. No. 818
Reg. Dist. No. 370

BIRTH NO.

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home - 534 W. Carlton Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 534 W. Carlton Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maurice	E.	Adkins	Dec.	18,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 31, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
State Tax Department	State of Idaho	Paullina, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Adkins	New York	Margaret Durham	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-36-0153	Howard E Adkins MD	Boise, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Natural Causes		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 18, 1972, to same, 19____, that I last saw the deceased alive on Dec. 18, 1972, and that death occurred at 10 15 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard E Adkins	MD	999 N. Curtis Rd. Boise, Ida	12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 20, 1972	Myrtle Palmer	Harry C. Couger	M-526

FIRM NAME: Robison-Jerrell Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 29 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5606
Local Reg. No. 827
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): residence	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 235 So. 10th. St.	d. STREET ADDRESS (If rural, give location): 235 So. 10th. St.

3. NAME OF DECEASED (Type or Print) a. (First): MARJORIE	b. (Middle): L.	c. (Last): ASHLOCK	4. DATE OF DEATH (Month) (Day) (Year): December 19, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: June 20, 1914	9. AGE (In years last birthday): 58 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook	10b. KIND OF BUSINESS OR INDUSTRY: Restaurant	11. BIRTHPLACE (State or foreign country): Emmett, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Ross I. Groves	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Cora Keefer	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 518 32 1488	17. INFORMANT'S OWN SIGNATURE: X Darlene Simpson	ADDRESS: Boise, Idaho	

4100

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis, — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Physican treatments for chronic hypertension,& angina pectoris
DUE TO (c): with heart condition. — Mos;

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at* 1130A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): Coroner	23b. ADDRESS: 3720 Meadow Drive, Boise.	23c. DATE SIGNED: 12-23-72.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-23-1972	24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park	24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 27 1972	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: M-461

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 3 1973
NOV 1 8 1974
MAR 0 6 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this Item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5607
Local Reg. No. 841
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 3 - 1973 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2329 Ellis Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Victor	Raymond	Johnson	Dec. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 6, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Credit Mgr.,	Intermountain Paint & Glass	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Johnson	Sweden	Christine Olson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-07-1961	Vera J. Johnson	2329 Ellis Ave. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 185X Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-9-70	TURP - Ca of prostate	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 1, 1970, *to* death, 19____, *that I last saw the deceased alive on* Dec 17, 1972 *and that death occurred at* 6:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Jeppesen	MD	Boise Idaho	12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-72	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. EMBALMER	LICENSE NO.
Jan 3 1973	Myrtle Palmer	[signature]	M-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM UH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC22 1972

State File No. 5608
Local Reg. No. 823
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5114 Denton St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5114 Denton St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roy	Arthur	Bates	12-19-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	3-30-94	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Communication	Mt'n.Bell	Lucas Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kasooth S.Bates	unk.	Mary A. unk.	unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW # I	518-07-1912	Eva M. Bates	5114 Denton St. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Been attebded by Physican for Cardiac Condition for — Mos;
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not see Alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	3720 Meadow Drive, Boise.	12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	12/21-72	Mt'n.View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 22, 1972	Myrtle Palmer	[signature]	M-527

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Mt'n View Funeral Home
Box 7212-83707 375-4212

DEC 2 2 1972

JAN 2 1973

OCT 1 3 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 9 1973

JAN 1 0 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5609
Local Reg. No. 848
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN4 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give): Boise
c. LENGTH OF STAY (In this place): 4½ Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 515 E. 42nd. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALTA	W.	SHAFFER	Dec. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 16, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray V. Moyes	Wyoming	Nettie C. Walton	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-28-5926	Blanche E. Shaffer	515 E. 42nd Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4/09

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction — 4 hr
DUE TO (c) Coronary Vascular Disease — 2 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-27, 1972, *to* 12-20, 1972, *that I last saw the deceased alive on* 12-20, 1972, *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R. Palmer, MD	121 E. Idaho, Boise	12/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1972	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2 1973	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 4 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5610
Local Reg. No. 878
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 23 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalesant Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1718 N. 26th St.

3. NAME OF DECEASED (Type or Print): a. (First) ESSIE; b. (Middle) BELLE; c. (Last) DeMOTT

4. DATE OF DEATH: (Month) Dec. (Day) 21, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 25, 1882

9. AGE (In years last birthday): 90
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pollack, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Trantham
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Maheala Irelan
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-8049

17. INFORMANT'S OWN SIGNATURE: X Ruby D DeMott
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Congestive Vascular Accident — Interval between onset and death: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — 30 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema — 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/64, 19__, to 12/21/72, 19__, that I last saw the deceased alive on 12/21/72, 19__, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS 1703 Hill Road Boise

23c. DATE SIGNED 1/5/73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-27-72

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: C. J. Vassar

LICENSE NO.: M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5611
Local Reg. No. 838
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2½ wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3310 Wagon Wheel Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	E.	MC CUTCHEON	Dec. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 14, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glenn R. Sartor	Texas	Ellen Robinson	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	457-28-7932	Margaret E. McCutcheon	3310 Wagon Wheel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hepatic failure	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cirrhosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-3, 1972 to 12-21, 1972, that I last saw the deceased alive on 12-21, 1972 and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ward F. Dickey MD	100 Warm Springs, Boise	12-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 24, 1972	Mountain View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2 1973	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 - 1973

MAY 7 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 3 - 1973

State File No. 5612
Local Reg. No. 204
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: ADA			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE	c. LENGTH OF STAY (In this place): 4 DAYS		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO			d. STREET ADDRESS (If rural, give location): 502 AVENUE E

3. NAME OF DECEASED (Type or Print) a. (First): WILLIAM	b. (Middle): L.	c. (Last): CANTRELL	4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 21, 1972		
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: 5-26-11	9. AGE (In years last birthday): 61	IF UNDER 1 YR. Months: -- Days: -- IF UNDER 24 HRS. Hours: -- Min.: --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY: TRUCKING		11. BIRTHPLACE (State or foreign country): OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HUGH CANTRELL	BIRTHPLACE: TEXAS		14. MOTHER'S MAIDEN NAME: EMMA BLISS	BIRTHPLACE: UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII	16. SOCIAL SECURITY NO.: 442-18-7235		INFORMANT'S OWN SIGNATURE: Claudia Renee Hall	ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5710

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bleeding esophageal varices — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cirrhosis of the liver — unknown

DUE TO (c) Chronic alcoholism — Many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignant hepatoma — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?		

22. [redacted] I attended the deceased from DECEMBER 17, 1972, to DECEMBER 21, 1972 [redacted] and that death occurred at 8:30a m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Lewis, M.D. (Degree or title): ROBERT C. LEWIS, M.D.	23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO	23c. DATE SIGNED: 12-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 12-23-72	24c. NAME OF CEMETERY OR CREMATORY: Mtn View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Jan 3, 1973	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert H. Ross	LICENSE NO.: M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

JAN 5 1973

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 14 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. 5613
Local Reg. No. 824
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada DEC 27 1972
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home - 878 O'Farrell St.

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 878 O'Farrell Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Christina	C.	Jerome	Dec. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 18, 1919	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Jeffrey's New Foundland	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Chaffey	New Foundland	Helen Ferguson	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Meridian, Idaho (ADDRESS)
No		519-01-5415	Lester F. Jerome

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Has had continual treatment for Heart condition. — Mos;
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. L. Paris	Coroner	3720 Meadow Drive, Boise.	12-23-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1972	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 27 1972	Myrtle Palmer	Mary A. Conover	M-526

FIRM NAME: Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
SEP 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUN 2 8 1978
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5614
Local Reg. No. 839
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE Length of stay (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL	d. STREET ADDRESS (If rural, give location): 1107 GRANT

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	C.	FIGLEY	DEC. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	DEC. 22, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED SCHOOL TEACHER		CALDWELL, OHIO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WM. N. FIGLEY	PENNSYLVANIA	FRANCES VAUGHN	PENNSYLVANIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-01-9562-A	x Ruth Figley Bolt	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4310 C v A (Cerebral Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1964, *to* 12-22, 1972, *that I last saw the deceased alive on* 12-22, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. [illegible] MD	1203 Broadway Boise	12-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	DEC. 27, 1972	CLOVERDALE CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1973	Myrtle Palmer	H. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 14 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 5 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate; FEB 1 1984

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5615
Local Reg. No. 209
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: At his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4325 So. Maple Grove

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
OLIN	G.	SIMPSON	Dec. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 6, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marion B. Simpson	West Bend, Wis.	Martha Irene Highley	Troy, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.#2	556-28-3550	Mrs Helen L Simpson	R.#5, Boise, Idaho

1410

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sq Cell Carcinoma, Base of Tongue — INTERVAL BETWEEN ONSET AND DEATH: 14 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/22 9:20 1971, to 12/22, 1972, that I last saw the deceased alive on 12/22, 1972, and that death occurred at p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James K Luce, MD	151 E. Bannock St. Boise	1/3/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/26/72	Terrace Lawn	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 4 1973	Myrtle Palmer	Lowell Kemsley	E-509

FIRM NAME: Summers Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5616
Local Reg. No. 832
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1313 Longmont St.

3. NAME OF DECEASED (Type or Print): a. (First) Clyde b. (Middle) Fuller c. (Last) Dunn
4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7, 1904
9. AGE (In years last birthday): 68 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jess Dunn BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Lillian Fuller BIRTHPLACE: Emmett, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-3116
17. INFORMANT'S OWN SIGNATURE: Stanley M. Dunn ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 2507 Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 15 Yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia h/k

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/72, 19__, to 12/22/72, 19__, that I last saw the deceased alive on 12/22/72, 19__, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor): [signature]
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/27/72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1973
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: M422
FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5617
Local Reg. No. 829
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (If outside this place): Boise	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1201 W. Hays St.	d. STREET ADDRESS (If rural, give location): 1201 W. Hays St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Stanley	Joseph	Wedrosky	Dec. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 2, 1943	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Mobile Homes	Glen Carbon, Ill.	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Joseph Wedrosky	Ill.	Margaret Barr	Dorchester, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
No	545-58-1241	Regina Jean Wedrosky

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Shock, trauma, exsanguination	brief
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gunshot wound in head	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Not Determined	1201 W. Hays St.	Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 22, 1972 2:20AM		Not Determined

22. I hereby certify that I AS CORONER ONLY, 19 DID NOT SEE ALIVE, 19_____, that I last saw the deceased alive on _____, 19____ and that death occurred at 2:20 PM, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. D. Parris	Coroner	3720 Meadow Dr., Boise, Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 26, 1972	Syringa Gardens	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Myrtle Palmer	Earl Waggoner	M- 422

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5618
Local Reg. No. 852
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 112 N. 17th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	E.	EGBERT	Dec. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 11, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equip. Operator	Paving	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lee Egbert	Unknown	Nina Madden	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-22-4355	Dorothea E. Egbert	112 N. 17th.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarction — minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 11 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 14, 19 72 *to* Nov. 29, 19 72, *that I last saw the deceased alive on* Nov. 29, 1972, *and that death occurred at* 8:12 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John C. Hyde	220 N. 1st, Boise, Idaho	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 26, 1972	Mountain View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 4, 1973	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

OCT 1 9 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5619
Local Reg. No. 828
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1914 Canal Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joanna	Gay	Taylor	December 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	never married	Nov. 23, 1961	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student		Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe V. Taylor	Jackson, Wyoming	Shirley Jean Thomassen	Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. N. V. Taylor	Kelly Wyo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Shock, trauma, exsanguination — INTERVAL BETWEEN ONSET AND DEATH: brief

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple head wounds
DUE TO (c): Auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Capital Blvd.	Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 22, 1972 m.		two car collision

22. I hereby certify that I attended the deceased from ~~XXXXXXXXXXXXXXX~~ As CORONER ONLY, DID NOT SEE ALIVE, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. O. Harris	Coroner	3720 Meadow Dr., Boise, Ida.	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Dec. 28, 1972	Dry Creek Cemetery	Boise, Idaho	12-26-72

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Myrtle Palmer	Earl Waggoner	M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. FEB 12 1973
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

State File No. 5620
Local Reg. No. 206
Reg. Dist. No. 371
BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: ADA	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): 24 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO	d. STREET ADDRESS (If rural, give location): 712½ BOISE STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	(NONE)	YANEK	DECEMBER 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	WIDOWED	SEPT. 15, 1893	79	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MILLWRIGHT	SAME	CZECHOSLOVAKIA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ANDREW YANEK	CZECHOSLOVAKIA	KATHERINE KRIZO	CZECHOSLOVAKIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	322-22-4765A	[signature]	VA HOSPITAL RECORDS, BOISE, IDAHO

185X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH: one year

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. VA attended the deceased from NOVEMBER 29, 19 72 to DECEMBER 23, 19 72 [illegible], and that death occurred at 9:30a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. H. TAMINSKI, MD.	VA HOSPITAL, BOISE, IDAHO	12-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	12-18-72	Morris Hill Cemetery	Boise	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1973	Myrtle Palmer	[signature]	M-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DR-63021

JAN 4 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5621
Local Reg. No. 833
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Illinois b. COUNTY: Cook
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (in this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location): 1211 Jarvis Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	Richard	Heltsley	Dec. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 26, 1906	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Prosthesis	Kansas, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Heltsley	Arthur, Illinois	Bessie Nay	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		339-07-6957	Mrs. Irene J. Heltsley	by Ewell Waggoner

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Probable myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

AS CORONER ONLY--DID NOT SEE ALIVE

22. *I hereby certify that I attended the deceased* [redacted] *on* _____, 19__, *and that death occurred at* 11:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Paris	Coroner	3720 Meadow Dr., Boise, Ida.	12/31/1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Cremation	12/26/72	Lain & Sons	Chicago, Cook Co., Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1973	Myrtle Palmer	Ewell Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 2 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JAN 2 - 1973
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5622
Local Reg. No. 830
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1223 Manitou St.	d. STREET ADDRESS (If rural, give location) 1223 Manitou St.

3. NAME OF DECEASED (Type or Print)	a. (First) Steve	b. (Middle) Allen	c. (Last) Brown	4. DATE OF DEATH (Month) Dec. (Day) 23, (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 15, 1955	9. AGE (In years last birthday) 17	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welding	10b. KIND OF BUSINESS OR INDUSTRY Radiator Shop	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Elmer A. Brown	BIRTHPLACE Eagle, Idaho	14. MOTHER'S MAIDEN NAME Evelyn Marie Tarter	BIRTHPLACE Boise, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-74-3346	17. INFORMANT'S OWN SIGNATURE x Elmer A Brown	ADDRESS		

955X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Shock, trauma, exsanguination	INTERVAL BETWEEN ONSET AND DEATH brief
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound in head	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 1223 Manitou St.	21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) Ada (STATE) Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23, 1972 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound	

22. *I hereby certify that I attended the deceased* ~~xxx~~ AS CORONER ONLY, DID NOT SEE ALIVE *19____, that I last saw the deceased alive on ____ 19____, and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. D. Paris	(Degree or title) Coroner	23b. ADDRESS 3720 Meadow Dr., Boise, Idaho	23c. DATE SIGNED 12-26-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-1972	24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery	24d. LOCATION (City, town, or county) (State) Meridian, Idaho
DATE REC'D BY LOCAL REG. Dec. 29 1972	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Paul Waggoner	LICENSE NO. M-422

FIRM NAME: ALDEN WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5623
Local Reg. No. 203
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1720 N 19TH STREET

3. NAME OF DECEASED (Type or Print): a. (First) LEE; b. (Middle) T.; c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 24, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JULY 26, 1909

9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months: -- Days: --
IF UNDER 24 HRS. Hours: -- Min: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOP FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: GARAGE

11. BIRTHPLACE (State or foreign country): IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: THOMAS JOHNSON
BIRTHPLACE: PENNSYLVANIA

14. MOTHER'S MAIDEN NAME: DAISY (UNKNOWN)
BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 518-09-4209

17. INFORMANT'S SIGNATURE: Kathleen Bentley
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5310

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Hemorrhage peritoneal — INTERVAL BETWEEN ONSET AND DEATH: 12-22-72

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastric ulcer and post surgical bleeding. — 12-24-72
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-24-72

19b. MAJOR FINDINGS OF OPERATION: Large gastric ulcer

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. VA attended the deceased from DECEMBER 23, 1972, to DECEMBER 24, 1972, and that death occurred at 10:51PM from the causes and on the date stated above.

23a. SIGNATURE: H. H. TYMINSKI, M.D. (Degree or title)

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 12-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE: 12-28-72

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county): Boise

(State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 2 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: L. Conway Grant

LICENSE NO.: M478

FIRM NAME: Kelly's Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 - 1973

FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 13 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5624
Local Reg. No. 862
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Albert; b. (Middle); c. (Last) Savola

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 13, 1923

9. AGE (In years last birthday): 49
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber faller

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Phelps, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron Savola
BIRTHPLACE: Finland

14. MOTHER'S MAIDEN NAME: Annie A. Niemi
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WWII
(If yes, give war or dates of service): Army

16. SOCIAL SECURITY NO.: 519 12 0887

17. INFORMANT'S OWN SIGNATURE: X Donnella Savola
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1020A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Davis (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 1-4-73

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 27, 1972
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Horseshoe Bend, Idaho

DATE REC'D BY LOCAL REG.: Jan. 8, 1973
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
FEB 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5625
Local Reg. No. 851
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): Box 567

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	LORENZO	WILSON	December 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 28, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assessor, retired	Valley County	Yacolt, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Wilson	Washington	Mary Thom	Yreka, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
no	518-82-6359	Ellen Wilson by Bette Walker, McCall, Cascade, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemorrhage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma Prostate c metastases	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/15, 1972, to 12/25, 1972, that I last saw the deceased alive on 12/24, 1972, and that death occurred at 1:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	808 La Cenia Dr Boise	1/2/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/28/72	Margaret Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Myrtle Palmer	Earl Wagoner	M-422

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5626
Local Reg. No. 834
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 011
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Route #4

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Rebecca c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) December 25, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH March 28, 1907
9. AGE (In years last birthday) 65 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - teacher
10b. KIND OF BUSINESS OR INDUSTRY teaching
11. BIRTHPLACE (State or foreign country) Mason City, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert D. Williams BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Bess Haworth BIRTHPLACE Iowa Falls, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-24-6541A
17. INFORMANT'S OWN SIGNATURE Mrs Priscilla R. Carr ADDRESS 5895 Target Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8199

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: momentary

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple recent trauma — 36 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Locust Grove & Ustick
21c. (CITY, TOWN, OR TOWNSHIP) Rds. Boise 13-011 (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) 12 (Day) 23 (Year) 72 (Hour) 9:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* 12/23, 1972, *to* 12/25, 1972, *that I last saw the deceased alive on* 12/24, 1972, *and that death occurred at* 5:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] Sawyer (Degree or title) MD
23b. ADDRESS 999 No Curtis Boise
23c. DATE SIGNED 12/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-28-1972
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. Jan. 2, 1973
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature] Paul Waggoner
LICENSE NO. M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973
FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

State File No. 5627
Local Reg. No. 205
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: ADA		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO	b. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE	c. LENGTH OF STAY (In this place): 47 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO		d. STREET ADDRESS (If rural, give location): ROUTE 1	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PETE	L.	INCHAUSTI	DECEMBER 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JUNE 22, 1925	47	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKNOWN	IOWA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PEDRO INCHAUSTI	SPAIN	TERESA LANDATA	SPAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES / WWII	518-36-2698	Thomas Smithey	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinomatosis Abdomini	2+ years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of stomach	+ 5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 16,1971	Carcinomatosis of abdomen.	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. VA I attended the deceased from NOVEMBER 7, 1972, to DECEMBER 25, 1972, [redacted], and that death occurred at 3:50 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
WAYNE G. CROOKSTON, M.D.	VA HOSPITAL, BOISE, IDAHO	12-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal	12-25-1972	Buhl Cemetery	Buhl	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29 1972	Myrtle Palmer	Gibson	400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

JAN 4 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5628
Local Reg. No. 869
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 12 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1620 Broadway

3. NAME OF DECEASED (Type or Print): a. (First) ORVA b. (Middle) LEITH c. (Last) CUTRIGHT

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-4-1895
9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sago, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin L. Cutright BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Roxsana Cutright BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-8627A
17. INFORMANT'S OWN SIGNATURE: x Glenda C. Newman ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

370

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Degeneration — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic stenosis - Essential Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1972, to 12-26, 1972, that I last saw the deceased alive on 12-26, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: C. C. Newman (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-72
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 11, 1973
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Conway Grant
LICENSE NO.: M476
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5629
Local Reg. No. 868
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ALPHONSUS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 914 No. 8th

3. NAME OF DECEASED (Type or Print): a. (First) KATHARINE b. (Middle) GILE c. (Last) BOOTH

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	2-4-1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk and Cashier	Boise Water Corp	Eau Claire, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WALTER LUCIUS GILE	Charleston, Penn	Emma Lucinda Richardson	Fall Creek, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 01 2132	LeGrant-Mortuary Records-	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Acute myocardial infarction	30 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary artery disease	several yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Aortic stenosis	several yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 8, 1958 *to* Dec 26, 1972, *that I last saw the deceased alive on* Dec. 26, 1972, *and that death occurred at* 9:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner MD.	1333 W. Jefferson St Boise, Idaho 83702	1/8/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-29-72	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-11-73	Myrtle Palmer /jld	L. Conway Grant	M78

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5630
Local Reg. No. 858
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 5 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1007 North 18th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	W.	HEWITT	Dec. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 15, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
President-Provident	Federal Savings & Loan	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Russell Floyd Hewitt	Missouri	Lillian West	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-03-6390	Ardis M. Hewitt	1007 N. 18th St. Boise, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: -Hours-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1964, to 12-26, 1972, that I last saw the deceased alive on 12-26, 1972, and that death occurred at 6:08 AM, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Forney	M.D.	425 Bannock, Boise	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-29-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 5, 1973	Myrtle Palmer	Robert G. Rose	M-497

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 - 1973

JUN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 21 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 4 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

JUN 19 1978

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5631
Local Reg. No. 866
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 8 - 1973 011

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4306 Franklin Road	d. STREET ADDRESS (If rural, give location) 4306 Franklin Road

3. NAME OF DECEASED (Type or Print)	a. (First) Olin	b. (Middle) Newton	c. (Last) Woodmore	4. DATE OF DEATH (Month) (Day) (Year) December 26, 1972
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 13, 1902	9. AGE (In years last birthday) 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic	10b. KIND OF BUSINESS OR INDUSTRY VA Hospital	11. BIRTHPLACE (State or foreign country) Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Spencer Woodmore	BIRTHPLACE Tenn.	14. MOTHER'S MAIDEN NAME Ella May Terrell	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-26-8311	17. INFORMANT'S OWN SIGNATURE Anna C. Woodmore	ADDRESS 4306 Franklin Rd.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASHD + generalized As Chronic obstructive pulm. disease — INTERVAL BETWEEN ONSET AND DEATH many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Feb, 1962, *to* 22 March, 1972, *that I last saw the deceased alive on* 22 March, 1972, *and that death occurred at* 2:33 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold N. Hatten Jr. MD (Degree or title)	23b. ADDRESS 6003 Overland Boise Ida	23c. DATE SIGNED 8 Jan 73	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 29, 1972	24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Jan. 8, 1973	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Paul Waggoner	LICENSE NO. M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 - 1973

AUG 2 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar..

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

State File No. 5632
Local Reg. No. 835
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (If in this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital	d. STREET ADDRESS (If rural, give location) 1315 Shoshone Street

3. NAME OF DECEASED (Type or Print) a. (First) Nellie	b. (Middle)	c. (Last) Sawaya	4. DATE OF DEATH (Month) (Day) (Year) December 26, 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1893	9. AGE (In years last birthday) 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greene, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Trent	BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Elizabeth Wygle	BIRTHPLACE Clarksville, Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-22-7127	17. INFORMANT'S OWN SIGNATURE Emil Waggoner	ADDRESS Boise	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Thrombosis	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	5 yrs. ±
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1966, *to* Dec. 26, 1972, *that I last saw the deceased alive on* Dec. 25, 1972, *and that death occurred at* 7 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE M. M. Bumbholder, M.D. (Degree or title)	23b. ADDRESS 848 La Cassia, Boise	23c. DATE SIGNED 12/28/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/29/1972	24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Jan. 2, 1973	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER Emil Waggoner	LICENSE NO. M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 - 1973

MAY 4 1973

OCT 2 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5633
Local Reg. No. 842
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Rt# 1

3. NAME OF DECEASED (Type or Print): a. (First) Norman b. (Middle) G. c. (Last) McIntosh

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1912
9. AGE (In years last birthday): 60
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Quality Controller-Chemical Engineering
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Californria
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William McIntosh
BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth Henderson
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 561-14-0980
17. INFORMANT'S OWN SIGNATURE: Frances E. McIntosh
ADDRESS: Wilder, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Carinoma, bronchogenic, metastic — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1972 *to* Dec 27, 1972 *that I last saw the deceased alive on* Dec 27, 1972 *and that death occurred at* 11:25 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald Koons M.D.
23b. ADDRESS: Mtn States Tumor Inst Boise
23c. DATE SIGNED: 12/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12-27-72
24c. NAME OF CEMETERY OR CREMATORY: Mtn View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3, 1973
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell Summers
LICENSE NO.: M-509
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 1 1984
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5634

Certificate of Death

STATE OF IDAHO

State File No. 5634
Local Reg. No. 211
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): V. A. HOSPITAL, BOISE
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: V. A. HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STAR
d. STREET ADDRESS (If rural, give location): BOX 214

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EARL	L.	BROWN	DEC. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	MAY 18, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER RETIRED	FARMING	IDA GROVE, IOWA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ELIAS BROWN	IOWA	ANNA SMITH	VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	518-62-8875	Mildred Brown Hill	V. A. HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pneumonia
Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. VA attended the deceased from 12-16-72 to 12-27, 19 72, and that death occurred at 6:45p. m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D. Fred B. Hine M.D.		VAC, BOISE, IDAHO	12-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1972	Joplin Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 8, 1973	Myrtle Palmer	Gary A. Cowger	M-526

FIRM NAME: Robison-Jerread Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5635
Local Reg. No. 202
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 209 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2116 MADISON STREET

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) A.; c. (Last) LEAHY

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 27, 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 12-10-91

9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months: -- Days: --
IF UNDER 24 HRS. Hours: -- Min.: --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MINER

10b. KIND OF BUSINESS OR INDUSTRY: MINING

11. BIRTHPLACE (State or foreign country): COLORADO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JAMES LEAHY
BIRTHPLACE: PENN.

14. MOTHER'S MAIDEN NAME: CARY GLEASON
BIRTHPLACE: MASS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 518-09-8487A

17. INFORMANT'S OWN SIGNATURE: Claudia Reese Hall
ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Cancer of lung — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. XXXXXXXXX I attended the deceased from JUNE 1, 19 72, to DECEMBER 27, 19 72 XXXXXXXX

JAN 2 - 1973
FEB 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 16 1973 Bureau of Vital Statistics

State File No. 5636
Local Reg. No. 871
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SUNSET NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO b. COUNTY ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 2305 Ona

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILHELMINA	HUBBARD		12-28-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	4-7-1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Anawan, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Van Auken	Illinois	Grace Ryan	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		x Carl W. Johnstrom	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral & Cardiac	Several
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Vascular disease	Years
DUE TO (c)	Diabetes M.	Years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	Years.

2509

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/1 , 1968, *to* 12/15 , 1972, *that I last saw the deceased alive on* , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
	MD	Boise Idaho	1/9/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-30 1972	Syringa	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 15, 1973	Myrtle Palmer	H. Conway Grant	M478

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 18 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5637
Local Reg. No. 849
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence
d. STREET ADDRESS (If rural, give location): Box 32

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carl	Noah	Williams	Dec. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last Birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 24, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
mechanic	auto repair	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Saul G. Williams	Missouri	Cora A. Troxel	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	557-07-9750	Earl Waggoner	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Probable coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: brief

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* XXX AS CORONER ONLY, DID NOT SEE ALIVE, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. H. Paris, Coroner	3720 Meadow Drive, Boise	1-2-1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-2-1973	Lakewood Memorial Park	Modesto, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2 1973	Myrtle Palmer	Earl Waggoner	M- 422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5638
Local Reg. No. 876
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 22 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): years 34
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGIA	L.	SWEETMAN	Dec. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 9, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Eagle, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William M. Huckba	Missouri	Harriet E. VanOmer	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-20-8035A	x William F. Huckba	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/25/66, 19__, to 12/28/72, 19__, that I last saw the deceased alive on 12/28/72, 19__, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	1703 Hell Road, Boise	1/5/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	12-30-72	Cloverdale Park Inc.	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 22, 1973	Myrtle Palmer	C. J. Vassar	M-535

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 22 1973

APR 25 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

FEB 20 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5639
Local Reg. No. 856
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 108 W. Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) B.; c. (Last) PIGG

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 30, 1902

9. AGE (In years last birthday): 70
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Heavy Equipment

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James L. Pigg
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Ella J. Morley
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-01-9292

17. INFORMANT'S OWN SIGNATURE: Mrs John Pigg
ADDRESS: 108 W. Jefferson Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 19 72 *to* 12-28, 19 72, *that I last saw the deceased alive on* 12-28, 19 72 *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph J. Allen (Degree or title) M.D.
23b. ADDRESS: 100 Main Emmp
23c. DATE SIGNED: 1-3-73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1973
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 4 1973
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Howell McMurray
FIRM NAME: Summers Funeral Home
LICENSE NO.: M-509

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 3 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5640
Local Reg. No. 857
Reg. Dist. No. 370

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (In this place): 4 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center	d. STREET ADDRESS (If rural, give location): 808 N. Curtis Road

3. NAME OF DECEASED (Type or Print)	a. (First): JOSEPHINE	b. (Middle): MARGERY	c. (Last): DODGE	4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 6, 1872	9. AGE (In years last birthday): 100 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Waterville, Maine	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Levi A. Dow	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Josephine Richardson	BIRTHPLACE: Maine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 519-60-8931	17. INFORMANT'S OWN SIGNATURE: Helen M. Horn	ADDRESS: Boise, Idaho 2115 Madison	

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Cerebrovascular Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1972, *to* 12-29, 1972, *that I last saw the deceased alive on* 12-28, 1972, *and that death occurred at* 4:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: 808 Kalessie Dr. Boise	23c. DATE SIGNED: 1-2-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jan. 3, 1973	24c. NAME OF CEMETERY OR CREMATORY: Pioneer	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Jan. 4, 1973	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Robert G. Ross	LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 26 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5641
Local Reg. No. 212
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 8 - 1973

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 2711 WOODLAWN

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) EDMOND; c. (Last) COOPER

4. DATE OF DEATH: (Month) DECEMBER (Day) 29, (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	10-28-93	79	-- / --	-- / --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED JANITOR	MAINTENANCE	IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
TOM COOPER	IOWA	ROSE RATHBONE	KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI	519-01-9013	Claudia Renee Hall	VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atherosclerotic and old rheumatic heart disease with CHF — Interval between onset and death: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal bronchopneumonia — 1-2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from DECEMBER 26, 1972, to DECEMBER 29, 1972, and last saw the deceased on [illegible], and that death occurred at 4:12p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O. G. RIML, M.D. (Degree or title) 597-1	VA HOSPITAL, BOISE, IDAHO	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	1-3-73	CLOVERDALE MEMORIAL PARK	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8, 1973	Myrtle Palmer	CLYDE J. VASSAR	M-535

FIRM NAME: CLOVERDALE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM OH-63021

JAN 8 - 1973

DUTIES: JAN 20 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5642
Local Reg. No. 844
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2310 W. Bannock St.

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) James; c. (Last) Hart

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2, 1916

9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Capitol Title Co.

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marvin L. Hart
BIRTHPLACE: Pagetown, Ohio

14. MOTHER'S MAIDEN NAME: Ida T. Thomas
BIRTHPLACE: Seward, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 518-16-0766

17. INFORMANT'S OWN SIGNATURE: Joan M. Hart
ADDRESS: 2310 W. Bannock

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 492X Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Emphysema — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: St Lukes Autopsy

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 25-72 *to* Friday Dec 29, 19 72, *that I last saw the deceased alive on* Monday, *and that death occurred at* [illegible] *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M D

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: Jan 2 73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/2/1973

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 2 9 1980
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5643
Local Reg. No. 853
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 916 N. Cole Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	E.	WELSH	Dec. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 16, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watermaster	Bureau of Reclamation	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Welsh	Scotland	Anna McKellips	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-28-8648	Georgia F. Welsh	916 N. Cole Boise, Idaho

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Atrophy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1972, to Dec 29, 1972, that I last saw the deceased alive on Dec 29, 1972, and that death occurred at 10:55 PM from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. C. Johnson	MD	Boise Ida	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 2, 1973	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 4 1973	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5644
Local Reg. No. 859
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 5 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give): Boise
c. LENGTH OF STAY (In this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1812 N. Curtis Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMIL	RICHARD	GUDERJOHN	Dec. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 5, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Farming	Rolla, North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emil R. Guderjohn	Germany	Wilhemina Grabow	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-07-3816	Amelia Guderjohn	1812 N. Curtis Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure and pulmonary edema.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable arteriosclerotic heart disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable pneumonia.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/30, 1972, to 12/30, 1972, that I last saw the deceased alive on 12/30, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Boise, Idaho	1/3/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1973	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 5 1973	Myrtle Palmer	Robert H. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5645
Local Reg. No. 210
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
LENGTH OF STAY (In this place): 23 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): ROUTE #1

3. NAME OF DECEASED (Type or Print): a. (First) WILLARD; b. (Middle) U.; c. (Last) WERT

4. DATE OF DEATH: (Month) DECEMBER (Day) 30, (Year) 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 4, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months -- Days --
IF UNDER 24 HRS. Hours -- Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: SAME

11. BIRTHPLACE (State or foreign country): NEBRASKA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MICHAEL WERT
BIRTHPLACE: OHIO

14. MOTHER'S MAIDEN NAME: ANN DOBSON
BIRTHPLACE: NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 528-28-2219

17. INFORMANT'S SIGNATURE AND ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

403X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atherosclerotic contracted kidney with severe azotemia — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recurrent uremic GI-bleeding — Several yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe anemia due to (a) and (b)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. VA attended the deceased from DECEMBER 7, 19 72, to DECEMBER 30, 19 72, and that death occurred at 11:00P m., from the causes and on the date stated above.

23a. SIGNATURE: O. G. RIML, M.D. (Degree or title)

23b. ADDRESS: VA HOSPITAL, BOISE, IDAHO

23c. DATE SIGNED: 12-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 4, 1973

24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery

24d. LOCATION (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: Jan. 5 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Geo. Conrad

LICENSE NO.: M-366

FIRM NAME: Leeper Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

SEP - 1 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5646
Local Reg. No. 872
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 16 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital
d. STREET ADDRESS (If rural, give location): P. O. Box 682

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Madge	Geraldine	Ploeger	Dec. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	June 4, 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank S. Corn	Georgia	Madge Maxfield	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-26-1126	X John B. Ploeger	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4210

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subacute Bacterial Endocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Bicuspid Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Junior Pneumothorax Acute

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-19, 1973, *to* 12-30, 1973, *that I last saw the deceased alive on* 12-30, 1973, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. G. Munson MD	Boise Ida	1-11-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 2, 1973	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 15, 1973	Myrtle Palmer	Glenn W Beatty	M-392

FIRM NAME THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 16 1973

SEP 07 2006

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5647
Local Reg. No. 877
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 22 1973 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1922 N. Curtis Road

3. NAME OF DECEASED (Type or Print): a. (First) ROY; b. (Middle) S.; c. (Last) HOLDERBY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1908

9. AGE (In years last birthday): 64

IF UNDER 1 YR. Months / Days:

IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James J. Holderby
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Nancy J. Hart
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 559-10-2417

17. INFORMANT'S OWN SIGNATURE: Madelene Holderby
ADDRESS: 1922 N. Curtis Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1729

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Metastatic malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 11, 1972, *to* Dec 30, 1972, *that I last saw the deceased alive on* Dec 30, 1972, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas E. Hansen, MD

23b. ADDRESS: 999 No Curtis Road

23c. DATE SIGNED: Jan. 16, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3, 1973

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1973

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Robert G. Ross

LICENSE NO.: M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 9 1975
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5648
Local Reg. No. 870
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 15 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at 1925 N. 24th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1925 N. 24th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESS	E.	SMITH	Dec. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 29, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Ranching	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W.C. Smith	Idaho	Molly Yearian	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-01-7743	Clarice B. Smith	1925 N. 24th. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Few Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Dis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 10, 1964 19__ to Dec 30, 1972 19__, that I last saw the deceased alive on Dec 30, 1972 19__, and that death occurred at 6 15/A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	1703 Hill Road, Boise	1/5/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 2, 1973	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 12, 1973	Myrtle Palmer	Robert G. Ross	M-497

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 8 1973
MAY 2 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5649
Local Reg. No. 861
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise; c. LENGTH OF STAY (In this place): 6 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset N. H.	d. STREET ADDRESS (If rural, give location): 3115 Sycamore Drive

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) ***	c. (Last) McCARTHY	4. DATE OF DEATH (Month) (Day) (Year) December 30, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: March 12, 1896	9. AGE (In years last birthday): 76; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James J. McCarthy	BIRTHPLACE: Ireland	14. MOTHER'S MAIDEN NAME: Margaret Barker	BIRTHPLACE: Ireland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): WW 1	16. SOCIAL SECURITY NO.: 519 01 5393 A	17. INFORMANT'S OWN SIGNATURE: [signature] (Hosp. Records)	ADDRESS: Boise

18. CAUSE OF DEATH — 4339

Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Thrombosis

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pulmonary Obstructive Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10, 1968, *to* 12-30, 1972, *that I last saw the deceased alive on* 10-28, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)	23b. ADDRESS: 808 La Cassia Dr Boise	23c. DATE SIGNED: 1-4-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 1-3-1973	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery	24d. LOCATION (City, town, or county): Boise (State): Idaho
DATE REC'D BY LOCAL REG.: Jan. 8, 1973	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: 400

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: GIBSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 - 1973
MAR 1 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

State File No. 5650
Local Reg. No. 843
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4310 Clark St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAYDEN	J.	CLAXTON	Dec. 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 13, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Wheel & Auto Supply	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Claxton	Missouri	Mary Cline	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	519-18-0818	Mrs Hayden J Claxton	4310 Clark Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Thrombosed Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Natural Causes		Boise	Ada	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
12-31-72 11:25AM		Natural Causes

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.
Did not see alive

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven Jablonski	Deputy Coroner	1214 Ada, Boise, Idaho	12-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 5, 1973	Wasatch Lawn	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3 1973	Myrtle Palmer	Robert H. Ross	M-497

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5651
Local Reg. No. 863
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. LENGTH OF STAY (In this place): Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital	d. STREET ADDRESS (If rural, give location): Route #1 SE of City

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Theodore	Wendell	JENSEN	December 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 25, 1909	63	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Hyrum, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hiram C. Jensen	Hyrum, Utah	Maude Anderson	Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	519-10-9799	Alene Jensen	New Plymouth, Idaho

5193

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstructive Pulmonary Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary Artery Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-22- , 1972, *to* 12-31 , 1972, *that I last saw the deceased alive on* 12-30 , 1972, *and that death occurred at* 12:45PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald L. Stott MD	220 N. 1st	1/5/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1973	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8 1973	Myrtle Palmer	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5652
Local Reg. No. 388
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
DEC 27 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA March Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): 700 west 425 south

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Andre	Louis	St. Amour	Nov. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married	Feb. 23, 1928	44	9	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Body Shop		Rockford, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andre Louis St. Amour	Minnesota	Hazel V. Erickson	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World II	473-22-5273	Shirley W St. Amour	Box 126 Heyburn Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from — 19__, to — 19__, that I saw the deceased dead on 11-24-72 19__, and that death occurred at 1 P.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton Hohn	Coroner	Bannock County Id	12-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 24, 1972	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 28 1972	Gloria Dosita	John P. Hohn	M-292

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
JAN 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5653
Local Reg. No. 385
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock (03)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital (01)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock (03)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 477 Warren Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HENRY	BOLLINGER	November 29 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	December 4, 1910	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintainance Operator	Food Machinery Corp.	Bronze, Wyoming	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Bollinger		Minnie A. Knox	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	503-07-2095	Mrs Wm Bollinger	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: sev. mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 10, 1972, to Nov. 29, 1972, that I last saw the deceased alive on Nov. 29, 1972, and that death occurred at 9:40p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L.S. Call, M.D.	Pocatello, Idaho	12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1972	Mountainview Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 23 1972	L.S. Call M.D.	Jan Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-53022

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1977
APR 20 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 18 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5654
Local Reg. No. 374
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 030	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Pocatello (South) c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3	d. STREET ADDRESS (If rural, give location): Route #3, Box 239

3. NAME OF DECEASED (Type or Print)	a. (First): JIMMIE	b. (Middle): DON	c. (Last): GUDGER	4. DATE OF DEATH (Month) (Day) (Year): December 2, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: Nov. 27, 1967	9. AGE (In years last birthday): 5 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child	10b. KIND OF BUSINESS OR INDUSTRY: xxx	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Donald Gudger	BIRTHPLACE: California	14. MOTHER'S MAIDEN NAME: Janet Mathews	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xxx	16. SOCIAL SECURITY NO.: xxx	17. INFORMANT'S OWN SIGNATURE	ADDRESS	

8147

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Fract. Skull. Basal — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fract. Disloc. Cerv. Vert.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bannock. Ida.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-2-72 10:50 A.m.	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? Struck by car.	

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I ~~last~~ saw the deceased ~~alive~~ dead on* 12-2-72 *, 19____, and that death occurred at* 10:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H John (Degree or title): Coroner	23b. ADDRESS: Bannock Co. Ida.	23c. DATE SIGNED: 12-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Leon L Manning	LICENSE NO.: M-537

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5655
Local Reg. No. 367
Reg. Dist. No. 510

RECEIVED DEC 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence	d. STREET ADDRESS (If rural, give location): 1121 East Bridger

3. NAME OF DECEASED (Type or Print)	a. (First): GEORGE	b. (Middle): P.	c. (Last): WARNER	4. DATE OF DEATH (Month) (Day) (Year): December 6, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: Sept. 22, 1897	9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bethlehem Steel	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Providence, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George Warner	BIRTHPLACE:	14. MOTHER'S MAIDEN NAME: Eliza Stirland	BIRTHPLACE:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xxxx	16. SOCIAL SECURITY NO.:	17. INFORMANT'S OWN SIGNATURE: Mrs Dorothy Erickson	ADDRESS: Pocatello, Id.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cold Heart Case
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__ *, to* — *, 19*__ *, that I ~~last~~ saw the deceased ~~alive~~ dead on* 12-6-72 *, and that death occurred at* 12:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton John (Degree or title): Coroner	23b. ADDRESS: Bannock Co Ida.	23c. DATE SIGNED: 12-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.: DEC 7 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Theron Miller	LICENSE NO.: M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5656
Local Reg. No. 375
Reg. Dist. No. 510

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Eastgate Nursing Home 370	d. STREET ADDRESS (If rural, give location) 711 N. 6th

3. NAME OF DECEASED (Type or Print)	a. (First) LEOTA	b. (Middle) F.	c. (Last) GIRARD	4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 16, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 2	10b. KIND OF BUSINESS OR INDUSTRY Fur Shop	11. BIRTHPLACE (State or foreign country) South Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis N. Fuller	BIRTHPLACE New York	14. MOTHER'S MAIDEN NAME Georgia Pardee	BIRTHPLACE South Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-09-3671A	17. INFORMANT'S OWN SIGNATURE Nursing Home Records	ADDRESS Pocatello, Id.	

4123

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease, corpulmonale, congestive heart failure.	chronic
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis	Chronic
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] 1969 *to* Dec. 6, 1972, *that I last saw the deceased alive on* Dec. 6, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	(Degree or title) L S Call MD	23b. ADDRESS Box 852, Pocatello, Idaho	23c. DATE SIGNED 12/8/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-8-72	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. [illegible] 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gorman	LICENSE NO. M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 4 1973

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5657
Local Reg. No. 376
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 18 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1071 Renee Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DALE	E.	ARMSTRONG	Dec. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	May 11, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Robin, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Price Armstrong		Rebecca Ellis	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Earl E. Armstrong	Robin, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	5901 Pyelonephritis	2yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 1, 1970 to Dec 7, 1972, that I last saw the deceased alive on Dec 7, 1972, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	113 MD	Pocatello Idaho	Dec 11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1972	Robin Cemetery	Robin, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 18 1972	[signature]	[signature]	M-537

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5658
Local Reg. No. 377
Reg. Dist. No. 511

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
d. STREET ADDRESS (If rural, give location): 349 Witaker Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruth	B	Peterson	Dec. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 24, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress & cocktail hostess	Retail	Paradise, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elbert Bourn	Virginia	Jennie Robbins	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	530-05-7357	[signature]	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

450X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary embolization — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Small intestinal fistula 2nd to previous resection — 6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
m.		

22. I hereby certify that I attended the deceased from 14 November, 19 72, to Dec. 8, 19 72, that I last saw the deceased alive on December 8, 19 72, and that death occurred at 8:25a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyle Stones, M.D.		Pocatello, Idaho	12 Dec. '72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	December 11, 1972	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 14 1972	[signature]	[signature]	M - 560

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972
DEC 2 7 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5659
Local Reg. No. 379
Reg. Dist. No. 511

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION: HILL CREST HAVEN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Oneida 60
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 198 Samaria Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELIZA	BLANCHE	WILCOX PETT	DEC 8 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	April 6, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	-	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CHARLES WILCOX	Eastern States	ELIZA LION	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-	-	R. James Pett	Malad, Idaho

887X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured hip with prosthetic resplint.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-14-72	Fractured neck of the femur	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Fell at home.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R. Bruce Thurman M.D. 745 (Degree or title)	527 South 12th- Pocatello	12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1972	Brigham City Cemetery	Brigham City, Box Elder, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 13 1972	Donna Davis	Raiford G. Benson	M-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5660
Local Reg. No. 378
Reg. Dist. No. 51

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bannock b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HERMAN		TISSIDIMIT	December 8 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Indian	Divorced	June 12, 1943	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer - Fire Fighter	Agriculture	Fort Hall Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger Tissidimit		Rita Poongrah	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	519-52-7697	(s) Marvin Tissidimit	Fort Hall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4272

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute coronary arrest — INTERVAL BETWEEN ONSET AND DEATH: 1-2 minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocarditis
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 7, 19 72 *to* Dec. 8, 19 72, *that I last saw the deceased alive on* Dec. 8, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Pocatello, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Dec. 12, 1972	Cedars Cemetery	Bingham County	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 14	[signature]	[signature]	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH--63021

AUG 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5661

Certificate of Death

STATE OF IDAHO

State File No. 5661
Local Reg. No. 390
Reg. Dist. No. 510

BIRTH NO. 72-12583

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp. 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 746 E. Center

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMIE	JOHN	FRATERS	Dec. 9 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Dec. 8, 1972		1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Fraters	Idaho	Shannon Tharp	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	John W. Fraters	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7762

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/9/72, 19__, to 12-9, 1972, that I last saw the deceased alive on 12/9, 1972, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	527 S 12	12/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 14, '72	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 8 1973	[signature]	[signature]	E-409

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (SCA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 29 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5662
Local Reg. No. 3[illegible]
Reg. Dist. No. 511

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAY	EVELYN	WILSON	Dec. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Mar. 2, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sheridan, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Mrs Samuel D. Wilson	Pocatello, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1830

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Abdominal carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ovarian Carcinoma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 30 November, 1972, to 8 December, 1972, *that I last saw the deceased alive on* 8 December, 1972, *and that death occurred at* 6:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Pocatello, Idaho	12Dec.'72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec.13,1972	Twin Falls Cemetery	TWIN FALLS, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 18 1972	[signature]	Theron Miller	M-524

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 2 0 1972

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5663
Local Reg. No. 380
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Nurs.Home 294	d. STREET ADDRESS (If rural, give location) 403 So. 10th

3. NAME OF DECEASED (Type or Print)	a. (First) HANNAH	b. (Middle) MAHALA	c. (Last) GORDON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5,1885	9. AGE (In years last birthday) 87 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard Taylor	BIRTHPLACE No.Carolina	14. MOTHER'S MAIDEN NAME Mahala Richardson	BIRTHPLACE Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE E. M. Gordon	ADDRESS Pocatello.Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

401X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis with Hypertension

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963, 19__, *to* Dec 9, 1972, *that I last saw the deceased alive on* 9 Dec 72, 19__, *and that death occurred at* 11P *m., from the causes and on the date stated above.*

23a. SIGNATURE Clark Parker MD 476 (Degree or title)	23b. ADDRESS 343 W Lewis Pocatello Idaho	23c. DATE SIGNED 11 Dec 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.13-72	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. DEC 15 1972	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gorman	LICENSE NO. M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5664
Local Reg. No. 382
Reg. Dist. No. 511

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 032
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello — LENGTH OF STAY (In this place) 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chubbuck
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Comm. Hsopital 019	d. STREET ADDRESS (If rural, give location) 154 Valenty Road

3. NAME OF DECEASED (Type or Print)	a. (First) FLOYD A.	b. (Middle) (Lloyd)	c. (Last) SCHNASE	4. DATE OF DEATH (Month) Dec. (Day) 10 (Year) 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 11, 1906	9. AGE (In years last birthday) 66	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Robert J. Schnase	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Alta Dewey	BIRTHPLACE Kansas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 725-01-5955A	17. INFORMANT'S OWN SIGNATURE Alfred Schnase	ADDRESS Colorado Springs Colo.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Idaho (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 9 1966, 19__, *to* Dec 10, 1972, *that I last saw the deceased alive on* Dec 9, 1972, *and that death occurred at* 3 pm, *from the causes and on the date stated above.*

23a. SIGNATURE R. Howard Mill (Degree or title)	23b. ADDRESS Pocatello	23c. DATE SIGNED 12-15-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 13 Dec 1972	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.	24d. LOCATION (City, town, or county) Pocatello (State) Idaho
DATE REC'D BY LOCAL REG. DEC 1972	REGISTRAR'S SIGNATURE Gloria Dopeta	25. EMBALMER John P. Gomez	LICENSE NO. M-292

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 1 9 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5665
Local Reg. No. 3-3-7
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. COUNTY: Bannock	a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence	d. STREET ADDRESS (If rural, give location): 320 East Burnside

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWIN	CURTISS	ANDREWS	Dec. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 20, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School teacher	Education	Lyons, New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dr.		Helen	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	116 20 2433	x Mae Marie Andrews	Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 7, 1972, *to* December 10, 1972, *that I last saw the deceased alive on* December 10, 1972, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sydney A. Hornbeck MD	Pocatello, Idaho	12-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 13, 1972	Chapel of the Flowers,	Ogden, Utah

DATE REC'D BY LOCAL REG. DEC 15 1972	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Gloria Coates	Theron Miller	M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5666
Local Reg. No. 389
Reg. Dist. No. 510

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS DEC 27 9 16 AM '72

1. PLACE OF DEATH
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1678 Pocatello Creek Road

3. NAME OF DECEASED (Type or Print) a. (First) WILDA b. (Middle) MAY c. (Last) GUERNSEY

4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 21, 1881
9. AGE (In years last birthday) 91
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Van Buren Reed BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Emaline Ordelia Westover BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Esther Eggan ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 887X Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterioscleros

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility + fx L. hip

19a. DATE OF OPERATION 12-7-72
19b. MAJOR FINDINGS OF OPERATION fx L hip
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) fall
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello, Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11- 25-1972 8 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? fall

22. I hereby certify that I attended the deceased from 11-26 1972 to 12-10, 1972, that I last saw the deceased alive on 12-10, 1972, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 1352 East Center St
23c. DATE SIGNED 12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec. 13-72
24c. NAME OF CEMETERY OR CREMATORY Whittle-Hubbard Cem.
24d. LOCATION (City, town, or county) (State) Castle Rock, Wash.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Gloria Dopita
25. EMBALMER John P. Downard
LICENSE NO. M-292
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5667
Local Reg. No. 381
Reg. Dist. No. 511

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCammon c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCammon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) MARVIN	b. (Middle) HAROLD	c. (Last) SHAPPART	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 13, 1908	9. AGE (In years last birthday) 64 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P.F.E. and Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Winona, Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Shappart	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Minnie	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xxx	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE x Darrel Lewis Shappart	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__*, to* — *, 19*__*, that I ~~last~~ saw the deceased ~~alive~~ dead on* 12-10-72*, and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H. John	(Degree or title) Coroner	23b. ADDRESS Bannock Co. Ida.	23c. DATE SIGNED 12-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.14,1972	24c. NAME OF CEMETERY OR CREMATORY McCammon Cemetery	24d. LOCATION (City, town, or county) (State) McCammon, Bannock, Idaho
DATE REC'D BY LOCAL REG. DEC 14 1972	REGISTRAR'S SIGNATURE Gloria Dosito	25. EMBALMER Leon L. Manning	LICENSE NO. 19-537

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 22 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5668
Local Reg. No. 386
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Anthony Community Hospital	d. STREET ADDRESS (If rural, give location): 238 N. Lincoln

3. NAME OF DECEASED (Type or Print) a. (First): LELAND	b. (Middle): RAY	c. (Last): BAUGH	4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 12, 1900	9. AGE (In years last birthday): 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yardmaster Clerk 5	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Craig J. Baugh	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Mamie Crandall	BIRTHPLACE: Wash. D.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 712-05-6100	17. INFORMANT'S OWN SIGNATURE: Jennie Baugh	ADDRESS: Pocatello, Idaho	

4412

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ruptured abdominal aortic aneurysm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12December, 1972, *to* 13 December, 1972, *that I last saw the deceased alive on* 13 December, 1972, *and that death occurred at* 4:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 14 Dec 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec.15-72	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem.Gardens	24d. LOCATION (City, town, or county) (State): Pocatello, Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: John P. Gorm	LICENSE NO.: M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5669
Local Reg. No. 12
Reg. Dist. No. 5-0

BIRTH NO.

RECEIVED JAN 22 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 3/

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home 294
d. STREET ADDRESS (If rural, give location): Hillcrest Haven Rest Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	WORLEY	BROWN, JR.	Dec. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	July 1, 1946	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Appalachia, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Worley Brown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Sarah Summers — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Nursing Home Records — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 486X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral malformation — 26 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 6, 72 *to* Dec 14, 1972 *that I last saw the deceased alive on* Dec 13, 1972 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Pocatello Idaho	1-12-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 16, 1972	Mountainview Cemetery,	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 22 1973	[signature]	Theron Spilles	M-534

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5670
Local Reg. No. 399
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY Bannock				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho		b. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello	c. LENGTH OF STAY (In this place)			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello		
d. FULL NAME OF HOSPITAL OR INSTITUTION 019 St. Anthony Community Hospital				d. STREET ADDRESS (If rural, give location) 537 N. 4th		
3. NAME OF DECEASED (Type or Print) a. (First) Willie	b. (Middle) Cone	c. (Last) Glover		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1972		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1914	9. AGE (In years last birthday) 58	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter, Porter	10b. KIND OF BUSINESS OR INDUSTRY Union Pacific Railroad	11. BIRTHPLACE (State or foreign country) Many, Louisania		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Wade Glover	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Annie	BIRTHPLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W. II	16. SOCIAL SECURITY NO. 712-05-7483	17. INFORMANT'S OWN SIGNATURE Helen M. Glover	ADDRESS Pocatello, Idaho		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5710

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 10yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Contusion of liver — 2yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 19 68, to December 14, 19 72, *that I last saw the deceased alive on* Dec. 14, 19 72, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Pocatello, Idaho	Jan 2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 19, 1972	Mountainview Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 4 1973	[signature]	[signature]	M-560

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 10 1973
FEB 11 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5671
Local Reg. No. 387
Reg. Dist. No. 510

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — LENGTH OF STAY (In this place): years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 837 W. Fremont	d. STREET ADDRESS (If rural, give location): 837 W. Fremont

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle) P	c. (Last) BRANDT	4. DATE OF DEATH (Month) Dec. (Day) 16 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar. 10, 1902	9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent	10b. KIND OF BUSINESS OR INDUSTRY: Insurance	11. BIRTHPLACE (State or foreign country): Wyoming	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Louis P. Brandt	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Amelia Palmer	BIRTHPLACE: Colorado	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 528-03-7526A	17. INFORMANT'S OWN SIGNATURE: Venice Brandt	ADDRESS: Pocatello Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 1966, *to* 12-16, 1972, *that I last saw the deceased alive on* 12-16, 1972 *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Sydney J. Horrocks, MD (Degree or title)	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: 12-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 19 Dec '72	24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gdns.	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: DEC 22 1972	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Lloyd W. Knoff	LICENSE NO.: M-409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 28 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5672
Local Reg. No. 321
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEONARD	DWAINE	HICKMAN	Dec. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 30, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cattle Rancher	Cattle Ranching	Arimo, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Vie Hickman		Agnes Waddell	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Jessie Hickman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1579

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma of pancreas-metastatic to liver.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 14 December, 1972, *to* 16 December, 1972, *that I last saw the deceased alive on* 16 December, 1972, *and that death occurred at* 11:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Pocatello Idaho	19 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec.19,1972	Arimo Cemetery	Arimo, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 3 1973	[signature]	Theron Miller	M-554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 11 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5673
Local Reg. No. 1
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 3 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Nursing Home 294	d. STREET ADDRESS (If rural, give location): Rt. #2, Box 184

3. NAME OF DECEASED (Type or Print)	a. (First): George	b. (Middle): Harold	c. (Last): Capson	4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug. 1, 1905	9. AGE (In years last birthday): 67 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Utah	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: George W. Capson	BIRTHPLACE: East Mill Creek, Ut.	14. MOTHER'S MAIDEN NAME: Betsy Othea Petersen	BIRTHPLACE: Holiday, Ut.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 530-09-7640	17. INFORMANT'S OWN SIGNATURE: Donald J. Capson	ADDRESS:	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Encephalomalacia, massive	7 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebro-vascular occlusion	same
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Oct. *, 19*72*, to* 16 Dec *, 19*72*, that I last saw the deceased alive on* 13 Dec. *, 19*72*, and that death occurred at* 11:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: X Lyle Stones, M.E. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-20-72	24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery	24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho
DATE REC'D BY LOCAL REG.: JAN 9 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Howard Packham	LICENSE NO.: M-338

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5674

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 510

RECEIVED JAN 11 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 232 South Lincoln Avenue	d. STREET ADDRESS (If rural, give location): 232 South Lincoln Avenue

3. NAME OF DECEASED (Type or Print) a. (First): LELIA	b. (Middle): I.	c. (Last): BELL	4. DATE OF DEATH (Month) (Day) (Year): December 18, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: May 18, 1889	9. AGE (In years last birthday): 84 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Arvilla, West Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Isaac N. Barr	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Loucretia Cumberland	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: E L Bell	ADDRESS: Pocatello, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	few min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	sev. yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pernicious anemia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): No	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19, 1963, *to* December 18, 1972, *that I last saw the deceased alive on* December 18, 1972, *and that death occurred at* 8:45a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Comstock (Degree or title) M.D.	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: 1/4/73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: May 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county): Pocatello (State): Idaho
DATE REC'D BY LOCAL REG.: JAN 6 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Dale A Turner	LICENSE NO.: M - 560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL H OME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 11 1973
OCT 25 2016

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5675
Local Reg. No. 400
Reg. Dist. No. 511

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 830
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	c. LENGTH OF STAY (In this place): 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 019	d. STREET ADDRESS (If rural, give location): P. O Box 35

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) D.	c. (Last) BERNIER	4. DATE OF DEATH (Month) (Day) (Year) December 19, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown	8. DATE OF BIRTH: May 7, 1907	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Seaman 2	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Salix, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Damase Bernier	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Adelina Foisy	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: 555-30-7779	17. INFORMANT'S OWN SIGNATURE: William Bernier	ADDRESS: Inkom, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	a-S heart Disease	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Thrombosis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1972, *to* Dec. 19, 1972, *that I last saw the deceased alive on* Dec. 19, 1972, *and that death occurred at* 3:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: V. O. Marshall (Degree or title) MD	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: Jan 7-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Inkom Cemetery	24d. LOCATION (City, town, or county): Inkom (State): Idaho
DATE REC'D BY LOCAL REG.: JAN 4 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Dale A. Turner	LICENSE NO.: M - 560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5676
Local Reg. No. 3
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Clearview Avenue - Route 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE	WILSON	RANDS	December 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 4, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer Union	Pacific Railroad	Ririe, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence Raymond Rands		May Miller	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	547-12-2298	(s) Dorothy D. Rands	Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease, with new myocardial infarction + cardiac arrest. — INTERVAL BETWEEN ONSET AND DEATH: old - several yrs. new - 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of the liver — several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 19 Dec. 19 72 to December 19, 1972, that I last saw the deceased alive on December 19, 1972, and that death occurred at 8:32p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyle Stone, M.D.		Pocatello, Idaho	1-8-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Dec. 23, 1972	Mountainview Cemetery	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 8 1973	Gloria Loomis	Jack Henderson	M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES: JAN 1 2 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JAN 2 5 1983
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
Jan. 30, 1973

Certificate of Death
STATE OF IDAHO

5677

State File No.
Local Reg. No. 399
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello d. STREET ADDRESS (If rural, give location) 254 Willard

3. NAME OF DECEASED (Type or Print)	a. (First) GILMEN	b. (Middle) J.	c. (Last) HELTNE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1910	9. AGE (In years last birthday) 62 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (State or foreign country) Green Bush, Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Carll C. Heltne	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Carrie Williamson	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Mrs Vera A Heltne.	ADDRESS

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of the left upper lobe of lung with metastasis to mediastinum.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 6 September, 1972, *to* 21 December, 1972, *that I last saw the deceased alive on* 21 December, 1972, *and that death occurred at* 2:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 867 (Degree or title) M.D.	23b. ADDRESS Pocatello Idaho	23c. DATE SIGNED 2 Jan 1973	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.23,1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem.Gardens	24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG. JAN 1973	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER Theron Miller	LICENSE NO. M-524

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 26 4 12 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Gilmen J. Heltne (Name on Original Certificate) who died (Was Born or Died) on Dec 21, 1972 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#15 Father's Name	Call C. Heltne	Carl C. Heltne

Subscribed and sworn to before me this 23rd day of January, 19 73

Notary Public, residing at Pocatello, Idaho
My commission expires Dec. 24, 1975
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1236 East Clark, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 19 73

Notary Public, residing at Pocatello, Idaho
My commission expires Dec. 24, 1975
(Seal)

Signed [signature]
(Signature of Any Credible Person)

62 Toponce, Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155

JAN 30 1973

Miller

Certificate of Death
STATE OF IDAHO

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

State File No. 5678
Local Reg. No. 392
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 019 St. Anthony Community Hospital	d. STREET ADDRESS (If rural, give location) 62 Hawthorne Ave.

3. NAME OF DECEASED (Type or Print) a. (First) ELWIN	b. (Middle) FREDERICK	c. (Last) SHIPPERT	4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1905	9. AGE (In years last birthday) 67 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 5	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William W. Shippert	BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Matie E. Hahne	BIRTHPLACE Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1922-1926	16. SOCIAL SECURITY NO. 712-09-0813	17. INFORMANT'S OWN SIGNATURE Mrs E. F. Shippert	ADDRESS Pocatello, Ida.	

18. CAUSE OF DEATH 4339
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute cerebral thrombosis	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute diabetic acidosis	1 day.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-19-, 1972 *to* 12-21-, 1972 *that I last saw the deceased alive on* 12-21-, 1971, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Daniel C. Miller 362 (Degree or title) M.D.	23b. ADDRESS Pocatello Idaho	23c. DATE SIGNED 12-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.	24d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. JAN 3 1973	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gorman	LICENSE NO. M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 16 1973 Vital Statistics

State File No. 5679
Local Reg. No. 10
Reg. Dist. No. 5/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1421 North Arthur

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) THOMAS; c. (Last) BROWN

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 21, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 19, 1891

9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer—Union Pacific Railroad Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lee Valley, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Brown
BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Martha Starnes
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Berenice P. Brown
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1970, to Dec 21, 1972, that I last saw the deceased alive on Nov. 1972, and that death occurred at 12:20 M. from the causes and on the date stated above.

23a. SIGNATURE: H Anderson MD (Degree or title)
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Jan. 10/73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 26, 1972
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JAN 19 1973
REGISTRAR'S SIGNATURE: Gloria Dopita
25. EMBALMER: Theron Spiller
LICENSE NO.: M-524
FIRM NAME: Manning Funeral Chapel

Social Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 16 1973
FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5680
Local Reg. No. 21
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JAN 26 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Olef	L. Norseth	Dec. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widower	May 1, 1880	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer-retired	Agriculture	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-01-5653	Mrs. Katherine Hansen	Grace

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1968, *to* December, 1972, *that I last saw the deceased alive on* 12-15, 1972, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Downey Id	1-4-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/26/72	Grace Cemetery	Grace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-20-73	Ida Mae Cunningham	Teodore A Allen	M370

FIRM NAME: Allen Funeral Home, Soda Springs, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

State File No. 5681
Local Reg. No. 393
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Eastgate Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	Mabel	JOHNSON	December 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 15, 1877	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Cambria, Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh Richard Williams	Wales	Ruth Reese	Carbondale, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-60-3113	x Alice A. Evans	SunCity, Ariz.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial failure, with — INTERVAL BETWEEN ONSET AND DEATH: 1 week 5 yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure - A-S type
DUE TO (c) age (95), and tissue breakdown -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pneumonia, osteo arthritis, osteoporosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
July 19, 1972 m.		

22. I hereby certify that I attended the deceased from 7/19, 1972, to 7/23, 1972, that I last saw the deceased alive on _____, 19 72, and that death occurred at 10:30A, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R. McMahon MD	Pocatello, Idaho.	Dec. 28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1972	Lewisville	Lewisville Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 2 1973	Gloria Spitas	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 2 9 1979
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5682
Local Reg. No. 22
Reg. Dist. No. 511

72-12619
BIRTH NO.

RECEIVED JAN 26 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 4 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): Box 296 (Sambo Road)

3. NAME OF DECEASED (Type or Print)	a. (First): RACQUEL	b. (Middle):	c. (Last): WATERHOUSE	4. DATE OF DEATH (Month) (Day) (Year): DEC. 24, 1972
5. SEX: Female	6. COLOR OR RACE: Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Dec. 20, 1972	9. AGE (In years last birthday): IF UNDER 1 YR. Months Days 4; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ryan Waterhouse	BIRTHPLACE: Pocatello, Idaho	14. MOTHER'S MAIDEN NAME: Shirley Tauchin	BIRTHPLACE: Tuba City, Arizona	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.	(If yes, give war or dates of service):	16. SOCIAL SECURITY NO.:	17. INFORMANT'S OWN SIGNATURE: Ryan Waterhouse CDH.	ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

0389

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Neonatal Sepsis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* birth, 19___, *to* death, 19___, *that I last saw the deceased alive on* Dec. 24, 1972, *and that death occurred at* 12:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Roberts 757 (Degree or title): M.D.	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: Dec. 26, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Cedars Cemetery	24d. LOCATION (City, town, or county) (State): Bingham Idaho
DATE REC'D BY LOCAL REG.: JAN 23 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: C. Dean Hill	LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Dr. Roberts or Wright

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5683
Local Reg. No. 394
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY IN (This place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 294 Hillcrest Haven Nurs. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1210 No. Arthur Ave.

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) W c. (Last) DODGE

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 24, 1882

9. AGE (In years last birthday): 90
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner 2

10b. KIND OF BUSINESS OR INDUSTRY: Furniture Co.

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Dodge
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Josephine (Unk)
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-36-1459A

17. INFORMANT'S OWN SIGNATURE: Cecil Dodge
ADDRESS: Pocatello Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1965 *to* Dec 26 72 *that I last saw the deceased alive on* Dec 28 72 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Howard MD (Degree or title)

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 12-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 29 Dec 72

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: JAN 3 1973

REGISTRAR'S SIGNATURE: Elona Dopita

25. EMBALMER: George W. Knopp

LICENSE NO.: 409

FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 22 1973 Bureau of Vital Statistics

State File No. 5684
Local Reg. No. 13
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Gooding 47
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Box 42 Gooding

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	CLINTON	CARLTON	Dec. 27 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov 25, 1949	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Gooding, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ebon W. Carlton	Oregon	Jeanette Shaw	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-6917	Ebon W. Carlton	Gooding

3479

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Respiratory failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral anoxis	
DUE TO (c)	Respiratory arrest from tracheal	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	compression secondary hemorrhage in neck incision	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 21 Dec, 1972, *to* 27 December, 1972, *that I last saw the deceased alive on* 27 Dec, 1972, *and that death occurred at* 1:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A.W. McRoberts	367 MD	Pocatello, Idaho	2 Jan 1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/27/72	Elmwood Cemetery	Gooding Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 18 1973	Gloria Dopita	John P. Grossman	M-292

FIRM NAME: Thompson Mortuary Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5685
Local Reg. No. 401
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 396 Pershing Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 396 Pershing Avenue

3. NAME OF DECEASED (Type or Print): a. (First) RICHARD; b. (Middle) CLEO; c. (Last) NEWTON

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 1, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Outside Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R.

11. BIRTHPLACE (State or foreign country): Spickardville, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Richard Harrison Newton
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Ella Frances Crockett
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 712-03-1838

17. INFORMANT'S OWN SIGNATURE: (s) George E. Newton
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

955X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun shot wound in head — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE: 2 (Specify): suicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): at Home
21c. (CITY, TOWN, OR TOWNSHIP): Pocatello 13-031 (COUNTY): Bannock (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 28, 1972 1 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] to [illegible], 19[illegible], that I last saw the deceased alive on Dec. 28, 19 72, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 583 (Degree or title) 4 Coroner
23b. ADDRESS: Bannock County Pocatello, Idaho
23c. DATE SIGNED: Dec. 30, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2, 1973
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: JAN 5 1973
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: M - 560

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973
FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 3 0 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 11 1973 Bureau of Vital Statistics

State File No. 5686
Local Reg. No. 4
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 221 Fairbanks

3. NAME OF DECEASED (Type or Print): a. (First) JOSE; b. (Middle); c. (Last) ARIZOLA, JR.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1972

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 15, 1947

9. AGE (In years last birthday): 25
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): J.R. Simplot Company

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laredo, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jose Arizola
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Martha Lopez
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Jose Arizola Jr. ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7341

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fungus Septicemia, suspected — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disseminated lupus Erythematosus — 18 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, pleuris 20 above (b)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6, 19 71, *to* 12/28, 19 72, *that I last saw the deceased alive on* 12/28, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D

23b. ADDRESS: Box 812 Pocatello

23c. DATE SIGNED: 1/7/73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 2, 1973

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JAN 10 1973

REGISTRAR'S SIGNATURE: Gloria Loseta

25. EMBALMER: Sharon Spiller

LICENSE NO.: M-574

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5687
Local Reg. No. 396
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. CENSUS TRACT (If in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Comm. Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 892 McKinley St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JANOULA		KOLEACHES	Dec. 29 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 25, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	New Epidavros, Greece	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Kinigaris	Greece	Helen Eliopoulou Samara	Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-42-5498B	Helen Lundquist	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4339

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cerebral arteriosclerosis — Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-26-72, 19__, to 12-29-, 1972, that I last saw the deceased alive on 12-28-72, 19__, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller M.D.	Pocatello Idaho	12-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2 Jan 1973	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 3 1973	Gloria Loseta	George W. Knopp	M-409

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973
JAN 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5688
Local Reg. No. 395
Reg. Dist. No. 5/0

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 146 S. 10th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 146 S. 10th

3. NAME OF DECEASED (Type or Print): a. (First) LOIS b. (Middle) M. c. (Last) McDANIEL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 15, 1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John M. Maxwell
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Harriet Kreps
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: M. L. McDaniel by Son
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4299

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* — , 19___, *to* — , 19___, *that I last saw the deceased alive* dead *on* 12-30-72, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton G. John 595 (Degree or title) 4 Coroner
23b. ADDRESS: Bannock Co. Ida.
23c. DATE SIGNED: 1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 2-1973
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 3 1973
REGISTRAR'S SIGNATURE: Gloria Rosita
25. EMBALMER: John P. Downard
LICENSE NO.: M-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5689
Local Reg. No. 397
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bannock 03	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital 017	d. STREET ADDRESS (If rural, give location): 303 N. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) DELLA	b. (Middle) R.	c. (Last) STAUDAHER	4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1972			
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Mar. 12, 1904	9. AGE (In years last birthday): 68	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher	10b. KIND OF BUSINESS OR INDUSTRY: Public Schools	11. BIRTHPLACE (State or foreign country): New Mexico	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: James Roddy	BIRTHPLACE: Ireland	14. MOTHER'S MAIDEN NAME: Mary Carroll	BIRTHPLACE: Scotland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-46-4024A	17. INFORMANT'S OWN SIGNATURE: Mrs Pat Elles	ADDRESS: Pocatello, Idaho			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease with acute coronary arrest.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden Coronary arrest.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1960, 19__, to 12-30-, 1972, that I last saw the deceased alive on 12-30- 1972 and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE: David E. Miller MD (Degree or title)	23b. ADDRESS: Pocatello Idaho	23c. DATE SIGNED: 12-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jan. 3, 1973	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county) (State): Pocatello, Idaho
DATE REC'D BY LOCAL REG.: JAN 3 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: John P. Gomm	LICENSE NO.: M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973
MAR 2 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5690
Local Reg. No. 18
Reg. Dist. No. 511

RECEIVED JAN 23 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Community Hospital 017	d. STREET ADDRESS (If rural, give location) Philbin Rd.

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) WILDCAT	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1972
5. SEX Female	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1904	9. AGE (In years last birthday) 68; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Pooengerah	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Hongwitze	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Leona Martin	ADDRESS Idaho Rt.2, Pocatello	

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Renal failure

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus & hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19, 1971, *to* Dec 31, 1972, *that I last saw the deceased alive on* Dec 31, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Gene S Cathy 1024 (Degree or title) MD	23b. ADDRESS Pocatello	23c. DATE SIGNED Jan 15, 1973	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan.4,1973	24c. NAME OF CEMETERY OR CREMATORY Cedars Cemetery	24d. LOCATION (City, town, or county) (State) Ft.Hall Indian Res.Idaho
DATE REC'D BY LOCAL REG. JAN 22 1973	REGISTRAR'S SIGNATURE Gloria Dopita	25. EMBALMER John P. Gorman	LICENSE NO. M-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5691

Certificate of Death
STATE OF IDAHO

RECEIVED JAN 23 1973 Bureau of Vital Statistics

State File No. 5691
Local Reg. No. 19
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 155 South Hayes Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) LETITIA	c. (Last) WITTE	4. DATE OF DEATH (Month) (Day) (Year) December 31 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 21, 1887	9. AGE (In years last birthday): 85 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Shenandoah, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: James Frederick Bradley	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Letitiai Lawler	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Peris L. Witte	ADDRESS: Pocatello, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht. Dis. 8 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Early Pernicious Anemia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello Ban Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE ☐ AT WORK ☐ NOT WHILE ☐ AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Dec. 31, 19 72, *that I last saw the deceased alive on* December 31, 19 72 *and that death occurred at* 2:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. P. Hansford (Degree or title)	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: 1-19 73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Jan. 2, 1973	24c. NAME OF CEMETERY OR CREMATORY: Aultorest Memorial Corp.	24d. LOCATION (City, town, or county) (State): Ogden Utah
DATE REC'D BY LOCAL REG.: JAN 22 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Jack Henderson	LICENSE NO.: M - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

State File No. 5692
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital 024

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anina	Brewer	Rich	Nov.	28	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 18, 1880	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		St. Charles, Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles H. Brewer	England	Mina E. Wilhelmsen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	516-60-4098JJ	Virginia R. Peterson	Montpelier, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial failure	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fracture right hip	28 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-2-72	Fracture right hip	Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Home	Montpelier Idaho 011	Montpelier	Bear Lake	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
						Fell in bedroom

22. *I hereby certify that I attended the deceased from* Nov. 28, 1972 *to* 11-28, 1972, *that I last saw the deceased alive on* Nov. 28, 1972 *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Kelly Funk	MD	Montpelier Idaho	11-30-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Dec. 1, 1972	St. Charles Cemetery	St. Charles	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-72	Ruby Gotcinsky	Leonard H. Matthews	M542

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5693
Local Reg. No.
Reg. Dist. No. 352

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wilma	Rich	Bunderson	Dec.	4	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	May 3, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		St. Charles	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Bunderson	St. Charles, Ida	Verba Leola Rich	St. Charles, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Ben R. Bunderson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Improved

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 5-6 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 59, *to* 12-4, 1972, *that I last saw the deceased alive on* 12-4, 1972, *and that death occurred at* 10:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul A. Andrus M.D.	Montpelier Idaho	12-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1972	St. Charles Cemetery	St. Charles Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-72	Ruby Gotcinsky	Leonard H. Matthews	M 542

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5694
Local Reg. No.
Reg. Dist. No. 552

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bear Lake 641	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Wyoming 51 b. COUNTY: Lincoln 553
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital 024	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): Marye	b. (Middle): Fuller	c. (Last): Etcheverry	4. DATE OF DEATH (Month) Dec (Day) 6 (Year) 1972		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug. 30, 1896	9. AGE (In years last birthday): 76	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Montpelier, Idaho	12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME: Joseph F. Fuller	BIRTHPLACE: Oil City, Pa.	14. MOTHER'S MAIDEN NAME: Nellie Doyle	BIRTHPLACE: Ireland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 520-38-8501	17. INFORMANT'S OWN SIGNATURE: Mary L. Anderson	ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

514X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hours

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: G W Schroper MD 458 (Degree or title)	23b. ADDRESS: Montpelier Idaho	23c. DATE SIGNED: 12/14/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: Dec. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Cokeville Cemetery	24d. LOCATION (City, town, or county) (State): Cokeville, Wyoming
DATE REC'D BY LOCAL REG.: 12-16-72	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M-542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 22 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5695
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bear Lake 040	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 1000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Newell	b. (Middle) Beck	c. (Last) Passey	4. DATE OF DEATH	(Month) Dec	(Day) 8 (Year) 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 3, 1902	9. AGE (In years last birthday): 70	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Paris, Idaho	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: Fredrick Passey	BIRTHPLACE: Paris, Idaho		14. MOTHER'S MAIDEN NAME: Julie Beck	BIRTHPLACE: Paris, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-28-8571-A		17. INFORMANT'S OWN SIGNATURE: Don S. Slack	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: G W Schroper 402 (Degree or title) MD	23b. ADDRESS: Montpelier Idaho	23c. DATE SIGNED: 12/14/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY: Paris Cemetery	24d. LOCATION (City, town, or county): Paris (State): Idaho
DATE REC'D BY LOCAL REG.: 12-16-72	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M-542

Federal Security Agency
United States Public Health Service FORM DH-63621

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 27 1973
FEB 7 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5696
Local Reg. No.
Reg. Dist. No. 552

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bear Lake 041	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier — LENGTH OF STAY (In this place): 6 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital 024	d. STREET ADDRESS (If rural, give location): 308 Circle Drive

3. NAME OF DECEASED (Type or Print)	a. (First) Laura Marjean	b. (Middle) Barrett	c. (Last) Michaelson	4. DATE OF DEATH	(Month) Dec.	(Day) 9 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 30, 1918	9. AGE (In years last birthday): 54	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Logan, Utah	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: John W. Barrett	BIRTHPLACE: Montpelier, Idaho		14. MOTHER'S MAIDEN NAME: Bernice Dewey	BIRTHPLACE: Wayan, Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 529-12-8382	17. INFORMANT'S OWN SIGNATURE: Kathleen M. Dayton	ADDRESS: Evanston, Wyo.		

581X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Nephrotic Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* July, 1959, *to* 12-9, 1972, *that I last saw the deceased alive on* 12-9, 1972 *and that death occurred at* 12:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul O. Waines M.D. (Degree or title) 120	23b. ADDRESS: Montpelier Ida.	23c. DATE SIGNED: 12-13-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec.13,1972	24c. NAME OF CEMETERY OR CREMATORY: Montpelier, Cemetery	24d. LOCATION (City, town, or county): Montpelier (State): Idaho
DATE REC'D BY LOCAL REG.: 12-13-72	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M 542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 8 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5697

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

State File No. ____
Local Reg. No. ____
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bear Lake	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier; c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home	d. STREET ADDRESS (If rural, give location): 851 Washington

3. NAME OF DECEASED (Type or Print)	a. (First) Josephine	b. (Middle) Christie	c. (Last) Driver	4. DATE OF DEATH (Month) Dec (Day) 13 (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 15, 1874	9. AGE (In years last birthday): 98	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Miners' Delight, Wyo.	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: Angus McIntosh	BIRTHPLACE: Scotland	14. MOTHER'S MAIDEN NAME: Christie Boyd	BIRTHPLACE: Canada		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-03-9230	17. INFORMANT'S OWN SIGNATURE: Connie Evereseghart	ADDRESS: Montpelier, Ida.		

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 - 6, 19 67, *to* 12 - 6, 19 72, *that I last saw the deceased alive on* 12 - 13, 19 72 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Delaines (Degree or title) M.D.	23b. ADDRESS: Montpelier Ida.	23c. DATE SIGNED: 12-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery	24d. LOCATION (City, town, or county): Montpelier (State): Idaho
DATE REC'D BY LOCAL REG.: 12-21-72	REGISTRAR'S SIGNATURE: Ruby Gortcinsky	25. EMBALMER: Leonard H. Matthews	LICENSE NO.: M-542

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 26 1972 Bureau of Vital Statistics

State File No. 5698
Local Reg. No. 57
Reg. Dist. No. 130

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Benewah 057
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 71 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley Vista Conv. Center 382

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah 057
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 238 13th Street

3. NAME OF DECEASED (Type or Print): a. (First) Loretta b. (Middle) Agnes c. (Last) Walker

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-21-1899

9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretery 3

10b. KIND OF BUSINESS OR INDUSTRY: Bowen Insurance

11. BIRTHPLACE (State or foreign country): BUffalo, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Ross
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 519-26-7222

17. INFORMANT'S OWN SIGNATURE: L. R. Walker
ADDRESS: St. Maries, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: EST. 6 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: DIABETES, HYPERTENSION

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 70, *to* DECEMBER 16, 19 72, *that I last saw the deceased alive on* DECEMBER 16, 19 72, *and that death occurred at* 9 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. J. Thurston M.D. 533 (Degree or title)

23b. ADDRESS: ST. MARIES, IDAHO 83861

23c. DATE SIGNED: 12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-19-1972

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: Dec. 19, 1972

REGISTRAR'S SIGNATURE: Donna Brown

25. EMBALMER: Gerald E. Browning

LICENSE NO.: M-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 27 1973

DEC 9 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5699
Local Reg. No. 59
Reg. Dist. No. 130

BIRTH NO.

RECEIVED DEC26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Benewah	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries c. LENGTH OF STAY (In this place): Few Das.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hosp.	d. STREET ADDRESS (If rural, give location): 133 North 10th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elzie	William	Smith	December 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	9-19-1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodswork	Logging	Hawes, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Parchman William Smith	Arkansas	Nora Hill	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	429-07-2834	Paul D. Smith	St. Maries, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4330

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Thrombosis	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	15 yrs.
DUE TO (c)	Sen. Arteriosclerosis	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Left Hemiplegia	1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19__, to 17 Dec, 1972, that I last saw the deceased alive on 17 Dec, 1972, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eric Sullivan M.D.	St. Maries, Idaho	18 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-21-1972	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19, 1972	Donna Brown	M. J. O'Connor	M-543

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5700
Local Reg. No. 58
Reg. Dist. No. 130

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 25 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley Vista Conv. Center
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edith	Anna	Moore	DECEMBER 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	12-12-1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Emmetsburg, Iowa	Usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Bell	Ohio	Kathleen McKinzie	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	518-82-5102	Lyle Moore	St. Maries, Id.

4709

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: EST. I HR.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: DIABETES AND RECENT CVA

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19 68, *to* DECEMBER 17, 19 72, *that I last saw the deceased alive on* DECEMBER 16, 19 72 *and that death occurred at* 9:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston MD 533	ST. MARIES, IDAHO 83861	12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-20-1972	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19, 1972	Donna Brown	M. X. Browning	M-543

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 1 9 2015

NOV 2 9 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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.....

Amended Jan 30,1973

Certificate of Death
STATE OF IDAHO

State File No. 5701
Local Reg. No. 1
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Benewah Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1924 Washington Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wade	Hampton	Onthank	12-31-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	6-11-1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodswork	St. Maries Lumber	Larson, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Onthank	----	------	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	519-05-3607	Mrs. Aaron Robinson	St. Maries, Id.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	cardiogenic shock	6 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD = acute ant. MI	36 hrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 30 Dec, 1972, *to* 31 Dec, 1972, *that I last saw the deceased alive on* 31 Dec, 1972, *and that death occurred at* 11 50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 1036 M.M.	St. Maries, Ida	3 Jan 73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-4-1973	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Donna Brown	Gerald E. Browning	M-411

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 29 9 45 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Benewah

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Wade Hampton Onthank (Name on Original Certificate) who died (Was Born or Died) on Dec 31, 1972 (Date of Event)

in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by marriage license, and drivers license (Bible Record, Insurance Policy, Etc.) prepared on July 31, 1943 and June 30, 1971 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#8 Date of Birth	June 11, 1904	June 11, 1905
#9 Age	Age 68	Age 67

Subscribed and sworn to before me this 22 day of Jan, 1973

Thomas C. Morris

Notary Public, residing at St. Maries, Idaho

My commission expires 6/15/75

(Seal)

Signed ✓ Aaron Robinson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10 Milwaukee Rd. St Maries, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Jan 1973

Thomas C. Morris

Notary Public, residing at St. Maries, Idaho

My commission expires 6/15/75

(Seal)

Signed ✓ Mrs. Aaron Robinson

(Signature of Any Credible Person)

10 Milwaukee Rd. St Maries Idaho

(Street Address, City, State)

FORM DH 60-155

[illegible] 8734 [illegible]

JAN 30 1973

FEB 21 1978

Certificate of Death
STATE OF IDAHO

State File No. 5702
Local Reg. No. 143
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. [illegible] OF DEATH (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) ALICE; b. (Middle) MYRTLE; c. (Last) BEELAERT

4. DATE OF DEATH: (Month) (Day) (Year) November 28, 1972

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 14, 1915

9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Johnson
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Bessie Berggren
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE: + Eno H. Beelaert
ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1579 Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972 *to* Nov 28, 1972 *that I last saw the deceased alive on* Nov 28, 1972, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 197-1

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Dec. 5, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 1, 1972

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county): Idaho Falls,
(State): Idaho

DATE REC'D BY LOCAL REG.: DEC 15 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. [illegible]ER: Bill Sullivan

LICENSE NO.: M387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 1-4-73

Certificate of Death

STATE OF IDAHO

State File No. 5703
Local Reg. No. 149
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 26 1972 061
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Riverside

3. NAME OF DECEASED (Type or Print): a. (First) BUS b. (Middle) GEORGE c. (Last) EARL MONTAGUE

4. DATE OF DEATH: (Month) Dec. (Day) 3, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 13, 1914

9. AGE (In years last birthday): 58
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Heavy Equipment

11. BIRTHPLACE (State or foreign country): Gibbon, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Montague
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Elsie May Witters
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-05-8242

17. INFORMANT'S OWN SIGNATURE: Ruthory Montague
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular Standstill — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction acute + previous — 〃
DUE TO (c) Arteriosclerotic Heart Disease — 2-3 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1967 *to* December 3, 1972 *that I last saw the deceased alive on* August 2, 1972 *and that death occurred at* 7:10p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. C. Miller Jr. M.D. 361 (Degree or title) /

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Dec. 4, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 6, 1972

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.

24d. LOCATION (City, town, or county): Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 15 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: C. Dean Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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12-29-72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. JAN 4 1 15 PM '73
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Bus George Earl Montague (Name on Original Certificate) who died (Was Born or Died) on December 3, 1972 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	April 3, 1914	April 13, 1914

Subscribed and sworn to before me this 2nd day of January, 1973
Mary Beth Montague
Notary Public, residing at Blackfoot Id
My commission expires 9-14-74
(Seal)

Signed Barthony Montague
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1973
Mary Beth Montague
Notary Public, residing at Blackfoot Id
My commission expires 9-14-74
(Seal)

Signed Dorothy J. Jones
(Signature of Any Credible Person)
Box 829 Blackfoot
(Street Address, City, State)

FORM DH 80-158

Called - no corresp

JUN 8 1977
MAR 28 1983

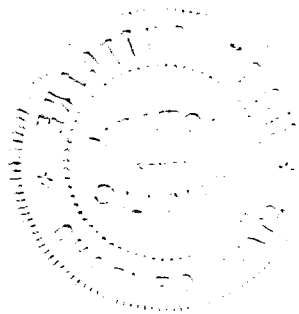

Certificate of Death
STATE OF IDAHO

State File No. 5704
Local Reg. No. 144
Reg. Dist. No. 601

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: 830 Riverton Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 111 So. Pine

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CYRIL	JAMES	WRIGHT	Dec. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 28, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agriculture	Franklin, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wright	Busby, Scotland	Ella Hofine Foster	Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	518-12-0284	Winnona Elison	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____ 19__ *to* December 4 19 72 *that I last saw the deceased alive on* Dec. 4, 19 72 *and that death occurred at* 7:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Blackfoot, Idaho	Dec. 5, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1972	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 11 1972	Dorothy J. Jones	[signature]	M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5705
Local Reg. No. 145
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bingham 061	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham County Hospital 029	d. STREET ADDRESS (If rural, give location): Route 2 - Thomas

3. NAME OF DECEASED (Type or Print): a. (First) GERALDINE	b. (Middle)	c. (Last) SMULLIN	4. DATE OF DEATH (Month) (Day) (Year): December 6 1972			
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 26, 1921	9. AGE (In years last birthday): 51	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah	12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME: Lee Davis	BIRTHPLACE: England	14. MOTHER'S MAIDEN NAME: Edith Perry	BIRTHPLACE: England			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: 519-16-4955	17. INFORMANT'S OWN SIGNATURE: Dolph Smullin	ADDRESS: Blackfoot, Idaho			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic carcinoma of lung 1970 mo — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* _____, 1971, *to* Dec. 6, 19 72, *that I last saw the deceased alive on* December 6, 19 72, *and that death occurred at* 12:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph L Coates 183 (Degree or title) MD	23b. ADDRESS: Blackfoot, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery	24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho
DATE REC'D BY LOCAL REG.: DEC 12 1972	REGISTRAR'S SIGNATURE: Dorothy J. Jones	25. EMBALMER: Jack Henderson	LICENSE NO.: M - 349

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5706
Local Reg. No. 146
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1100 McAdoo

3. NAME OF DECEASED (Type or Print): a. (First) TOMAS b. (Middle) c. (Last) PEREZ
4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1972
5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 7, 1899
9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Devine, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Florentino Perez
BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Felippa Garcia
BIRTHPLACE: Texas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Domingo Ramirez
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic Heart Disease	5 YEARS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CORONARY ARTERIOSCLEROSIS	10 YEARS
DUE TO (c)	DIABETES MELLITUS	2 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	LUETIC AORTITIS	15 YEARS

4123

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 1969, *to* December 7, 1972, *that I last saw the deceased alive on* Dec. 7, 1972, *and that death occurred at* 7:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Gary K. Haddock, M.D. (Degree or title)
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Dec. 8, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11, 1972
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho
DATE REC'D BY LOCAL REG.: DEC 11 1972
REGISTRAR'S SIGNATURE: Dorothy Jones
25. EMBALMER: C. Dean Hill
LICENSE NO.: M-466

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5707
Local Reg. No. 150
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1mo16da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FANNIE; b. (Middle) O.; c. (Last) THOMSEN

4. DATE OF DEATH: December 11 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10 April 1894

9. AGE (In years last birthday): 78 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Jones — BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-32-8031A

17. INFORMANT'S OWN SIGNATURE: Mary Payne — ADDRESS: Med. Records-State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 5 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 October, 1972, *to* 11 December, 1972, *that I last saw the deceased alive on* 11 December, 1972, *and that death occurred at* 10:46 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R F Schneider (Degree or title): MD 5941

23b. ADDRESS: State Hospital South-Blackfoot, Idaho

23c. DATE SIGNED: 12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec 13 72

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 22 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: C. Dean Gill

LICENSE NO.: M 466

FIRM NAME: Sandberg-Gill

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 7 1972

NOV 2 5 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 0 8 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5708
Local Reg. No. 151
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route #3 Box 101

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE b. (Middle) c. (Last) BAGLEY

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 3, 1926

9. AGE (In years last birthday): 46
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Camino, California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Bagley
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Susie Tinno
BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes.
(If yes, give war or dates of service): World War Two

16. SOCIAL SECURITY NO.: 519-26-4253

17. INFORMANT'S OWN SIGNATURE: Leatha Bagley
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarct — 72 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetis mellitus — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

2509

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1972 to Dec 13, 1972 that I last saw the deceased alive on Dec. 13, 1972, and that death occurred at 11:45a m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Dec. 14, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 18, 1972

24c. NAME OF CEMETERY OR CREMATORY: Sand Hills Cemetery

24d. LOCATION (City, town, or county): Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 15 1972

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Dean Hill

LICENSE NO.: M-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5709
Local Reg. No. 147
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1mo-18da
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unk
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VERNIE	J.	COOKSON	December 13 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	17 Jan. 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unk		Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unk	Unk	Unk	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-24-7302A	Mary Coyne	Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

485X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 25 October, 19 72 *to* 13 December, 19 72, *that I last saw the deceased alive on* 13 December, 19 72, *and that death occurred at* 1:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
RF Schneider MD (Degree or title) 594-1	State Hospital South-Blackfoot, Idaho	12-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/13/72		Caldwell Idaho Canyon county

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 15 1972	Dorothy L. Jones	Howard Packham	M-338

FIRM NAME: Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5710
Local Reg. No. 148
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. #1, Box 325

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clara	Josephine	Kluckhohn	December 16 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Married	March 9, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	St. Paul, Minnesota	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Henry Kruse	Berlin, Germany	Anna Rosa Middendorf	Richmond, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-4681-A	Roland Kluckhohn	Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Neiman Pick Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

2722

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1920, *to* December 16, 1972, *that I last saw the deceased alive on* December 4, 1972, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M. D.	625 West Pacific Blf't.	12-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-19-72	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC 20 1972	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 5711
Local Reg. No. 33
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED STATE OF IDAHO JAN 4 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GLENN		ERWIN	Dec. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Married	Jan. 12, 1904	68	11	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Sport Shop	Willmathsville, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Andrew Erwin	Ohio	Arminta Gaine Byrns	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-16-5895	LaVon Erwin	Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pulmonary Emphysema — 1 year
DUE TO (c) with pulmonary hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Aberdeen	Bingham	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 12 *person* 19 alive, *on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.* — *that I last saw the deceased alive*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Utley	583 Crow 4	321 E Wolahan Blackfoot	12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	Dec. 21, 1972	Fallsview Cemetery	American Falls, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
December 27, 1972	Irene Deeg	H.L. Davis	M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5712
Local Reg. No. 152
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics D.O.A.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (If institution): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall (Rural)
d. STREET ADDRESS (If rural, give location): Bannock Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMMA	T.	YUPE	Dec. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Indian	Widowed	April 1, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Fort Hall, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tom Tayashee	Fort Hall, Idaho		Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		Allen Pahnemah	Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* XXXX

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN4 - 1973 Bureau of Vital Statistics

State File No. 5713
Local Reg. No. 153
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 10 North Stout Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Luther	Andrew	Satterfield	Dec. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 26, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Anniston, Alabama	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Jack Satterfield	Goldville, Al.	Johanna Stalvey	Clay County, Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-42-9230	Mrs. L. A. Satterfield	Blackfoot, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-14, 1972 *to* 12-25, 1972, *that I last saw the deceased alive on* 12-24, 1972, *and that death occurred at* 2:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Darrell Thueson	M.D.	625 West Pacific Blackfoot, Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-72	Springfield Cemetery	Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
29 Dec 72	Dorothy J. Jones	Howard Packham	M-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5714
Local Reg. No. 154
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): D. O. A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Clifford	Orgill	12	30	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 7, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Power Tool Operator	U. P. Railroad	Pingree, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph D. Orgill	Portage, Utah	Ruth Hunter	West Weber, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	529-07-9727	Darlene Orgill	Springfield, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 65, *to* December 30, 19 72, *that I last saw the deceased alive on* Dec 27 19 72, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M. D.	Blackfoot, Idaho	Jan. 5, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1973	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 8 1972	Dorothy J. Jones	[signature]	M-466

FIRM NAME: Sandberg - Hill

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

MAY 18 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5715
Local Reg. No. 49
Reg. Dist. No. 410

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 201 S. Main

3. NAME OF DECEASED (Type or Print)
a. (First): ORIN
b. (Middle): ELDRED
c. (Last): HAUGAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 26, 1919
9. AGE (In years last birthday): 53
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 4
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Haugan
BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: Olga Bjelland
BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 516-01-4469
17. INFORMANT'S OWN SIGNATURE: By phone from Livingston, Montana
ADDRESS:

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7, 1972, *to* 12-8, 1972, *that I last saw the deceased alive on* 12-8, 1972, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Twinner MD 922 (Degree or title)
23b. ADDRESS: Box 637 Hailey
23c. DATE SIGNED: 12/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify): enoval*Burial
24b. DATE: 12/9/72
24c. NAME OF CEMETERY OR CREMATORY: Mt.View Cemetery
24d. LOCATION (City, town, or county) (State): Livingston, Montana

DATE REC'D BY LOCAL REG.: Dec. 12-1972
REGISTRAR'S SIGNATURE: Cynthia B. Wright
25. EMBALMER: Bruce K. Rathke
LICENSE NO.: M-559

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5716
Local Reg. No. 50
Reg. Dist. No. 410

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Blaine 070	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley c. LENGTH OF STAY (In this place): 2days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Moritz Community Hospital 036	d. STREET ADDRESS (If rural, give location): Box 364 Sun Valley

3. NAME OF DECEASED (Type or Print)	a. (First): Arthur	b. (Middle): Carroll	c. (Last): Hastings Jr. III	4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 72	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: 9/20/57	9. AGE (In years last birthday): 15	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): L. A. California	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John T. Hastings	BIRTHPLACE: Lake port Calif.	14. MOTHER'S MAIDEN NAME: Lois Helms	BIRTHPLACE: Buffalo NewYork		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 567-66-8608	17. INFORMANT'S OWN SIGNATURE: X Lois Helms Hastings	ADDRESS: P.O. Box 364 Sun Valley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2079

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Leukemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 83353

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10, 1972, *to* 12/11, 1972, *that I last saw the deceased alive on* 12/10, 1972 *and that death occurred at* 6:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ivan J. Guslafson	973 (Degree or title): M D	23b. ADDRESS: Sun Valley, Idaho	23c. DATE SIGNED: 12/13/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Ketchum City	24d. LOCATION (City, town, or county): Ketchum, (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 15-1972	REGISTRAR'S SIGNATURE: Cynthia B. Wright	25. EMBALMER: Bruce K. Rathke	LICENSE NO.: M-559

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Bird Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5717
Local Reg. No. 51
Reg. Dist. No. 410

RECEIVED DEC 21 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blaine CO. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) R. c. (Last) LILYA

4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1972

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 28, 1903
9. AGE (In years last birthday) 69
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office
10b. KIND OF BUSINESS OR INDUSTRY Post Master
11. BIRTHPLACE (State or foreign country) Salt LakeCity, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Southern, BIRTHPLACE Leeds, Yorkshire, England
14. MOTHER'S MAIDEN NAME Alice Jane BIRTHPLACE SaltLakeCity, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-46-2623
17. INFORMANT'S OWN SIGNATURE X Alyce Lois - ADDRESS Mackay, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kimmel steel-Wilson syndrome
DUE TO (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1969, to 12-14, 1972, that I last saw the deceased alive on 12-14, 1972, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE B. Gwinner MD 922 (Degree of title)
23b. ADDRESS Box 637 Hailey
23c. DATE SIGNED 12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/19/72
24c. NAME OF CEMETERY OR CREMATORY Timmerman Cemetery
24d. LOCATION (City, town, or county) Bellevue, (State) Idaho

DATE REC'D BY LOCAL REG. Dec 19-1972
REGISTRAR'S SIGNATURE Cynthia B. Wright
25. EMBALMER Keith Bird Keith Bird
LICENSE NO. M373
FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5718
Local Reg. No. 52
Reg. Dist. No. 410

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Blaine Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) FOREST b. (Middle) HOWARD c. (Last) ELDREDGE

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 15, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 13, 1890
9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months Days:
IF UNDER 24 HRS. Hours Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Herder
10b. KIND OF BUSINESS OR INDUSTRY: Sheep
11. BIRTHPLACE (State or foreign country): Coalville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Forest H. Eldredge BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: Ruth Howard BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-20-8792
17. INFORMANT'S OWN SIGNATURE: X Willard Eldredge ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

582X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic glomerulonephritis
DUE TO (c) ASAD

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1972 to 12-15, 1972, that I last saw the deceased alive on 12-15, 1972 and that death occurred at 2 PM m., from the causes and on the date stated above.

23a. SIGNATURE: R Gwinner (Degree or Title) MD
23b. ADDRESS: Box 637 Hailey
23c. DATE SIGNED: 12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/72
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: DEC-19-1972
REGISTRAR'S SIGNATURE: Cynthia B. Wright
25. EMBALMER: Buck Rathke
LICENSE NO.: M-559

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 14 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5719
Local Reg. No. 53
Reg. Dist. No. 410

BIRTH NO.

RECEIVED DEC 21 1972

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Oma	Ann	McGraw	12	16	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	7/29/15	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Koehling, Joseph	Germany	May Gibson	Eureka Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X O. C. McGraw
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 174X DUCT CELL CARCINOMA RT. BREAST. — INTERVAL BETWEEN ONSET AND DEATH: 3 23 MOS.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): NOT KNOWN -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: WIDESPREAD & GENERALIZED METASTASIS -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-6-71	DUCT CELL CA & WIDESPREAD LYMPH NODE INVOLVEMENT	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1964 19__ *, to* Dec 19 72 *, that I last saw the deceased alive on* 12-16-72 *, 19__, and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Alden M Gochen MD (Degree or title)	Hailey, Idaho	12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/20/72	Hailey City	Hailey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 19 1972	Cynthia D. Wright	Bruce K. Rathke	M559

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Bird Funeral Home

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 29 1972 Bureau of Vital Statistics

State File No. 5720
Local Reg. No. 54
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 056 Meritz Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 414 3rd Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) FLORENCE b. (Middle) ELLEN c. (Last) GLENN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 7, 1894

9. AGE (In years last birthday): 78
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Drewsey, Oregon

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James T. Moffett
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Emma Miller
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-6553A

17. INFORMANT'S OWN SIGNATURE: A. T. Glenn ADDRESS: Hailey Idaho Box 187

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1247 Carcinoma of breast with multiple metastases — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 4 Years. Arterio Sclerotic Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY: Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1971, to Dec 19, 1972, that I last saw the deceased alive on Dec 19, 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): B. L. Knibbs M.D.

23b. ADDRESS: Sun Valley Idaho

23c. DATE SIGNED: Dec 26 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/22/72

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Dec-27-1972

REGISTRAR'S SIGNATURE: Cynthia B. Wright

25. EMBALMER: Buck Rathbo

LICENSE NO.: M 559

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5721
Local Reg. No. 2
Reg. Dist. No. 410

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Sun Valley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meritz Community Hosp. 536

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington 48
b. COUNTY: King 553
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Renton
d. STREET ADDRESS (If rural, give location): 3220 Lake Wash. Blvd. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HELEN		REED	Dec. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	Widowed	5/13/1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Litart, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clyde Alaxander	Ohio	Belle Wolfe	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	298-56-8416	Raymond M. Reed	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute Infarction of the myocardium — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Due to Arteriosclerotic Coronary — 23 Hours
DUE TO (c) Artery Thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9 AM 12/27, 1972 to 12/28, 1972, that I last saw the deceased alive on 12/28, 1972, and that death occurred at 8:20 A.M. from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
B. L. Kreibaum MD 296 (Degree or title)	Sun Valley Idaho	1/4/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Removal	12/ /72	Forest Lawn Cemetery	Columbus, Ohio	Bruce Rathke	M 559

DATE REC'D BY LOCAL REG. Jan-8-1973
REGISTRAR'S SIGNATURE Cynthia B. Wright
FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5722
Local Reg. No. 1
Reg. Dist. No. 410

RECEIVED
JAN 4 - 1973
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Blaine County Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 215 1st Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) Lottie; b. (Middle); c. (Last) Ravenscraft
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 72
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5/22/1881
9. AGE (In years last birthday): 91 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lincolnshire England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Fredrick Brett BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sara Cooper BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-20-1470
17. INFORMANT'S OWN SIGNATURE: Mrs. Mae Wilkins ADDRESS:

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Incarcerated Rt. Femoral Hernia

19a. DATE OF OPERATION: 12-16-72
19b. MAJOR FINDINGS OF OPERATION: Same as above.
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1964, 19__, *to* 12-31, 1972, *that I last saw the deceased alive on* 12-30-72, 19__, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alden W Parker MD (Degree or title)
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED: 1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/3/73
24c. NAME OF CEMETERY OR CREMATORY: Hailey City
24d. LOCATION (City, town, or county): Hailey, (State): Idaho

DATE REC'D BY LOCAL REG.: Jan-2-1973
REGISTRAR'S SIGNATURE: Cynthia D. Wright
25. EMBALMER: Bruce K. Pathke
LICENSE NO.: M-559

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 11 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5723
Local Reg. No. 121
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Rt. 6, Priest River; c. LENGTH OF STAY (In this place): 45 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Rt. 6, Priest River
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. 6, Priest River, ID 000	d. STREET ADDRESS (If rural, give location): Home, Rt. 6, Priest River, ID

3. NAME OF DECEASED (Type or Print)	a. (First): Gertrude	b. (Middle): (NMI)	c. (Last): Smith	4. DATE OF DEATH (Month) Dec. (Day) 2, (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug.26,1890	9. AGE (In years last birthday): 82; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Unobtainable	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Unobtainable	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-56-2650	17. INFORMANT'S OWN SIGNATURE: Catherine Brake	ADDRESS: 2118 E Longfellow Spokane Wa 99207	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I a~~tended the deceased from~~* made, ~~19~~ inquiry, ~~19~~ *~~that I last saw the deceased alive~~ on* Dec. 4, 1972, 19__, *and that death occurred at* 5:30 p*m., from the causes and on the date stated above.*

23a. SIGNATURE: Dale G Coffer	583 (Degree or title) 4 Coroner	23b. ADDRESS: Sandpoint, Idaho	23c. DATE SIGNED: Dec. 8, 1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/7/72	24c. NAME OF CEMETERY OR CREMATORY: Evergreen	24d. LOCATION (City, town, or county): Priest River (State): Idaho
DATE REC'D BY LOCAL REG.: Dec 8, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: C. E. Sherman	LICENSE NO.: QL155

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Sherman Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 6 1973

JUN 3 0 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 14 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5724
Local Reg. No. 126
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmira c. LENGTH OF STAY (In this place): minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burlington-Northern R.R. crossing	d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First) LORADELLE	b. (Middle) M.J.	c. (Last) WIDERSTROM	4. DATE OF DEATH (Month) December (Day) 3 (Year) 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: July 16, 1945	9. AGE (In years last birthday): 27 — IF UNDER 1 YR. Months - Days - — IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Harmon Snyder	BIRTHPLACE: Kansas	14. MOTHER'S MAIDEN NAME: Ramona Howell	BIRTHPLACE: Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY NO.: 518-50-5552	17. INFORMANT'S OWN SIGNATURE: Ramona Snyder	ADDRESS:	

8109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Massive Brain Injury	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Compound Fracture right parietal bone	
DUE TO (c)	Trauma received in Car-Train Wreck	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Multiple lacerations	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): R.R.Crossing 04	21c. (CITY, TOWN, OR TOWNSHIP): Elmira 15-090 (COUNTY): Bonner (STATE): Idaho	
21d. TIME OF INJURY (Month) Dec. (Day) 3, (Year) 1972 (Hour) 1:30p m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car-Train Accident	

22. *I hereby certify that I attended the deceased from* made inquiry *, 19 ---, to ---------- , 19 ----, [illegible] on* Dec. 4, 1972 *, 19 ____, and that death occurred at* 1:30pm *from the causes and on the date stated above.*

23a. SIGNATURE: Dale G Coffelt	583 (Degree or title) 4 Coroner	23b. ADDRESS: Box 949 Sandpoint, Idaho	23c. DATE SIGNED: Dec.12,1972
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 7,1972	24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park	24d. LOCATION (City, town, or county): Sandpoint (State): Idaho
DATE REC'D BY LOCAL REG.: Dec 12, 1972	REGISTRAR'S SIGNATURE: Ramona Spickelmire	25. EMBALMER: Dale G. Coffelt	LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 14 1972

JAN 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5725
Local Reg. No. 125
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmira
c. LENGTH OF STAY (In this place): minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. STREET ADDRESS (If rural, give location): Rural

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burlington-Northern R.R. crossing

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ADREA	LEAN	WIDERSTROM	December 3 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months - Days -	IF UNDER 24 HRS. Hours - Min. -
female	white	never married	March 19, 1970	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Steven Widerstrom	Idaho	Loradelle Snyder	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -	none	John Steven Widerstrom	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma received in car-train wreck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of arms and legs and multiple lacerations also massive hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	R.R. crossing	Elmira	Bonner	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 3, 1972 1:30 p.m.		Car-Train Accident

22. I hereby certify that I attended the deceased from made inquiry and that I last saw the deceased alive on December 4th 72, and that death occurred at 1:30pm from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dale G Coffelt	Coroner	Box 949 Sandpoint, Idaho	Dec.12,1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Dec. 7, 1972	Pinecrest Memorial Park	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 12, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 14 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5726
Local Reg. No. 124
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmira c. LENGTH OF STAY (In this place): minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burlington-Northern R.R.crossing 000	d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LARRY	LEO	HALVERSON	December 3 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	IF UNDER 1 YR. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
male	white	never married	August 18,1963	9	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student 9	school	California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leo S. Halverson	Washington	Loradelle Snyder	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	none	Leo Shep Halverson	

8101

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Increased Intracranial Pressure Acute	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Subdural Hemorrhage	
DUE TO (c)	Trauma received in car train wreck	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1 Accident	R.R. crossing 04	Elmira 13-090 Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Dec. 3, 1972 1:30 p. m.		car-train accident

22. *I hereby certify that I attended the deceased from* made inquiry *, 19 to 19 that I last saw the deceased alive on* Dec. 4th *, 19* 72 *, and that death occurred at* 1:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dale G Coffelt	583 Coroner 4	Box 949 Sandpoint, Idaho	Dec.12, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1972	Pinecrest Memorial Park	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 12, 1972	Ramona Spickelmire	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5727
Local Reg. No. 122
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1313 Pine Street

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL; b. (Middle) N·N; c. (Last) COBLE
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1972
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 31, 1891
9. AGE (In years last birthday): 81
IF UNDER 1 YR. Months - Days -
IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Cooper
BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Etta Kester
BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 518-82-2722
17. INFORMANT'S OWN SIGNATURE: C. O. Coble
ADDRESS

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac & respiratory arrest
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Progressive brain damage
DUE TO (c) due to massive CVA
INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ASHD

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1953, to December 3, 1972, that I last saw the deceased alive on December 3, 1972, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: 514 N 3rd Sandpoint, Id.
23c. DATE SIGNED: 12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6, 1972
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Memorial Park
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Dec 8, 1972
REGISTRAR'S SIGNATURE: Ramona Spickelmire
25. EMBALMER: Dale G. Coffelt
LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service FORM DH-63021
FIRM NAME: Coffelt FUneral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 13 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 11 1972 Bureau of Vital Statistics

State File No. 5728
Local Reg. No. 528
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 901 Ontario

3. NAME OF DECEASED (Type or Print): a. (First) BONNIE; b. (Middle) LEE; c. (Last) BEHMERWOHLD

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1972

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 5, 1911

9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months: - Days: -
IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rogan D. Wood
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Millie G. Tyree
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 401 28 3827

17. INFORMANT'S OWN SIGNATURE: Walter J Behmerwohld
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 2 hours
DUE TO (c) Coronary arteriosclerosis — -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE - (Specify) -

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) -

21c. (CITY, TOWN, OR TOWNSHIP) - (COUNTY) - (STATE) -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from July, 1972, to December 3, 1972, that I last saw the deceased alive on Dec 3, 1972, and that death occurred at 7:36 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Edward A Drage MD (Degree or title)

23b. ADDRESS: 574 N 3rd Sandpt. Ida

23c. DATE SIGNED: 12/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal

24b. DATE: Dec. 8, 1972

24c. NAME OF CEMETERY OR CREMATORY: Heron Cemetery

24d. LOCATION (City, town, or county): Heron (State): Montana

DATE REC'D BY LOCAL REG.: Dec 8, 1972

REGISTRAR'S SIGNATURE: Ramona Spickelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

M

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

State File No. 5729
Local Reg. No. 128
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY: Bonner	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Oldtown c. LENGTH OF STAY (In this place): 52 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Oldtown
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home, Idaho Hill	d. STREET ADDRESS (If rural, give location): Idaho Hill

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Helen	Ruth	McKern	Dec 11 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	9/5/1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald Rotchford	Illinois	Nel Stedman	OMaha, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	531-16-3098	William B. McKern	Rt 2 Newport Wa.

2509

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	cute myocardial infarction	5 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetesmellitus	3 yrs
DUE TO (c)	Chronic brain syndrome	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 26, 19 72, *to* Dec 5, 1972, 19____, *that I last saw the deceased alive on* Dec 5, 1972 19____, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
R.B. Monroe 200 (Degree or title) / MD	Box 130 Newport, Wn. 99156	12/13/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/14/72	Highland Cemetery	Colville, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 18, 1972	Ramona Spickelmire	C. E. Sherman	QL145

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Sherman Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5730
Local Reg. No. 1
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 3 mi. w. Cocallala
c. LENGTH OF STAY (In this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rural 3 mi. w. of Cocallala

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 3 mi. W. of Cocallala
d. STREET ADDRESS (If rural, give location): Rural 3 mi. W. of Cocallala

3. NAME OF DECEASED (Type or Print): a. (First) GILBERT b. (Middle) FRANKLIN c. (Last) HAY

4. DATE OF DEATH (Month) (Day) (Year): December 21, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: October 13, 1908

9. AGE (In years last birthday): 64
IF UNDER 1 YR. Months - Days -
IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Hay BIRTHPLACE: OHIO

14. MOTHER'S MAIDEN NAME: no record BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 290-09-0354

17. INFORMANT'S OWN SIGNATURE: Mrs Gilbert Hay ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atherosclerotic - Cardio — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Renal disease
DUE TO (c) Diabetes Mellitus, severe 25 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, severe

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 58 to June, 19 70, that I last saw the deceased alive on June 17, 19 70, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE: R. Munson (Degree or title) MD

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 26, 1972

24c. NAME OF CEMETERY OR CREMATORY: Westmond Cemetery

24d. LOCATION (City, town, or county): Westmond (State): Idaho

DATE REC'D BY LOCAL REG.: Jan 3, 1973

REGISTRAR'S SIGNATURE: Ramona Speckelmire

25. EMBALMER: Dale G. Coffelt

LICENSE NO.: E-502

FIRM NAME: Coffelt Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 0 1973

MAY 2 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 3 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5731
Local Reg. No. 2
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
c. LENGTH OF STAY (In this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rural Hope 060

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location): Rural Hope

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARJORIE	JULLIETTE	JONES	December 24 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	December 30,1910	61	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
teacher	education	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George K. Taft	N.Dakota	Lillie L. Eagon	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	545-26-9795	William C. Jones	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Respiratory and cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Cachexia and malnutrition — 3-4 wks
DUE TO (c) Generalized metastatic carcinoma — 3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
primary in the bowel

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
-	-	-	-	-	-

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
-	-	-	- m.		- - - -

22. *I hereby certify that I attended the deceased from* August 30, 1972, *to* December 24, 1972, *that I last saw the deceased alive on* December 23, 1972, *and that death occurred at* 10:45P, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	[signature]	12/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec.28,1972	Hope Cemetery	Hope Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 5, 1973	Ramona Spickelmier	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5732
Local Reg. No. 3
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 12 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELMER	FLOYD	KILE	December 28 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	June 30, 1897	75	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	own farm	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Kile	Illinois	Lilly Belle Phillips	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - -	518-18-8698	Leonard L Kile	Sagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) VENTRICULAR ASYSTOLE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CONGESTIVE HEART FAILURE
DUE TO (c) PULMONARY EMPHYSEMA

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
-	-	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - m.	-	-

22. I hereby certify that I attended the deceased from JULY 15, 1972 to DEC. 28, 1972, that I last saw the deceased alive on DEC. 27, 1972 and that death occurred at 1:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward A Draper MD	514 N. THIRD, SANDPOINT	1/3/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Burial	Dec. 30, 1972	Westmond Cemetery	Westmond Idaho	Jan. 11, 1973	Ramona Spickelmire	Dale G. Coffelt	E-501

FIRM NAME: Coffelt Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5733
Local Reg. No. 414
Reg. Dist. No. 670

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 284 4th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dora	May	Hammer	November 18 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Nov. 19, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Ammon, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Denning	USA	Dora M. Rawson	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 24 1718A	X Connie Knudsen	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Congestive failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 - 5 , 1968 , to 11 - 18 , 1972 , *that I last saw the deceased alive on* 11 - 18 , 1972 , *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Fisher MD	1050 Memorial Drive Idaho Falls, Idaho 83401	12-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/21/72	Ammon Cemetery	Ammon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 20 '72	Anna Budge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended
January 10, 1973

Certificate of Death
STATE OF IDAHO

5734

State File No.
Local Reg. No. 415
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (rural area)
d. STREET ADDRESS (If rural, give location): 6 miles south of Ashton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Carl	Whitmore	Nov. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 28, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Farnum, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James S. Whitmore	Roanoke, Va.	Viola Simpson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-16-0792	Mary Whitmore	Rt 2, Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 14 Nov. , 19 72 , *to* Nov 21 , 19 72 , *that I last saw the deceased alive on* 21 Nov. , 19 72 *and that death occurred at* 11:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. K. Krantz, M.D.		798 So. Blvd., Idaho Falls, Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 25,1972	Pineview Cemetery	Ashton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 20,1972	Anna Bridges	Robert Bean	M-456

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS BUREAU OF JAN 11 11 48 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for John Carl Whitmore (Name on Original Certificate) who died (Was Born or Died) on Nov 21, 1972 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#1d Place of Death (Hospital)	Sacred Heart Hospital	L. D. S. Hospital
#1c Length of Stay (Hospital)	2 days	7 days

Subscribed and sworn to before me this 9th day of January, 1973.
Notary Public, residing at Ashton, Idaho
My commission expires 7/31/73
(Seal)

Signed Brian Quinn Bean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ashton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1973.
Notary Public, residing at Ashton Idaho
My commission expires 7/31/73
(Seal)

Signed Billy J Bishoff
(Signature of Any Credible Person)
Teton, Idaho
(Street Address, City, State)

FORM DN 60-155

Idaho Falls, Idaho

John Carl Intagre died Nov 21, 1972

Sacred Heart Hospital 2 days

U. S. Hospital 7 days

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

State File No.
Local Reg. No. 415
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (rural area)
d. STREET ADDRESS (If rural, give location): 6 miles south of Ashton

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Carl c. (Last) Whitmore

4. DATE OF DEATH: (Month) Nov (Day) 21, (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 28, 1914

9. AGE (In years last birthday): 58
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Farnum, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James S. Whitmore
BIRTHPLACE: Roanoke, Va

14. MOTHER'S MAIDEN NAME: Viola Simpson
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-16-0792

17. INFORMANT'S OWN SIGNATURE: Mary W Whitmore
ADDRESS: R#2 Ashton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute myocardial infarction.
INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Nov, 1972 to Nov. 21, 1972, that I last saw the deceased alive on 21 Nov, 1972 and that death occurred at 11:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title)

23b. ADDRESS: 798 So. Blvd., Idaho Falls, Ida.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 25, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery

24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: Dec. 20 -'72

REGISTRAR'S SIGNATURE: Anna Rudges

25. EMBALMER: Robert Bean

LICENSE NO.: M-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 08 1999
AUG 02 1999

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5735
Local Reg. No. 404
Reg. Dist. No. 610

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (In this place) 3 Dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Utah 45
b. COUNTY Beaver 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Minersville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) Alace c. (Last) Rollins

4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1972

5. SEX Female
6. COLOR OR RACE Cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 23 1894
9. AGE (In years last birthday) 78 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houses Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minersville, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Carbridge BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Hannah Cornford BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. WD 297504
17. INFORMANT'S OWN SIGNATURE Raymond Fowler ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 4-5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — 1 week
DUE TO (c) Hypertensive Cardiovascular disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 1-2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Nov, 1972 *to* 30 Nov, 1972, *that I last saw the deceased alive on* 30 Nov, 1972 *and that death occurred at* 4 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE D C Stoddard 503 (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 12 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/1/72
24c. NAME OF CEMETERY OR CREMATORY Minersville
24d. LOCATION (City, town, or county) Minersville Beaver (State) Utah

DATE REC'D BY LOCAL REG. 12/15/72
REGISTRAR'S SIGNATURE Anna Bridger
25. EMBALMER Lloyd M Nalder
LICENSE NO. M 275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5736
Local Reg. No. 405
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY	Bonneville	a. STATE	Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Idaho Falls	b. COUNTY	Bonneville
c. LENGTH OF STAY (In this place)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	L.D.S. Hospital 042	d. STREET ADDRESS (If rural, give location)	272 6th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Bell Watson Andrews	Ross	Dec. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Nov 10, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Ogden, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred Robert Watson	England	Margaret Ernestine Bingham	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-24-4467	Joseph J. Ross	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Coronary occlusion	6-8 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Artery Disease	1 year
DUE TO (c)	Arteriosclerotic heart disease	several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 67 *to* 24 Nov 72, *that I last saw the deceased alive on* 24 Nov 72, *and that death occurred at* 5:47 *m., from the causes and on the date stated above.* 2 Dec 72

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
W C Stoddard	MD	Idaho Falls, Idaho	12 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 5, 1972	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19-1972	Verna Bredgen	Bo A. Williams	M-319

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

5737

State File No.
Local Reg. No. 407
Reg. Dist. No. 670

FILED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Latter-Day Saint Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Route # 1 Box 80

3. NAME OF DECEASED (Type or Print) a. (First): JOHN b. (Middle): WILBURN c. (Last): LEE

4. DATE OF DEATH (Month) (Day) (Year): Dec 3, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 19, 1901

9. AGE (In years last birthday): 71
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Grant, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Lee
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Eliza Taylor
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-10-8064A

17. INFORMANT'S OWN SIGNATURE: J. Mabel Lee
ADDRESS: Rt.# 1 Box 80 Rigby, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) angina Pectoris — 15 yrs.
DUE TO (c) Coronary Heart Disease — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1955, to Dec 2, 1972, that I last saw the deceased alive on Dec 2, 1972, and that death occurred at 8:00p m., from the causes and on the date stated above.

23a. SIGNATURE: Clifford B. Rigby (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/6/72

24c. NAME OF CEMETERY OR CREMATORY: Grant Central

24d. LOCATION (City, town, or county) (State): Grant Jefferson Idaho

DATE REC'D BY LOCAL REG.: 12/18/72

REGISTRAR'S SIGNATURE: Emma Burdge

25. EMBALMER: Sidney [illegible]

LICENSE NO.: M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5738
Local Reg. No. 406
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED DEC 19 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 3 Box 281

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gilbert	J.	Stafne	December 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 17, 1891	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Business Administrator	Finance	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erik Stafne	Norway	Christine Hagen	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	502 28 4092	Mrs R R Smith	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, general

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-13 , 19 70 , *to* 12/4 , 19 72 , *that I last saw the deceased alive on* 12/4 , 19 72 , *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 540-1	Idaho Falls, Ida	12/8/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/7/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 12-72	Anne Bridges	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 30 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5739
Local Reg. No. 399
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 915 Alameda

3. NAME OF DECEASED (Type or Print): a. (First) Jeffrey; b. (Middle) Denzel; c. (Last) Rainey

4. DATE OF DEATH: (Month) December (Day) 4 (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 27, 1966

9. AGE (In years last birthday): 6
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alton Denzel Rainey
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Ann LaRee Park
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Alton D Rainey
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombocytopenia — days
DUE TO (c) lymphoblastic lymphoma — days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-1-72
19b. MAJOR FINDINGS OF OPERATION: node abdominal lymphoma
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-72, 19__, to 12-4-72, 19__, that I last saw the deceased alive on 12-4-72, 19__, and that death occurred at 12 N m., from the causes and on the date stated above.

23a. SIGNATURE: Wm W Keeton MD (Degree or title)
23b. ADDRESS: 825 S. Blvd. Idaho Falls
23c. DATE SIGNED: 12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/7/72
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Idaho Falls
(State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 12-72
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5740
Local Reg. No. 401
Reg. Dist. No. 610

RECEIVED DEC 19 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital	d. STREET ADDRESS (If rural, give location): 825 Jeri Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) LE ROY	b. (Middle) EDWARD	c. (Last) DUNSTER	4. DATE OF DEATH (Month) (Day) (Year)	December 5, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 3, 1922	9. AGE (In years last birthday): 50	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrator	10b. KIND OF BUSINESS OR INDUSTRY: Atomic Energy	11. BIRTHPLACE (State or foreign country): Bowell Alberta, Canada	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Jack Dunster	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Selma Gunderson	BIRTHPLACE: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II	16. SOCIAL SECURITY NO.: 516-03-4844	17. INFORMANT'S OWN SIGNATURE: Zoe F Dunster	ADDRESS		

1570

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma Head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 years Estimated

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-10-71	19b. MAJOR FINDINGS OF OPERATION: Carcinoma head of pancreas	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1971, *to* Dec 5, 1972, *that I last saw the deceased alive on* Dec 5, 1972, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Hart Wm	23b. ADDRESS: 756 Xford Idaho Falls	23c. DATE SIGNED: 12-8-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 8, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 14 -72	REGISTRAR'S SIGNATURE: Gene A Bridges	25. EMBALMER: Buckmann	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5741
Local Reg. No. 402
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1529 Glen Arbor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1529 Glen Arbor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eliza		Christiansen	December 6 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 27, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker	Own Home	Lewisville, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George E. Casper	Utah	Eliza Wray	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 22 5924	Albert H. Christiansen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	3480 aspiration pneumonea	1day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Amyotrophic lateral sclerosis	1year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid arthritis	20years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____ 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David B. Baumann M.D.	Idaho Falls, Idaho	8 Dec 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/9/72	Lewisville Cemetery	Lewisville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/14/72	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 7 1990
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

State File No. 5742
Local Reg. No. 410
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D. O. A. Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 575 Tiger Ave. #55

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	FRANK	CARNES	December 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	April 21, 1922	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Doctor	Vet. Med.	Henryetta, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Carnes	Missouri	Viola M. Traw	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	445-10-0510	x Mrs John F Carnes	Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ruptured Myocardium — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent myocardial infarction
DUE TO (c) Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-5, 1963 *to* 12/7, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Idaho Falls, Ida	12/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1972	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19-72	Anna Bridges	Orland C. Buck	M250

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5743
Local Reg. No. 408
Reg. Dist. No. 670

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idahl
b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 255 So. Highbee

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mrs.	Gertrude	Hart Gleim	Dec. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Jan 27, 1881	91	10	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Carrol, Iowa	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Hart	Iowa	Mary Jane Campbell	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-2043	Lois E. Bergeson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January, 1964, to Dec 7, 1972, that I last saw the deceased alive on Nov 28, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Byron T Wicks MD (Degree or title) 556-1	Idaho Falls, Idaho	12/14/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 13, 1972	Mt. View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18-'72	Emma Budge	Leo A Williams	M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5744
Local Reg. No. 420
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
LENGTH OF STAY (In this place): 13 Dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 295 E. 16th Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) c. (Last) Gjettrup
4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1972
5. SEX: Male
6. COLOR OR RACE: Cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 27 Dec 1888
9. AGE (In years last birthday): 83 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairview Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Carl Martin Gjettrup BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Caroline Peterson BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW1 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-1937 JI
17. INFORMANT'S OWN SIGNATURE: Belle Gjettrup ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4319

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 March, 1952 *to* 9 December, 1972, *that I last saw the deceased alive on* 9 December 1972 *and that death occurred at* 7:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. T. Gjettrup (Degree or title) 294-1
23b. ADDRESS: 798 So. Blvd., Idaho Falls, Ida.
23c. DATE SIGNED:
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 13 Dec. 1972
24c. NAME OF CEMETERY OR CREMATORY: Gosehen
24d. LOCATION (City, town, or county): R#2 Shelley, (State) Idaho
DATE REC'D BY LOCAL REG.: Dec. 26-72
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Lloyd M. Malder
LICENSE NO.: M 275
FIRM NAME: Malder Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973
MAR 1 1 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5745
Local Reg. No. 409
Reg. Dist. No. 611

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DENNIS	BRAITHWAITE		Dec. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	single	April 7, 1953	19	8 / 3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student		Idaho Falls Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Russell Braithwaite	Sharon, Nebraska	Elaine Phillips	Goshen, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		G. W. Braithwaite	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 7469 Incident to defective health

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital heart, blindness and
DUE TO (c): marked retardation of development

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* December 10, 19 72, *that I last saw the deceased alive on* December 10, 19 72, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Milton T. Rees M.D	148 N. Corner Ave, Idaho Falls, Idaho	12-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 12, 1972	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19-72	Lenna Badger	Leo A Williams	M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Harvey

Certificate of Death
STATE OF IDAHO

State File No. 5746
Local Reg. No. 419
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 845 W. Elva

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph		Rammell	Dec. 10, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Jan 21, 1906	66	10 / 19	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Tetonia, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Rammell		Josephine Nielson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Edith H. Rammell	845 W. Elva Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4379

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cerebral Degeneration. (Senile Dementia) — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Bronchitis - Asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1964, to Dec. 10, 1972, that I last saw the deceased alive on Dec. 10, 1972, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch M.D.	Idaho Falls Idaho	Dec. 13, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 14, 1972	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 21-'72	Emma Bridges	Leo A. Williams	M-319

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 22 1972
JUL 30 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5747
Local Reg. No. 416
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 335 East 19th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norman	LaMond (Monte)	Waters	December 10 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	November 17, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Claims Clerk 3	Union Pacific R.R.	Ammon, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Seth Waters	Utah	Frances Ethel Crow	Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518 10 9797	Donna L. Waters	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 10, 1972 to Dec 10, 19__, that I last saw the deceased alive on Dec 10, 1972 and that death occurred at 2 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Idaho Falls, Idaho	12-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/13/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29-'72	[signature]	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5748
Local Reg. No. 442
Reg. Dist. No. 610

BIRTH NO. 72-11663

RECEIVED JAN 23 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 340
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): Route # 1 Box 177

3. NAME OF DECEASED (Type or Print): a. (First) Trenna b. (Middle) Marie c. (Last) Spaulding

4. DATE OF DEATH (Month) (Day) (Year): December 11 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: November 29, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months / Days: 12; IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bruce W. Spaulding
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Linda Peterson
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Bruce W. Spaulding
ADDRESS: Paul, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7463

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Renal failure with anuria — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Disseminated intravascular coagulation defect
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — 1 day
DUE TO (c) Congenital heart disease — Birth
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Ventricular septal defect + atresia of thoracic aorta) — "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Nov. 1972 *to* 11 Dec. 1972 *that I last saw the deceased alive on* 11 Dec. 1972 *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M K Reichelt, MD (Degree or title) 304-1
23b. ADDRESS: 98 & Ogford Idaho Falls
23c. DATE SIGNED: 10 Jan '73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/13/72
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 15-'73
REGISTRAR'S SIGNATURE: Anna [illegible]
25. EMBALMER: Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 7 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D I S I N T E R M E N T P E R M I T

DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
Boise, Idaho

APPLICATION HAVING BEEN MADE for the disinterment of the body of TRENNA MARIE SPAULDING now lying buried in ROSE HILL Cemetery, in the City or Town of IDAHO FALLS County of BONNEVILLE State of Idaho, who died on the 11th day of DECEMBER 19 72, Aged ____ years ____ months 12 days, the cause of death being Congenital heart disease and not directly or indirectly by diphtheria; scarlet fever; smallpox; leprosy, asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by L. K. Lechelt, M.D. attending physician.

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by PRIVATE (private or public conveyance) to PAUL Cemetery in the City or Town of PAUL County of MINIDOKA State of IDAHO to take effect upon the approval by the local health officer of the City, Town, or County of BONNEVILLE it being understood and provided that nothing herein shall be deemed as contravening or in anyway modifying or releasing the regulations of the Department of Health and Welfare governing the transportation of bodies or the requirements for a transportation permit, and all transportation companies and common carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed embalmer in good standing.

Permit issued to:
Scott E. Rosenberg M-617
Payne Mortuary
221 W. Main St.
Burley, Idaho 83318

Janet M. Wick by Joyce B. Tolk
State Registrar, Bureau of Vital Statistics
Department of Health and Welfare

April 20, 1981
Date

The foregoing application for disinterment and removal is hereby approved by the Local Health Officer of the City, Town or County of Bonneville, State of Idaho.

Local Health Officer

Date

Certificate of Death
STATE OF IDAHO

State File No. 5749
Local Reg. No. 417
Reg. Dist. No. 676

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls LENGTH OF STAY (In this place) 6 Months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Good Samaritan Nursing Home	d. STREET ADDRESS (If rural, give location) 5512 Broadway

101 348

3. NAME OF DECEASED (Type or Print)	a. (First) RENA	b. (Middle)	c. (Last) ROBISON	4. DATE OF DEATH (Month) (Day) (Year) December 11,1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.20,1893	9. AGE (In years last birthday) 78 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Tyler, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dr. Robert Alfred Gardner	BIRTHPLACE Kentucky	14. MOTHER'S MAIDEN NAME Fannie Ella Gardner	BIRTHPLACE Tennessee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 460 02 1919	17. INFORMANT'S OWN SIGNATURE Vera Stickley	ADDRESS Idaho Falls, Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial failure	1 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic arteriosclerotic heart disease	
DUE TO (c)	Carcinoma of pancreas	7 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls, Bonneville, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19 70 *to* 12-11, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE P. Blair Schwartz (Degree or title)	23b. ADDRESS Idaho Falls, Idaho	23c. DATE SIGNED 12-18-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/13/72	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Siloam Springs, Arkansas		
DATE REC'D BY LOCAL REG. Dec. 20-72	REGISTRAR'S SIGNATURE Anna Bridger	25. EMBALMER Jack A. Wood, Jr.
LICENSE NO. 396		

FIRM NAME WOOD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

AUG 29 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5750
Local Reg. No. 411
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 596 Highland

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) c. (Last) CARLYLE
4. DATE OF DEATH (Month) (Day) (Year): December 12, 1972
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: December 12, 1972
9. AGE (In years last birthday) IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours 5 Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Claude Carlyle BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Louise Watts BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Claude E. Carlyle ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7762 Respiratory Distress Syndrome
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity (28 weeks gestation)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. J. Baker (Degree or title) M.D.
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 12-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 1972
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 19-'72
REGISTRAR'S SIGNATURE: Emma Bridges
25. EMBALMER: Buck-Sullivan
LICENSE NO.: M387

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

State File No. 5751
Local Reg. No. 472
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital	d. STREET ADDRESS (If rural, give location): 1083 Bingham

3. NAME OF DECEASED (Type or Print)	a. (First) CECIL	b. (Middle) LeCLARE	c. (Last) CHAFFEE	4. DATE OF DEATH (Month) (Day) (Year) December 12, 1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 17, 1897	9. AGE (In years last birthday): 75 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Municipal	11. BIRTHPLACE (State or foreign country): Livingston, Montana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: David Willie Chaffee	BIRTHPLACE: Vermont	14. MOTHER'S MAIDEN NAME: Sina Lee Cobb	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-36-3357	17. INFORMANT'S OWN SIGNATURE: Lorraine J. Chaffee	ADDRESS: Idaho Falls	

1621

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic Cancer of Lung — Mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *19*__, *to* Dec 12, *19*72, *that I last saw the deceased alive on* Dec 12, *19*72, *and that death occurred at* 4 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold Patton	1037 (Degree or title) MD	23b. ADDRESS: 825 S. BLVD Idaho Falls	23c. DATE SIGNED: 12/14/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 14. 72	24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 19-72	REGISTRAR'S SIGNATURE: Anna Bridger	25. EMBALMER: Bill Sullivan	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

SEP 1 0 1987
DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5752
Local Reg. No. 421
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Bonneville b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 2 days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls d. STREET ADDRESS (If rural, give location): 185 West 19th Street

3. NAME OF DECEASED (Type or Print)	a. (First): Warren	b. (Middle): B. (Dell)	c. (Last): Jones	4. DATE OF DEATH (Month) (Day) (Year): December 12 1972		
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 29, 1896	9. AGE (In years last birthday): 76	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Eureka, Utah	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Jones	BIRTHPLACE: Utah	14. MOTHER'S MAIDEN NAME: Elizabeth Tolley	BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1	16. SOCIAL SECURITY NO.: 518 12 7003	17. INFORMANT'S OWN SIGNATURE: Letter Jones	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease — Years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) With Coronary Insufficiency
DUE TO (c) & Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 65, to Dec 17, 19 72, that I last saw the deceased alive on Dec 17, 19 72, and that death occurred at 2P m., from the causes and on the date stated above.

23a. SIGNATURE: Dr Corbett MD	(Degree or title) 104-1	23b. ADDRESS: 798 So. Blvd., Idaho Falls, Ida.	23c. DATE SIGNED: 12.19.72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/16/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county): Shelley	(State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 22-72	REGISTRAR'S SIGNATURE: Lena Bridges	25. EMBALMER: Ralph M. Wood		LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5753
Local Reg. No. 419
Reg. Dist. No. 6110

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Extended care.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 390 W. 1st N. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	INA	JOSEPHINE	SMOUT	Dec. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Mar. 18, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Home	Smithfield, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Waldermar Petersen	Denmark	Christiana J. Christiansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-74-7536 518-14-2428D	Wilmer W. Smout	Idaho Falls, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1841 malignant melanoma (Vulva)

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastases.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1965, *to* Dec 13, 1972, *that I last saw the deceased alive on* Nov. 28, 1972, *and that death occurred at* 12:30A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron T. Weeks	M.D.	Idaho Falls, Idaho.	Dec 16, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Dec. 15, 1972	Rigby Pioneer	Rigby	Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 21-'72	Emma [illegible]	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH--63021

JAN 3 1973
APR 30 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

State File No. 5754
Local Reg. No. 413
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls	c. LENGTH OF STAY (In this place):
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Nursing Home 042	d. STREET ADDRESS (If rural, give location): Rt. #3 Riverton Rd.

3. NAME OF DECEASED (Type or Print) a. (First): JOHN	b. (Middle): HENRY	c. (Last): STONEMAN	4. DATE OF DEATH (Month) (Day) (Year): December 13, 1972		
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 16, 1876	9. AGE (In years last birthday): 96	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apiarist 7	10b. KIND OF BUSINESS OR INDUSTRY: Honey Production	11. BIRTHPLACE (State or foreign country): Staples, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: James Stoneman	BIRTHPLACE: Canada	14. MOTHER'S MAIDEN NAME: Catherine Kinsman	BIRTHPLACE: Canada		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 558-34-9856	17. INFORMANT'S OWN SIGNATURE: Mildred S. Aitken	ADDRESS: Rt. 1 Box 172 - I.F.		

4/23

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD c Decompensation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29, 1963, *to* 12-13, 1972, *that I last saw the deceased alive on* 12-13-72, 19___, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Hansen 200 (Degree or title)	23b. ADDRESS: PARREL L. HANSEN, M.D. 502 CLEVELAND ST. IDAHO FALLS, IDAHO 83401 PH. 523-0375	23c. DATE SIGNED: 12/15/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 16, 1972	24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 19-'72	REGISTRAR'S SIGNATURE: Anna Bridges	25. EMBALMER: Buck Sullivan	LICENSE NO.: M387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5755
Local Reg. No. 422
Reg. Dist. No. 610

72-9314
BIRTH NO.

RECEIVED JAN 3 - 1973 Vital Statistics Bureau

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 10/
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6799 North Jennifer Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 10/
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 6799 North Jennifer Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eric	David	Smart	December 15 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Sept. 30, 1972		2 / 15	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 9	None	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger Smart	Idaho	Dorothy Lee Hutchings	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Karen T. Smart	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7969

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Sudden unexpected infant death "(Crib Death)"

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home	Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
Dec 15 - 1972 4:00 AM/PM		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vernal C. Bydalek 683	Coroner 4	3824 E. 17th Idaho Falls Idaho	12-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/19/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29 - 72	Lenna Rudges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

13975 MC

RECEIVED JAN 9 - 1973

State File No. 5756
Local Reg. No. 428
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls — c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital	d. STREET ADDRESS (If rural, give location): 790 Winston Ave

3. NAME OF DECEASED (Type or Print) a. (First) Gwen b. (Middle) Phyllis c. (Last) Nelson Perry			4. DATE OF DEATH (Month) (Day) (Year) Dec 15, 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: June 26,1918	9. AGE (In years last birthday): 54 — IF UNDER 1 YR. Months 5 Days 19 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): (Mink Creek) Idaho	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: L. Walter Nelson — BIRTHPLACE: Idaho			14. MOTHER'S MAIDEN NAME: Lula Violet Olsen — BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 532-26-4846		17. INFORMANT'S OWN SIGNATURE: Stanley Perry	ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/16/72	19b. MAJOR FINDINGS OF OPERATION: Highly Anaplastic Lesion Body C5	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/4/77, 19___, *to* 12/15/72, 19___, *that I last saw the deceased alive on* 12/15/72, 19___, *and that death occurred at* 6:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1079 [illegible] (Degree or title)	23b. ADDRESS: 1746 Jefferson Idaho Falls	23c. DATE SIGNED: 12/20/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Burial	24b. DATE: Dec 19,1972	24c. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery	24d. LOCATION (City, town, or county) (State): Grace, Idaho
DATE REC'D BY LOCAL REG.: Jan. 2 '72	REGISTRAR'S SIGNATURE: Anna Bridger	25. EMBALMER: Leo A Williams	LICENSE NO.: M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
JUL 31 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5757
Local Reg. No. 423
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 3 - 1973 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2460 South Boulevard

3. NAME OF DECEASED (Type or Print): a. (First) Elmo b. (Middle) L. c. (Last) Anderson
4. DATE OF DEATH (Month) (Day) (Year): December 16 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 6, 1920
9. AGE (In years last birthday): 52
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Dept. Manager
10b. KIND OF BUSINESS OR INDUSTRY: Automotive
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Elias Anderson
BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Belva Mae Holtom
BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 518 12 2061
17. INFORMANT'S OWN SIGNATURE: Dorothy Anderson
ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — Interval between onset and death: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Interval between onset and death: 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1972, *to* 12-16, 1972, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 546-1
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 1/16/73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/72
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county): Rigby (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 29-'72
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Ralph M. Wood [signature]
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973
JUN 1 3 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5758
Local Reg. No. 424
Reg. Dist. No. 610

BIRTH NO.

JAN 3 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place): 10/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 642	d. STREET ADDRESS (If rural, give location): 146 East 1st North Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TRESSA	ELIZABETH	NIEDERER	December 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 27, 1906	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Salem, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest David Fullmer	Mapleton, Utah	Catherine Roberts	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-66-9762	Charles D. Niederer	Rexburg, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4310

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Intracerebral Hemorrhage	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardiovascular Dis.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 16 Dec, 1972 *to* 18 Dec, 1972, *that I last saw the deceased alive on* 17 Dec, 1972, *and that death occurred at* 12:00 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Steven D Smith M.D.	250 W. 13th St	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	December 20, 1972	Rexburg	Rexburg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26-72	Anna Bridges	Kenneth W. Flamm	M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 14 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5759
Local Reg. No. 425
Reg. Dist. No. 616

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (In this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Alzada b. (Middle) c. (Last) Quinn

4. DATE OF DEATH (Month) Dec (Day) 18 (Year) 1972

5. SEX F M.
6. COLOR OR RACE Cauce
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 20 Dec, 1891
9. AGE (In years last birthday) 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Orderville, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jesse Milo Palmer BIRTHPLACE Heber City, Utah
14. MOTHER'S MAIDEN NAME Amanda Jeanette Hoyt BIRTHPLACE Wash, Co., Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-8072
17. INFORMANT'S OWN SIGNATURE Wendell D Quinn ADDRESS

18. CAUSE OF DEATH 4409
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gangrene of the small bowel — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease, Diabetes mellitus arteriosclerosis obliterans — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1972 *to* Dec 18, 1972 *that I last saw the deceased alive on* Dec 18, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE M M Sutton 515 (Degree or title) M D.
23b. ADDRESS 1555 So Blvd Idaho Falls
23c. DATE SIGNED 12-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 22 Dec. 1972
24c. NAME OF CEMETERY OR CREMATORY Firth
24d. LOCATION (City, town, or county) Firth Bingham (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 26-'72
REGISTRAR'S SIGNATURE Anna Bridger
25. EMBALMER Lloyd M Nalder
LICENSE NO. M 275

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Nalder's Funeral Home Shelley, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5760
Local Reg. No. 426
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 275 South Eastern

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Isabell	Frances	Whitmill	December 19 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 6, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	St. Anthony, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Hanny	Switzerland	Alice Hammon	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 07 0625	J. Whitmill	Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

535X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gastritis with massive hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart and brain disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1964, to Dec 19, 1972, that I last saw the deceased alive on Dec 19, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Byront Weeks MD (Degree or title)	Idaho Falls Idaho	12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/22/72	Hillcrest Cemetery	Shelley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26 - 72	Verna Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5761
Local Reg. No. 434
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 9 - 1973

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): 625 1st East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marvin	Edward	Buck	December 20 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 19, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	General Store	Millford, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lon Buck	USA	Mae Rodebush	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	Not Available	Juanita Buck	Ririe, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 1/2 3

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with Acute Myocardial Insult and Arrhythmia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 4, 1972 *to* 12-20, 1972, *that I last saw the deceased alive on* 12-24, 1972, *and that death occurred at* 4 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	798 So. Blvd. Idaho Falls, Idaho	12-24-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/23/72	Ririe Shelton Cemetery	Ririe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 5-73	Emma Bridges	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

5762

State File No.
Local Reg. No. 427
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 3 - 1973

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1350 Shipp Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Christy	M. (Bea)	Young	December 22 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 26, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Hotel	Spanish Fork, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hyrum Argyle	Utah	Aurelia Thomas	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	564 38 5238A	Mrs Christie A. Scannell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4867

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-22, 1972 to 12-22, 1972, that I last saw the deceased alive on 12-22, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S. McMillan MD 3461	550-4th St Idaho Falls Ida	12-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/27/72	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 30-'72	Emma Bridges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5763
Local Reg. No. 429
Reg. Dist. No. 6/6

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1265 1st Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jay	A.	Gillies	December 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	October 24, 1924	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Trucking	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse A. Gillies	Utah	Amanda Wyant	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean War	519 24 1652	Lorraine Gillies	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4309

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subarachnoid hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David P. Bannister M.D.	Idaho Falls, Idaho	1/1/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/26/72	Ririe Shelton Cemetery	Ririe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 5-1972	Anna Budge	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 2 0 1980
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5764
Local Reg. No. 430
Reg. Dist. No. 670

BIRTH NO.

RECEIVED JAN 9 - 1973 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 150 So. 3rd West Street

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) B. c. (Last) KINGHORN

4. DATE OF DEATH: (Month) Dec. (Day) 24, (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 9, 1892

9. AGE (In years last birthday): 80
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Weber, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zacharia Ballantyne BIRTHPLACE: Salt Lake City, Ut.

14. MOTHER'S MAIDEN NAME: Martha Jane Ferrin BIRTHPLACE: Ogden, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-40-7429

17. INFORMANT'S OWN SIGNATURE: Jessie B. Kinghorn ADDRESS: Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

890X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Smoke Inhalation
DUE TO (c) Arteriosclerotic Heart Disease — years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Rigby (COUNTY) Jefferson (STATE) Idaho

21d. TIME OF INJURY (Month) Dec. (Day) (Year) 1972 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fire in the home -

22. I hereby certify that I attended the deceased from 12 October, 1972, to 24 December, 1972, that I last saw the deceased alive on 23 December, 1972, and that death occurred at 7:35a m., from the causes and on the date stated above.

23a. SIGNATURE: Asael Hall, 522 (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 12/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27-72
24c. NAME OF CEMETERY OR CREMATORY: Lewisville Cemetery
24d. LOCATION (City, town, or county) (State): Lewisville Jeff. Idaho.

DATE REC'D BY LOCAL REG.: Jan. 6 - 73
REGISTRAR'S SIGNATURE: Anna Bridger
25. EMBALMER: Bruce A. Eckersell
LICENSE NO.: M-404
FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

State File No. 5765
Local Reg. No. 431
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: LDS Extended Care Unit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Earnest b. (Middle) c. (Last) Lake
4. DATE OF DEATH (Month) (Day) (Year): December 25 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 19, 1902
9. AGE (In years last birthday): 70 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & City Employee
10b. KIND OF BUSINESS OR INDUSTRY: Farming & City
11. BIRTHPLACE (State or foreign country): Downey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Arthur Lake — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1921
16. SOCIAL SECURITY NO.: Not Available
17. INFORMANT'S OWN SIGNATURE: Earnest Lake Jr. ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4270

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1965, to death, 19____, that I last saw the deceased alive on 12-23, 1972 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD 1633
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 1/3/73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/72
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 5-1973
REGISTRAR'S SIGNATURE: Emma Bridges
25. EMBALMER: Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5766
Local Reg. No. 431
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: L.D.S. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): 935 K St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NATHAN	DORIS	MERRILL	Dec. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Sept 26, 1891	81	3 / 1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Richmond, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alma Merrill	Utah	Esmerilda Hendricks	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	529-10-7753	Odetta E. Merrill	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease 1 year

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Congestive Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/23, 1972, *to* 12/27, 1972, *that I last saw the deceased alive on* 12/27, 1972, *and that death occurred at* 8:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. T. Francis MD 394-1	798 S 3rd W Idaho Falls Idaho	4 Jan 73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem & Bur	Dec 30, 1972	Richmond Cemetery	Richmond, Utah.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 6-73	Lenna Bridges	Leo A Williams	M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5767
Local Reg. No. 440
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 16 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1110 Koster

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	ELIZABETH	FLYNN	December 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Aug. 23, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Lake City, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Jordan	Wisconsin	Ellen Flynn	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		539-56-2968	Margaret M. Bailey	Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — Interval between onset and death: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Interval: 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Thrombosis — Interval: 4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-18, 1972 to 12-28, 1972, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 546-1	Idaho Falls, Ida	1/5/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 31, 1972	St. Thomas Cemetery	Coeur d'alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 11-73	Anna Bridges	[signature]	M387

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Buck-Sullivan Funeral Home

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5768
Local Reg. No. 443
Reg. Dist. No. 670

BIRTH NO.

RECEIVED JAN 23 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Good Samaritan Rest Home 348

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marshall	Rooker	Sells	Dec. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Unknown	Mar. 13, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
steel mill worker 5	steel	Sayer, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marshall W. Sells	Unknown	Olive E. Kirby	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	708-18-4639	Earl F. Hurbon	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinomatosis 1621	6 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma Rt. Lung with	2 years
DUE TO (c)	meta-stases to mediastinum	6 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none performed.	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 10, 1972, to 29 Dec., 1972, *that I last saw the deceased alive on* 28 Dec., 1972, *and that death occurred at* 5:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall, M.D. 520	Rigby, Idaho	1-10-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Jan. 3, 1973	Salmon Cemetery	Salmon,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 15-'73	Anna Bridges	Dee Sullivan	E387

FIRM NAME: Buck Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5769
Local Reg. No. 437
Reg. Dist. No. 610

RECEIVED JAN 16 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (In this place) 101
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bingham 062
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, Idaho
d. STREET ADDRESS (If rural, give location) 307 W. Center

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) H
c. (Last) Ellis

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1972

5. SEX Male
6. COLOR OR RACE Cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1 July 1888
9. AGE (In years last birthday) 84
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lather
10b. KIND OF BUSINESS OR INDUSTRY Carpentery
11. BIRTHPLACE (State or foreign country) Dallas, Oregon
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isiaah Morgan Ellis
BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Rhoda Katherine
BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-3858
17. INFORMANT'S OWN SIGNATURE Earl Hampton
ADDRESS Shelley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Carcinoma of prostate (operated)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* Dec. 29, *, 19*72 *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Harvey A Hatch 208 (Degree or title) MD
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED Jan 4, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2 Jan 1973
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) Shelley, Idaho (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 9-'73
REGISTRAR'S SIGNATURE Anna B[illegible]
25. EMBALMER Gary L. Nalder
LICENSE NO. M444

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 16 1973 Bureau of Vital Statistics

State File No. 5770
Local Reg. No. 436
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 675 12th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 675 12th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Franklin	D.	Wallace	December 29 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	October 19, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Carpenter	Farming & Bldg.	Prescott, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey Wallace	Kansas	Rose Etta Mealman	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		509 09 3962	Neva Wallace	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Coronary Thrombosis — Hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): HTN -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-26, 19 72, *to* 11-22, 19 72, *that I last saw the deceased alive on* 11-22, 19 72 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W. Higgs, M.D., F.A.C.S.	P. O. Box 2206 Idaho Falls	1-4-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/3/73	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 9 '73	Emma Bridges	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 16 1973 Vital Statistics Bureau

State File No. 5771
Local Reg. No. 435
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 390 W. 14th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLOVER	F.	FREEMAN	December 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	Nov. 7, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oil Well Worker	Petroleum	Striker, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alex Freeman	Ohio	Clara Clover	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	568-24-2561	X W. E. G. Freeman	Idaho Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-20, 1956, to 12-29, 1972, that I last saw the deceased alive on 12-29, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J. McCullin M.D. 3487	550-4th St. Idaho Falls Idaho	1-4-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan 3, 1973	Mountain View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 9-73	Anna Bridges	Del Sullivan	M387

FIRM NAME: Buck-Sullivan Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 5 1973

AUG 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5772
Local Reg. No. 433
Reg. Dist. No. 670

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: 160 No. Morningside Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah
b. COUNTY: Juab
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nephi
d. STREET ADDRESS (If rural, give location): 493 East 1st North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nettie	Beryl	Bowers	December 30 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	November 24, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saleswoman	Avon Products	Nephi, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Don Mangum Bigler	Utah	Mary Henrietta Henroid	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	529 05 8281B	X Ruby Whittington	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Baker M.D.	Idaho Falls, Idaho	1/5/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1/1/73	Nephi Cemetery	Nephi Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 6 - 73	Emma Budge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 21 1973

JUN 11 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 23 1999
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5773
Local Reg. No. 438
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 16 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BONNEVILLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: SACRED HEART HOSPITAL 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: BONNEVILLE 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS
d. STREET ADDRESS (If rural, give location): 1115 Koster

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MRS. LENA VHLORE	(VAL) HEWITT	BORDER	Dec. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	April 30, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saleswoman 3		Indianapolis, Indiana	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl W. Hewitt	Illinois	Edith Reed	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		334-10 9297	Vina Border	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic cancer of brain — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma Rectum — 9 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1541

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 Feb, 1959, *to* 30 Dec, 1972, *that I last saw the deceased alive on* 30 Dec, 1972, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard K Francis MD	798 So. Blvd, Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 3, 1973	Fielding Memorial Park	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 9-1973	Anna Burgess	Fred A Williams	M-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

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JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5774

Certificate of Death
STATE OF IDAHO

State File No. 5774
Local Reg. No. 439
Reg. Dist. No. 610

RECEIVED JAN 16 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonneville	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 945 Cranmer	d. STREET ADDRESS (If rural, give location): 945 Cranmer

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) FLORENCE	c. (Last) REMSBURG	4. DATE OF DEATH (Month) (Day) (Year) December 31, 1972
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 20, 1904	9. AGE (In years last birthday): 68 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Carthage, South Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John D. Smith	BIRTHPLACE: South Dakota	14. MOTHER'S MAIDEN NAME: Eva Hoffmann	BIRTHPLACE: North Dakota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-30-6285	17. INFORMANT'S OWN SIGNATURE: Robert E. Remsburg	ADDRESS: R4 Box 318 Idaho Falls	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): obstructive pulmonary Emphysema Ephipsema

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): with fibrosis

DUE TO (c): also Early Corpulmonaly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls	(COUNTY) Bonne. (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Vernal C. Bydalch (Degree or title) Corner	23b. ADDRESS: 5824 E. 17th	23c. DATE SIGNED: 1-8-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jan. 5, 1973	24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park	24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho
DATE REC'D BY LOCAL REG.: 1-12-73	REGISTRAR'S SIGNATURE: Anna Bredges	25. [illegible]LMER: [signature]	LICENSE NO.: M387

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Buck-Sullivan Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5775
Local Reg. No. 40-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED DEC 4 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location): P. O. Box #42

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MILDRED	ALBERTA	DUGAL	December 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 8, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Nampa, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	MOTHER'S MAIDEN NAME	BIRTHPLACE
Bert L. Smith	Tennessee	Addie May McJunkin	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	—	519-18-8186	R.B. Dugal	Moyie Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1247 Breast Cancer - Metastatic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 19 72, *to* Dec 1 19 72, *that I last saw the deceased alive on* Dec 1 19 72 *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jeffrey Cohn MD	1113-1	Box 900 B.F.	Dec. 1, 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Cremation	12/4/72	Hazen & Jaeger Crematory	Spokane	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1972	Virginia Stone		M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 7 1972

DEC 12 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5776

Certificate of Death
STATE OF IDAHO

State File No. 5776
Local Reg. No. 42-72
Reg. Dist. No. 100

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Boundary 111	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry c. LENGTH OF STAY (In this place) 1 year	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boundary County Nursing Wing 341	d. STREET ADDRESS (If rural, give location) Route #1(Boundary County Nursing Wing)

3. NAME OF DECEASED (Type or Print)	a. (First) KATHERINE	b. (Middle) THINN	c. (Last) BRECHTL	4. DATE OF DEATH (Month) (Day) (Year) December 13, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 28, 1884	9. AGE (In years last birthday) 87 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Meierheim, Austria	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Michael Thinn	BIRTHPLACE Meierheim, Austria	14. MOTHER'S MAIDEN NAME Katherine Tremba	BIRTHPLACE Leibitz, Austria	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 518-38-6605	17. INFORMANT'S OWN SIGNATURE Mrs Charles Malone	ADDRESS Bonners Ferry, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Tracheomania	days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CVA's	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *1962, to* 12/13, *1972 that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 10:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 153 (Degree or title) MD	23b. ADDRESS Bonners Ferry Idaho	23c. DATE SIGNED 12/14/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/18/72	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) Dayton (State) Ohio
DATE REC'D BY LOCAL REG. Dec. 14, 1972	REGISTRAR'S SIGNATURE Twyla Stone	25. EMBALMER [signature]	LICENSE NO. M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 11 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 26 1972 Bureau of Vital Statistics

State File No. 5777
Local Reg. No. 43-72
Reg. Dist. No. 100

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY Boundary	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry LENGTH OF STAY (In this place) 17 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home-112 Canyon Street	d. STREET ADDRESS (If rural, give location) 112 Canyon Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EUNICE	LOUISE	CASSIDY	December 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 14, 1912	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Huntington, W. Virginia	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Powers	West Virginia	Emma L. Gerard	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No —	234-18-9126	M S Cassidy	Bonners Ferry, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/60 *to* 12/18/72 *that I last saw the deceased alive on* 12/17/72 *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward [illegible] MD	Bonners Ferry Idaho	12/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	12/22/72	Grandview Cemetery	Bonners Ferry	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 22, 1972	Evelyn Stone	[illegible]	M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

DEC 29 1972
JAN 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5778
Local Reg. No. 45-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Montana b. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Troy
d. STREET ADDRESS (If rural, give location) P. O. Box #212

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARVID	K.	SAGEN	December 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 18, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Lumbermill	North Dakota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	———	516-10-5962	X Evelyne M. Beets	Troy, Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/65 *to* 12/19 19 72 *that I last saw the deceased alive on* 12/19 19 72 *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Bonners Ferry	12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal	12/20/72	Troy Cemetery	Troy	Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 23, 1972	[signature] Stone	[signature]	M-453

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. 5779
Local Reg. No. 44-72
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary — DEC 26 1972 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
STAY (In this place): 4 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-225 W. Monroe Street
d. STREET ADDRESS (If rural, give location): 225 West Monroe Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	DAVID	ZIEJA	December 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	June 17, 1956	16yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	High School	Chicago, Illinois	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chester B. Zieja	Chicago, Illinois	Rose Brankey	Lockport, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	—	519-70-8553	Chester B. Zieja	Bonners Ferry, Id

3451

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pulmonary Edema

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Drowning
DUE TO (c): Grand Mal Siezure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	225 W. Monroe	Bonners Ferry	Boundary	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
12/20/72 m.		Subject preparing to bathe suffered Grand Mal Siezure (see reverse)

22. I hereby certify that I attended the deceased from INVESTIGATION ONLY, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Callahan	Coroner	Bonners Ferry, Idaho	12/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	12/23/72	Grandview Cemetery	Bonners Ferry	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 22, 1972	Twyla Stone		M-453

FIRM NAME: MALONE FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician and fell into bath tub of water striking face and head on tub fixtures and tub. Bath Room was locked and necessitated breaking door down before help was available this caused delay in first aid.

Certificate of Death

STATE OF IDAHO

State File No. 5780
Local Reg. No. 46-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED
DEC 29 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY in this place: 4days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Box 938

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Milton; c. (Last) Guthrie

4. DATE OF DEATH (Month) (Day) (Year): 12-21-1972

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-22-1889

9. AGE (In years last birthday): 83
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardening ?

10b. KIND OF BUSINESS OR INDUSTRY: Grounds-Keeper

11. BIRTHPLACE (State or foreign country): Ventura, Calif.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Guthrie — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Mary Brown — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 554-28-1959

17. INFORMANT'S OWN SIGNATURE: Effie M. Guthrie — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Emphysema
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

498X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 72, to 12/21, 19 72, that I last saw the deceased alive on 12/21, 19 72, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MD (Degree or title) M.D.

23b. ADDRESS: Bonners Ferry, Idaho

23c. DATE SIGNED: 12/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 12-23-1972

24c. NAME OF CEMETERY OR CREMATORY: Coffelt Fun'l Serv.

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Dec. 26, 1972

REGISTRAR'S SIGNATURE: Imogene Stone

25. EMBALMER: Emile Dion

LICENSE NO.: M-536

FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 2 9 1972
JAN 1 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5781
Local Reg. No. 48-72
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Boundary		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry	c. LENGTH OF STAY (In this place): 9 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047		d. STREET ADDRESS (If rural, give location): Gifford Apartments	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MATILDA	BROCK	PETERSON	December 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	April 1, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Northfield, Minnesota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter M. Brock	Denmark	Martha Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No —	519-82-4361	Arthur E Peterson	Vancouver, Wash.

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	A-HD	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive heart failure CHF	7 days 5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NA		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
NO m.		

22. *I hereby certify that I attended the deceased from* 12/16, 1972, *to* 12/27, 1972, *that I last saw the deceased alive on* 12/27, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Box 119	1/6/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/30/72	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Twyla Stone	[signature]	M-453

FIRM NAME: MALONE FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5782
Local Reg. No. 13
Reg. Dist. No. 670

RECEIVED DEC 11 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Butte 120	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco c. LENGTH OF STAY (In this place): 20 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ miles East 000	d. STREET ADDRESS (If rural, give location): 1½ miles East

3. NAME OF DECEASED (Type or Print)	a. (First) HARVEY	b. (Middle) KYLE	c. (Last) WALKER	4. DATE OF DEATH (Month) (Day) (Year) December 4,1972
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 12,1897	9. AGE (In years last birthday): 75 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY: Livestock	11. BIRTHPLACE (State or foreign country): Arco, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George E. Walker	BIRTHPLACE: Kansas City,Mo.	14. MOTHER'S MAIDEN NAME: Pearl Kyle	BIRTHPLACE: Oxford, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-40-4342	17. INFORMANT'S OWN SIGNATURE: Young H. Walker	ADDRESS: Arco Idaho Box 146	

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary occlusion	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Coroner Only-Did Not See Alive *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__ and that death occurred at* 10:00am *from the causes and on the date stated above.*

23a. SIGNATURE: E. H. Marvel	583 (Degree or title) 4 Butte Co. Coroner	23b. ADDRESS: Arco, Idaho	23c. DATE SIGNED: 12-6-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-7-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest	24d. LOCATION (City, town, or county) (State): Arco, Idaho
DATE REC'D BY LOCAL REG.: Dec. 7-1972	REGISTRAR'S SIGNATURE: Betty J. Marvel	25. EMBALMER: E. H. Marvel	LICENSE NO.: M-457

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Marvel Memorial Chapel,Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972
APR 2 4 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5783
Local Reg. No. 14
Reg. Dist. No. 670

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (In this place): 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): 260 E. Grand Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
AUGUSTA		O'CONNELL	December 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Feb. 18, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Burg, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Heinrick Vogt	Germany	Doris (MNU)	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-82-3643	Doris Tamerliner	Kansas City, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4121

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Arteriosclerotic heart disease	5 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	10 years
DUE TO (c)	Cerebral ischemia	3 mo.
	Decreased kidney function	2 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bruised back and pelvis	2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1960, *to* Dec. 25, 1972, *that I last saw the deceased alive on* Dec. 24, 1972, *and that death occurred at* 5:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Barker	MD	Arco, Idaho	12-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-72	Hillcrest	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 31-1972	Betty J. Marvel	C. R. Marvel	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5784
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Moore
d. STREET ADDRESS (If rural, give location): 1½ miles N.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESS	WILLIAM	BURCH	December 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	Oct. 4, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Construction	Oaktown, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Burch	Indiana	Henrietta Willis	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1919-1920	318-01-7557	William E. Burch	Moore, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Far Advanced Carcinoma of lung with metastases	16 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary insufficiency	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/71	Inoperable carcinoma of lung	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 15, 1972, to Dec 30, 1972, *that I last saw the deceased alive on* Dec 30, 1972, *and that death occurred at* 5:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Paul A. Parkinson 1064 (Degree or title)	Arco, Idaho	1-3-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-2-73	Hillcrest	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3 1973	Betty J. Marvel	C. H. Marvel	M-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

JAN 10 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5785
Local Reg. No. 16
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place): 13 yrs. 141	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Nursing Home 195	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Florence	b. (Middle) P.	c. (Last) Arndt	4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 72
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov. 23, 1887	9. AGE (In years last birthday): 84 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Bellevue, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George W. Hunter	BIRTHPLACE: Not Known	14. MOTHER'S MAIDEN NAME: Lydia Richey	BIRTHPLACE: Not Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT'S OWN SIGNATURE: + George S Hager	ADDRESS: Parma Ida	

486 X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1964, *to* Nov 21, 1972, *that I last saw the deceased alive on* Nov 21, 1972, *and that death occurred at* 3 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M	23b. ADDRESS: Caldwell Idaho	23c. DATE SIGNED: Dec-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov 24, 1972	24c. NAME OF CEMETERY OR CREMATORY: Bellevue City	24d. LOCATION (City, town, or county) (State): Bellevue, Idaho
DATE REC'D BY LOCAL REG.: Jan. 5, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Bruce K. Rathbo	LICENSE NO.: M-559

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Bird Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5786
Local Reg. No. 602
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Terrace, Inc. 360

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Rt. # 4,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NOLAND	E.	WHITE	December 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single-Never	May 15, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman 7	Cattle & Sheep	Grand Junction, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward C. White	Kansas	Armelda House	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-12-7903	R. W. Messenbrink	Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Chronic bronchitis & emphysema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-3-72, 19____, to 12-1-72, 19____, that I last saw the deceased alive on 12-1-72, 19____, and that death occurred at 8:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
XX Charles E. Reed, M.D.	222 East Elm, Caldwell, Ida.	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/4/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Berniece M. Skinner	Jay J. Koeva	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973
JUL 2 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5787

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. _____
Local Reg. No. 595
Reg. Dist. No. 360

BIRTH NO.

DEC 8 - 1972 142

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Rt. # 5,

3. NAME OF DECEASED (Type or Print)	a. (First): CECIL	b. (Middle): W.	c. (Last): STANLEY	4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept. 2, 1895	9. AGE (In years last birthday): 77 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher 7	10b. KIND OF BUSINESS OR INDUSTRY: Farm & Ranch	11. BIRTHPLACE (State or foreign country): Clarks, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Willard L. Stanley	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Alice Brunk	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I	16. SOCIAL SECURITY NO.: 505-18-2533	17. INFORMANT'S OWN SIGNATURE: x Welton Stanley	ADDRESS: Nampa, Ida.	

1538

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ca of Colon	6 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hemiplegia	1 mon
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/15, 1972, *to* Dec 1, 1972, *that I last saw the deceased alive on* Dec 1, 1972, *and that death occurred at* 8 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold W Brown MD (Degree or title) 962-1	23b. ADDRESS: 619 So Canyon	23c. DATE SIGNED: 12/4/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/5/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Dec. 7, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

JAN 5 1973

FEB 27 1973

FEB 2 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5788

Certificate of Death
STATE OF IDAHO

State File No. _____
Local Reg. No. 603
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051	d. STREET ADDRESS (If rural, give location) 913 Fillmore

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) Alva	c. (Last) Mutch	4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1893	9. AGE (In years last birthday) 79 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Elroy, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Mutch	BIRTHPLACE Wisconsin	14. MOTHER'S MAIDEN NAME Flora Dolan	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-07-1153A	17. INFORMANT'S OWN SIGNATURE Esther Mutch	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Abdominal aneurysm

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1972, *to* 12/1, 1972, *that I last saw the deceased alive on* 12/1, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald C Bauman M.D. 034 (Degree or title)	23b. ADDRESS Caldwell Ida	23c. DATE SIGNED 12/8/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Dec. 13, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Rodney A. Dolan	LICENSE NO. M-508

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972
JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 2 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 12 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5789
Local Reg. No. 597
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): Rt. # 2 Box 2191

3. NAME OF DECEASED (Type or Print)	a. (First) Leva	b. (Middle) L.	c. (Last) Hawkins	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 3, 1903	9. AGE (In years last birthday): 69; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Eaglerock, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Reading	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Molly Unknown	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Austin L. Hawkins	ADDRESS: Rt #1 Caldwell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diabetes Mellitus

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☑ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 12/2 *1972, to* 12/2 *, 1972, that I last saw the deceased alive on* 12/2 *, 1972, and that death occurred at* 12:30 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald C. Gaumann 034 (Degree or title) MD	23b. ADDRESS: Caldwell, Idaho	23c. DATE SIGNED: 12/6/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-5-72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Dec. 11, 1972	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Rodney W. Dakan	LICENSE NO.: M-502

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5790
Local Reg. No. 611
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: CANYON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO	b. COUNTY: PAYETTE 380	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL	LENGTH OF STAY (In this place): 2 days			b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL 057				d. STREET ADDRESS (If rural, give location): RT. 1 BOX 278		
3. NAME OF DECEASED (Type or Print) a. (First): HOWARD	b. (Middle): GEORGE	c. (Last): DODGE		4. DATE OF DEATH (Month): DEC.	(Day): 2	(Year): 1972
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: AUG. 26, 1900	9. AGE (In years last birthday): 72	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman	10b. KIND OF BUSINESS OR INDUSTRY: Home Building		11. BIRTHPLACE (State or foreign country): Phillipsburg, Montana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: EDGAR ORMAL DODGE	BIRTHPLACE: VERMONT		14. MOTHER'S MAIDEN NAME: HATTIE BELLE SULLIVAN	BIRTHPLACE: WYOMING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): WORLD WAR 1	16. SOCIAL SECURITY NO.: 536-07-4907	17. INFORMANT'S OWN SIGNATURE: Vivian C Dodge	ADDRESS: Payette Rt 1 Box 248		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure, intractable — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15-69, 19____, *to* 12-2-72, 19____, *that I last saw the deceased alive on* 12-2-72, 19____, *and that death occurred at* 6:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X L. C. Gabrielsen, M.D. 178-1	222 East Elm, Caldwell, Ida	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
BURIAL	12-5-72	SOUTHWICK CEMETERY	SOUTHWICK,	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18, 1972	Bernice M. Skinner	Milford D Rogers	M 318

FIRM NAME: CHAPEL OF THE ROSES

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 21 1972

APR 30 1975

NOV 7 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 19 1972 Bureau of Vital Statistics

State File No. 5791
Local Reg. No. 612
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural)
d. STREET ADDRESS (If rural, give location): 2½ Mi. SE of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dianna	Lynne	MEYER	Dec. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	Feb. 8, 1956	16	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ronald L. Meyer — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Deloris Schaffer — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 518-70-2215
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: New Plymouth, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Lacerated heart, liver & lungs.
INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Transected spinal cord at D-8
DUE TO (c): auto wreck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8169

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-1-72	as above	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 06	New Plymouth 13-360 Payette Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Dec. 1, 1972 3:50P.m.		Driving in heavy fog, Automobile ran off highway.

22. *I hereby certify that I attended the deceased from* 5:00p.m. 12-1-, 1972, *to* 12-2-72, 19____, *that I last saw the deceased alive on* 12-2-72, 19____, *and that death occurred at* 12:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
A. M. Palrang, M.D. [signature] 425 (Degree or title) / M.D.	Caldwell, Idaho	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec.5,1972	Park View Cemetery	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18,1972	Bernice M. Skinner [signature]	[signature]	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5792
Local Reg. No. 600
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 423 Ivy Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 Ivy Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martha	W.	Siefarth	Dec.	4	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	June 13, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Boston, Mass.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin Hanscom	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-34-0354	x [signature]	Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration Posterior Scalp

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-13 1967, *to* 12-5, 1972, *that I last saw the deceased alive on* 9-15, 1972, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J C Horton MD 245-1	1223-7 St. So, Nampa	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1972	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Bernice M. Skinner	Richard W. Mesenbrink	M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5793
Local Reg. No. 605
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 140	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #1 000	d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Hiram	b. (Middle) K.	c. (Last) Ballou	4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1972	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 28, 1904	9. AGE (In years last birthday) 68 IF UNDER 1 YR. Months 0 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 8	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Rogers, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert B. Ballou	BIRTHPLACE Massachusetts	14. MOTHER'S MAIDEN NAME Mary L. Oden	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 445-10-4545	17. INFORMANT'S OWN SIGNATURE x Elvin L. Ballou	ADDRESS	

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection & history *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* Between 4:30 PM and Midnight *from the causes and on the date stated above.*

23a. SIGNATURE Harold Craven 583 (Degree or title) 4 CORONER	23b. ADDRESS 421 Crescent Dr. Caldwell Idaho 83605	23c. DATE SIGNED 12-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-9-1972	24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery	24d. LOCATION (City, town, or county) (State) Wilder, Idaho
DATE REC'D BY LOCAL REG. Dec. 15, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Leonard C. Flahiff Homedale's Flahiff Funeral Chapel	LICENSE NO. M-481

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5794
Local Reg. No. 602
Reg. Dist. No. 360

72-12904 RECEIVED DEC 14 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) Thomas; c. (Last) Holman

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 6, 1972

5. SEX: Male

6. COLOR OR RACE: White-

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Imfant

8. DATE OF BIRTH: Dec. 3, 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months: Days: 3; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gene Holman
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Learlene Davis
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Learlene Holman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

777X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Prematurity (2lb 5oz, 26wks)
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1972, to 12-6, 1972, that I last saw the deceased alive on 12-6, 1972, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 152 (Degree or title) MD
23b. ADDRESS: 619 So Canyon, Nampa
23c. DATE SIGNED: 12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-72
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec. 13, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Rodney W. Dakan
LICENSE NO.: M-608

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5795
Local Reg. No. 610
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place) 9 hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location) 1108 7th Street South, Apt. 302

3. NAME OF DECEASED (Type or Print)	a. (First) BESSIE	b. (Middle) MAE	c. (Last) CLAGUE	4. DATE OF DEATH (Month) (Day) (Year) December 6, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 7, 1889	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Bethany, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jesse Emerson Palmer	BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Ada Adele DeWitt	BIRTHPLACE Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -	16. SOCIAL SECURITY NO. 506-03-3869-D	17. INFORMANT'S OWN SIGNATURE Shirley C. Nicholson	ADDRESS Flemington, N.J.	

4319

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15, 1972 *to* 12-6, 1972 *that I last saw the deceased alive on* 12-4, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Marvin E. Clough (Degree or title) 230-1	23b. ADDRESS 619 So. Canyon Nampa, Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY Cloverdale Mem. Park	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Dec. 18, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Robert J. Clifford	LICENSE NO. M-554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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G.

Certificate of Death
STATE OF IDAHO

State File No. 5796
Local Reg. No. 616
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 21 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1724 Railroad Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSE	OLIVAREZ	HERNANDEZ	December 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Mexican	Married	January 20, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section foreman (ret)	Railroad	Morelos, Coahuela, Mexico	Mexico

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jose G. Hernandez	Mexico	Policarpia Olivarez	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	721-07-0619-A	Delfina Hernandez	Caldwell, Ida

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic Stenosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-10-70, 19____, to 12-7-72, 19____, that I last saw the deceased alive on 12-7-72, 19____, and that death occurred at 3:05p m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
X L. C. Gabrielsen, M.D. (Degree or title)	222 East Elm, Caldwell, Ida.	12-13-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 13, 1972	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 20, 1972	Bernice M. Skinner	Robert J. Clifford	M-554

FIRM NAME: Flohiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5797
Local Reg. No. 608
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 303-4th Street South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eva	M.	Laird	December 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	July 23, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Milliner		Beacon, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abe Tompkins	No Record	Eva Wing	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	060-05-8848 A	Russell Laird	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~
~~DUE TO~~ (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 12	Wide spread metastases & obstruction	Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 71, to Dec 7, 72, that I last saw the deceased alive on Dec 7, 1972 and that death occurred at 8:45 Am., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Nampa, Idaho	12/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 9, 1972	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 15, 1972	Bernice M. Skinner	Richard W. Mesenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 3 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5798
Local Reg. No. 606
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa d. STREET ADDRESS (If rural, give location): 703 6th St. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CECIL	L.	ASEMISSEN	Dec. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Apr. 3, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher	Education	Bartlett, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August L. Hammond	Sweden	Anna S.	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-24-5817	H. C. Asemissen	Nampa, Idaho

4122

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C-V disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/22/ 19 45 *to* 12/8/ 19 72 *, that I last saw the deceased alive on* 12/8/ 19 72 *, and that death occurred at* 5:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. 454-1	Nampa	12/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/12/72	Cloverdale Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 15, 1972	Bernice M. Akenson	Larry J. Krauch	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH—63021

DEC 2 6 1972
JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. SEP 9 1977
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 12 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5799
Local Reg. No. 599
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Mercy Medical Center	d. STREET ADDRESS (If rural, give location) 209 King's Road

3. NAME OF DECEASED (Type or Print)	a. (First) CLYDE	b. (Middle) HAROLD	c. (Last) SHAFFER	4. DATE OF DEATH (Month) (Day) (Year) December 8, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 15, 1897	9. AGE (In years last birthday) 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Mechanic (ret)	10b. KIND OF BUSINESS OR INDUSTRY Automotive	11. BIRTHPLACE (State or foreign country) Stanley, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Elmer Elsworth Shafer	BIRTHPLACE Wisconsin	14. MOTHER'S MAIDEN NAME Bertha Austin	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. 468-22-7635	17. INFORMANT'S OWN SIGNATURE Gilman E. Shafer	ADDRESS Nampa, Idaho	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I a*xxxxxxxxxxxxxx investigated the death of the deceased, xxxxxxxxxxxxxx *that I last saw the deceased alive* or xxxxxxxxxxxxxxxxxxxxxx, *and that death occurred at* 6:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold Craven	583 (Degree or title) Coroner 4	23b. ADDRESS 421 Crescent Dr. Caldwell Id.	23c. DATE SIGNED 12-8-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 11, 1972	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Emily, Crow Wing Co., Minnesota
DATE REC'D BY LOCAL REG. Dec. 11, 1972	REGISTRAR'S SIGNATURE Berniece M. Skinner	25. EMBALMER Charles H Persons	LICENSE NO. M-494

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel - Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5800
Local Reg. No. 615
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha	A.	Edmonds	Dec. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug. 20, 1921	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Whitefish, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Saul — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Pheebe Brown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Everett V. Edmonds — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a) 174X Carcinoma left breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastases liver
DUE TO (c) Abdomen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1972 to 12-8, 1972, that I last saw the deceased alive on 12-8, 1972, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank M. [illegible] MD	Caldwell Ida	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-13-72	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec.20,1972	Bernice M. Skinner	Rodney W. Dakan	M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972
JAN 18 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 16 2004

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5801
Local Reg. No. 607
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 320-19th Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 320-19th Avenue South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mae	G.	Chappell	December 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Jan. 27, 1888.	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Stanbury, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Straley	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	MA 747-491.	Glenn L. Chappell	Nampa, Idaho.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Art Sclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/21/64, *to* Dec 9, 1972, *that I last saw the deceased alive on* 2/18/72, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maxwell W Brown MD	619 So Conyon	12/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 13, 1972	Canyon Hill Cemetery	Caldwell, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 15, 1972	Bernice M. Skinner	John F Alsip, Jr.	E-361

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5802
Local Reg. No. 614
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF (In this place): 20 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) H.	c. (Last) Eggers	4. DATE OF DEATH (Month) (Day) (Year)	Dec. 10, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Mar. 26, 1896	9. AGE (In years last birthday): 76	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Cincinnatti, Ohio	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Albert H. Eggers	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Helene Hillman	BIRTHPLACE: Germany		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-28-6991	17. INFORMANT'S OWN SIGNATURE: Mrs. R. H. Eggers	ADDRESS: Meridian		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Retroperitoneal Abscess	19 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Radiation Necrosis of Bowel	3 months
DUE TO (c)	Ca of Prostate	18 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1971, *to* 12/10, 1972, *that I last saw the deceased alive on* 12/10, 1972, *and that death occurred at* 2:57p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Wetherell (Degree or title) MD-788-1	23b. ADDRESS: 723 Roosevelt Nampa	23c. DATE SIGNED: 12/14/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 13, 1972	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county) (State): Meridian Idaho
DATE REC'D BY LOCAL REG.: Dec. 19, 1972	REGISTRAR'S SIGNATURE: Berniece M. Skinner	25. EMBALMER: Gary A. Cowger	LICENSE NO.: M-526

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC 19 1972 Bureau of Vital Statistics

State File No. 5803
Local Reg. No. 613
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 811 13th Ave. So.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 811 13th Ave. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELLIE	MAE	SMITH	Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	May 13, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Bonner Springs, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Hall	No Record	Bertie Knox	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-48-5531	Nellie E. Smith	Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1747 Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 4 3yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Sept, 19 71, to Dec 12, 19 72, that I last saw the deceased alive on 12-8, 19 72, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren E. Blough	MD 130-1	Nampa Ida	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/14/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 18, 1972	Bernice M. Skinner	Larry J. Kraut	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

JAN 6 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended 6-18-73

Certificate of Death
STATE OF IDAHO

State File No. 5804
Local Reg. No. 621
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A.-Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 804 9th Ave. So.,

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) c. (Last) YODER

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 12, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 28, 1886

9. AGE (In years last birthday): 86
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Eureka, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Ulrich
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Veronica Reiser
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-40-1894A

17. INFORMANT'S OWN SIGNATURE: Anna Ulrich
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CORONARY OCCLUSIO — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Inspection and History, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE: Harold Craven (Degree or title): CANYON COUNTY CORONER
23b. ADDRESS: 421 Crescent Dr. Caldwell Id 83605
23c. DATE SIGNED: 12-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/15/72
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Dec. 26, 1972
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Jay J. Krouse
LICENSE NO.: M-447
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6 7 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 15 11 51 AM '73

State of Idaho } ss.
County of Ada

Certificate No. 72-5804

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Anne Yoder (Name on Original Certificate) who died (Was Born or Died) on Dec. 12, 1972 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Cert & Marriage license (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Anne Yoder	Anna Yoder

Subscribed and sworn to before me this 12 day of June, 1973

Phillip R. Josef

Notary Public, residing at Boise, Idaho

My commission expires 3/2/1977

(Seal)

Signed Alsip Funeral Chapel By: Larry S. Kronick

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

404 10th Ave. So., -Nampa, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1973

Arta Schraft

Notary Public, residing at Boise Idaho

My commission expires 9-14-74

(Seal)

Signed Phillip R. Josef

(Signature of Any Credible Person)

Trust Adm.

TRUST DEPARTMENT

(Street Address, City, State)

First Security Bank of Idaho, N.A.

P. O. BOX 7306

BOISE, IDAHO 83730

FORM DH 60-155

JUN 28 1973

Certificate of Death
STATE OF IDAHO

State File No. 5805
Local Reg. No. 14
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1521 Blaine

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
May	B.	Smith	Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	May 27, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Milton, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Smith	Scotland	Agnes Dobie	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	407-40-4130A	Gladys W. Smith	

901X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) BILATERAL BRONCHOPNUEMONIS and FROSTBITE DUE TO PROLONGED EXPOSURE

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) TO SUB FREEZING TEMPERATURES

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	16	3 - 41

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* EXAMINATION 19 AND AUTOPSY, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold L Graves	CANYON COUNTY CORONER	421 Cresvent Dr. Caldwell, Idaho	Jan 3 1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 16, 1972	Mt. View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 4, 1973	Bernice M. Simmons	James R. Dakan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973
FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 9 1976
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5806
Local Reg. No. 13
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D. O. A. Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 411-S. 5th South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank		Perko	Dec. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 5, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Aspen, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Perko	Austria	Anna Harvett	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		522-07-9136	X Mrs Frank Perko	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about (home), farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Coronary Occlusion		Nampa	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX	21f. HOW DID INJURY OCCUR?
12-14-72 3:45P. m.		

22. I hereby certify that I attended the deceased from investigated death of Mr. Perko and, that I last saw the deceased alive on Dec. 14, 19 72, and that death occurred at 4:10P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	583 Deputy Coroner 4	1218 Albany St. Caldwell, Idaho	12-20-1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-16-72	Hillcrest Memorial Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 4, 1973	Bernice M. Skinner	[signature]	588

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 29 1973
FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5807
Local Reg. No. 619
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: CANYON 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NAMPA CONVALESCENT CENTER 351	d. STREET ADDRESS (If rural, give location): 2011 ARCADIA

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): ELDEN BERNIECE LARSEN

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	NEVER MARRIED	AUGUST 9, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Invalid		Iona, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
CHARLES WILFORD LARSEN	UTAH	MARIE JACOBSEN	NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		NONE	G. Grant, Mortuary Records	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Accident Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-27, 1971, *to* 14 Dec, 1972 *that I last saw the deceased alive on* 14 Dec, 1972 *and that death occurred at* 1:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 115 (Degree or title)	Nampa Ida	18 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL		CLOVERDALE CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Berniece M. Skinner	G. Conway Grant	M478

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5808
Local Reg. No. 15
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — c. LENGTH OF STAY (In this place): days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 1611 E. Lincoln Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) LEAMAN	b. (Middle) S.	c. (Last) ADAMS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: Nov. 11, 1907	9. AGE (In years last birthday): 65 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Somerford, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Samuel G. Adams	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Allen Ruth Andrews	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-40-2349	17. INFORMANT'S OWN SIGNATURE: x Ruth A. Adams	ADDRESS: Nampa, Ida.	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	cor pulmonale	7 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	obstructive emphysema	7 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/4/ *, 19*62*, to* 12/15/ *, 19*72*, that I last saw the deceased alive on* 12/15/ *, 19*72*, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Elden MD (Degree or title) 212-1	23b. ADDRESS: 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED: 1/2/73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/18/72	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Gardens	24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Jan. 5, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Marvin R. Heikkila	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5809
Local Reg. No. 623
Reg. Dist. No. 360

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon DEC 29 1972 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mtn. View Convalescent Center 396

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2814 So Indiana

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Katie	Evelyn	Buffington	Dec. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Aug. 8, 1878	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home Making	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Bay	Iowa	Mary Jane Allen	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-46-9077	Thelma Bush	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4109 Coronary Occlusion	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Cardio-Vascular Disease	30 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Thrombosis	7 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
m.		

22. *I hereby certify that I attended the deceased from* 3 April, 1972 *to* 15 Dec, 1972, *that I last saw the deceased alive on* 9 Dec, 1972 *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Caldwell	2 Jan 73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 19, 1972	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 27, 1972	Bernice M. Skinner	[signature]	M-549

FIRM NAME: Dakan Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5810
Local Reg. No. 620
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 552 Sunset Avenue	d. STREET ADDRESS (If rural, give location) 552 Sunset Avenue

3. NAME OF DECEASED (Type or Print) a. (First) DOLPHAS	b. (Middle) GREEN	c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1903	9. AGE (In years last birthday) 69 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY Assembly of God Church	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Allen Lewis	BIRTHPLACE Missouri	14. MOTHER'S MAIDEN NAME Susie Adaline Williams	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ----------	16. SOCIAL SECURITY NO. 531-16-0458	17. INFORMANT'S OWN SIGNATURE David R. Lewis	ADDRESS Santa Barbara, California

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Coronary Occlusion	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Death 12 15 1972 11:30 P m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated death of Mr. Lewis and *that I last saw the deceased alive on* Dec. 16, 1972, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Phyllis Dilley	523 (Degree or title) 4 Deputy Coroner	23b. ADDRESS 1218 Albany St. Caldwell, Idaho	23c. DATE SIGNED 12-20-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 19, 1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Park	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Dec. 26, 1972	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Charles H Parsons	LICENSE NO. M-494

FIRM NAME: Flahiffs Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5811
Local Reg. No. 617
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
c. LENGTH OF STAY (In this place): 11yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Franklin	Green	12	17	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	May 27, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer ?	Retired	Seattle, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ebenezer Green	England	Isabella Starkey	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	538-34-6940	x Marie Green	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral ischemia with — INTERVAL BETWEEN ONSET AND DEATH: 10-18-72

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Frontal lobe degeneration; C.V.A. — 12-17-72
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis ASHD

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-18, 1972, to 12-17, 1972, that I last saw the deceased alive on 12-14, 1972, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ernest M. [illegible] 166-1	Caldwell Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/20/72	Wash. Memorial Park	Seattle, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Bernice M. Skinner	Lucy M. Flahiff	M-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5812
Local Reg. No. 3
Reg. Dist. No. 360

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 219-9th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) A.	c. (Last) Huntley	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec. 7, 1893	9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shoe maker	10b. KIND OF BUSINESS OR INDUSTRY: shoe	11. BIRTHPLACE (State or foreign country): Nampa, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lewis G. Huntley	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Emma Jane Penn	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 541-03-6082 A	17. INFORMANT'S OWN SIGNATURE: x Edmond A Huntley	ADDRESS: Nampa	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

354X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Guillian Barré Syndrome c̄ ~~[illegible]~~ bulbar paralysis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bullous Pulmonary emphysema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 16, 1971, *to* Dec 18, 1972, *that I last saw the deceased alive on* Dec. 18, 1972, *and that death occurred at* 8:48 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 1004 (Degree or title) MD	23b. ADDRESS: 619 S. Canyon Nampa	23c. DATE SIGNED: 12-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Dec. 21, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory	24d. LOCATION (City, town, or county): Ada County (State): Idaho
DATE REC'D BY LOCAL REG.: Jan. 2, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Richard W. Mesenbrink	LICENSE NO.: M-487

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5813
Local Reg. No. 2
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho	b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell	c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location): Route 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Lee	c. (Last) Fleetwood	4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 7, 1917	9. AGE (In years last birthday): 55	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver	10b. KIND OF BUSINESS OR INDUSTRY: lumnber	11. BIRTHPLACE (State or foreign country): Rippie, Missouri	12. CITIZEN OF WHAT COUNTRY?: USA			
13. FATHER'S NAME: Kell Fleetwood	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Lula Hammon	BIRTHPLACE: Missouri			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 14 3319	17. INFORMANT'S OWN SIGNATURE: X Vencil Fleetwood	ADDRESS: Caldwell, Idaho			

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable Asphixiation	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Tracheal Obstruction	4 hrs
DUE TO (c)	Bronchial Carcinoma	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* July, 1972 *to* Dec, 1972, *that I last saw the deceased alive on* 16 Dec, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: D K Merrick 965 (Degree or title) MD	23b. ADDRESS: 425 W Bannock	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Dec. 22, 1972	24c. NAME OF CEMETERY OR CREMATORY: Emmett	24d. LOCATION (City, town, or county) (State): Emmett, Idaho
DATE REC'D BY LOCAL REG.: Jan. 2, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Clifton W Beatty	LICENSE NO.: E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 28 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 29 1972 Bureau of Vital Statistics

State File No. 5814
Local Reg. No. 622
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location): Box 526

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Viola	Mary	Ballard	Dec. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Dec. 27, 1883	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Plymouth, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Shlers	Unknown	Mary Knapp	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-58-9743T	Jack E. Ballard	Jack E Ballard 2109 Oak Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma Cecum — INTERVAL BETWEEN ONSET AND DEATH: 1530

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 18 1972	Exploration Adenocarcinoma Cecum	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 17, 1972 *to* Dec 18, 1972, *that I last saw the deceased alive on* Dec 18, 1972, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Caldwell Ida	12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-72	Lower Boise Cemetery	Canyon County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 27, 1972	Bernice M. Skinner	James R Dolan	M-485

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH–63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5815
Local Reg. No. 618
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 724 9th Ave. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE		BROCKO	Dec. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 7, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Agriculture	Lezjachov, Czechoslovakia	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-0327A	Mary Brocko	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 13 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1971, to Dec 18, 1972, that I last saw the deceased alive on Dec 18, 1972 and that death occurred at 5p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren E Hough	M.D.	Nampa Ida	12-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/21/72	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Bernice M. Skinner	Jerry S. Hough	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
FEB 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5816
Local Reg. No. 11
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Idaho State School & Hospital

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) c. (Last) QUINTON

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 19, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: ?April 22, 1916

9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months: 7 Days: 27
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Incapacity

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Taylor, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Quinton
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Elvira Lords
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-2645

17. INFORMANT'S OWN SIGNATURE: Oliver Quinton
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 486X Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Severe Retardation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1972 *to* Dec 19, 1972, *that I last saw the deceased alive on* Dec 19, 1972, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 158 (Degree or title) MD
23b. ADDRESS: 619 So Canyon, Vimpa
23c. DATE SIGNED: Dec 26, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur
24b. DATE: Dec 23, 1972
24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
24d. LOCATION (City, town, or county) (State): Taylor, Idaho

DATE REC'D BY LOCAL REG.: Jan.2, 1973
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: R.W. Meserbrink
LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JAN 9 - 1973
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5817
Local Reg. No. 24
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa c. LENGTH OF STAY (In this place) 2 mo.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location) 1403 Bonneville Street

3. NAME OF DECEASED (Type or Print) a. (First) IVAN	b. (Middle) JAMES	c. (Last) PATTERSON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1910	9. AGE (In years last birthday) 62 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman 5	10b. KIND OF BUSINESS OR INDUSTRY Pacific Fruit Express	11. BIRTHPLACE (State or foreign country) Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Wilford Patterson	BIRTHPLACE Utah	14. MOTHER'S MAIDEN NAME Jennie Atwood	BIRTHPLACE Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ----------	16. SOCIAL SECURITY NO. 700-09-2840	17. INFORMANT'S OWN SIGNATURE Mrs. Bernice Patterson	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Ht disease	1 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Multiple myocardial	
DUE TO (c)	infarcts	6 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/14/ *, 19*67 *, to* 12/19/ *, 19*72 *, that I last saw the deceased alive on* 12/19/ *, 19*72 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Day MD (Degree or title)	23b. ADDRESS 619 So. Canyon, Nampa, Idaho	23c. DATE SIGNED 1/2/73
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho		
DATE REC'D BY LOCAL REG. Jan. 8, 1973	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Robert J. Clifford
LICENSE NO. M-554		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

JAN 1 2 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5818
Local Reg. No. 4
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place):	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Convalescent Center	d. STREET ADDRESS (If rural, give location): 1112 East Linden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Opal	Chrystal	Peters	Dec. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Married	March 2, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher-Housewife	Retired	Mechanicsburgh, Ind.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John T. Harrell	Indiana	Julietta Harry	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-12-2113B	x Harrell G. Peters	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 d.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronal Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4339

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 6, 1963 *to* Dec. 20, 1972, *that I last saw the deceased alive on* Dec. 6, 1972 *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	258	222 East Logan	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-22-1972	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1973	Bernice M. Skinner	Leonard C. Flaniff	FM-481

FIRM NAME: Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 24 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5819
Local Reg. No. 624
Reg. Dist. No. 360

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 142
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blvd. Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route #3,
d. STREET ADDRESS (If rural, give location): Route #3, Meridian

3. NAME OF DECEASED (Type or Print): a. (First) Affie; b. (Middle) G.; c. (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1895

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Montpelier, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Stevens
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Lillian Jones
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: *Madeline Detweiler
ADDRESS: Route #3, Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 188X Carcinoma bladder — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1971, to Dec 20, 1972, that I last saw the deceased alive on 10-25, 1972, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): C.P. Beckendorf MD

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 22, 1972

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 27, 1972

REGISTRAR'S SIGNATURE: Bernice M. Skinner

25. EMBALMER: K.W. Mesenbrink

LICENSE NO.: M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5820
Local Reg. No. 6
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, c. LENGTH OF STAY (In this place): minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A.-Caldwell Mem. Hospital	d. STREET ADDRESS (If rural, give location): Marsing

3. NAME OF DECEASED (Type or Print) a. (First): SOPHIA	b. (Middle):	c. (Last): BALLINGER	4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Oct. 7, 1893	9. AGE (In years last birthday): 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife X	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Gothenburg, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Fred Gerdes	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: No Record	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-24-6868T	17. INFORMANT'S OWN SIGNATURE: X Gladys Pedersen	ADDRESS: Homedale, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arterio Sclerotic Heart d. Ugar

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1957, *to* Dec 21, 1972, *that I last saw the deceased alive on* Dec 20, 1972, *and that death occurred at* 8a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 (Degree or title) MD	23b. ADDRESS: Caldwell	23c. DATE SIGNED: 12.27.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/26/72	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho
DATE REC'D BY LOCAL REG.: Jan.2,1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Marvin R. [signature]	LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5821
Local Reg. No. 7
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 3 - 1973 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 451 3rd Rd. No.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho= b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 451 3rd Rd. No.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WRILLA	ETHEL	DUDLEY	Dec. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 7, 1898	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Gurdon, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Hughes	Arkansas	Maggie Coon Hughes	Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-22-6319	Bernice Ward	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 174 Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 19 72, *to* Dec 22, 19 72, *that I last saw the deceased alive on* Dec 5, 19 72, *and that death occurred at* 5p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion E Blough 230-1	Nampa Ida	12-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/27/72	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1973	Bernice M. Skinner	Jay J. Kirsch	M-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5822
Local Reg. No. 9
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa; c. LENGTH OF STAY (In this place) 6 Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian (rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First) Felix	b. (Middle) J.	c. (Last) McNabb	4. DATE OF DEATH (Month) Dec. (Day) 22, (Year) 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 7, 1907	9. AGE (In years last birthday) 65; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ditch Rider	10b. KIND OF BUSINESS OR INDUSTRY Irrigation Dist.	11. BIRTHPLACE (State or foreign country) Dill City, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph McNabb	BIRTHPLACE Tenn.	14. MOTHER'S MAIDEN NAME Brooks	BIRTHPLACE Tenn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 446-26-1907	17. INFORMANT'S OWN SIGNATURE Ellen McNabb Rt. 3	ADDRESS Meridian, Ida.	

2509

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetes mellitus	11 years
DUE TO (c)	Congestive Heart Failure	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	uremia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* _____ *19* 72 *to* Dec. 22, *19* 72 *, that I last saw the deceased alive on* _____ *, 19* ____ *, and that death occurred at* 1:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature]	(Degree or title) MD 1065-1	23b. ADDRESS Nampa, Idaho	23c. DATE SIGNED 12-26-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery	24d. LOCATION (City, town, or county) Meridian (State) Idaho
DATE REC'D BY LOCAL REG. Jan. 2, 1973	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Gary A. Cowger	LICENSE NO. M-526

FIRM NAME Robison Chapel of The Chimes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973
SEP 2 6 2008

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 3 1973 Bureau of Vital Statistics

State File No. 5823
Local Reg. No. 10
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medial Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 415 E. Lincoln

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RUBY	C.	PRYOR	December 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 13, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Schmibt	Missouri	Pearl Ray	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - -	518-38-5034A	X Donald W. Pryor	Parma Ida

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	
DUE TO (c)	Cerebroarteriosclerosis and	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Parkinsons Disease Fracture Rt Hip	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
30 Aug 1972	Prosthesis Repair Rt Hip	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 7 1972 pm		Fell at home

22. I hereby certify that I attended the deceased from May, 1968, to 22 Dec, 1972, that I last saw the deceased alive on 22 Dec, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
John Manzum MD (Degree or title)	Nampa Idaho	26 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1972	Cloverdale Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1973	Berniece M. Skinner	Marvin R. Hebbeln	M-515

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

JAN 5 1973

JAN 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 18 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

4910

State File No. 5824
Local Reg. No. 42
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho — c. LENGTH OF STAY (In this place): 1½ Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jack Hughs Resident Rt. #3	d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print) a. (First): DURWARD	b. (Middle): JOHN	c. (Last): CALVIN	4. DATE OF DEATH (Month) 12	(Day) 23	(Year) 72
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 2 1912	9. AGE (In years last birthday): 60	IF UNDER 1 YR. Months 10 Days 21 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Carpenter	11. BIRTHPLACE (State or foreign country): Baddette, Minn.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John Calvin	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Minnie Heisler	BIRTHPLACE: Minneapolis, Minn.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): Two	16. SOCIAL SECURITY NO.: 570-07-9647	17. INFORMANT'S OWN SIGNATURE: Mrs Jessie S. Calvin	ADDRESS:	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Friends Residence	21c. (CITY, TOWN, OR TOWNSHIP): Caldwell	(COUNTY): Canyon (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-23-1972 2:00 P m.	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR? Heart attack while working	

22. *I hereby certify that I attended the deceased from* investigated the death of Mr. Calvin and *, 19 , to , 19 , that I last saw the deceased alive on* Dec. 23 *, 19* 72 *, and that death occurred at* 2:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Phyllis Dilley	583 (Degree or title): Deputy Coroner 4	23b. ADDRESS: 1218 Albany St, Caldwell,	23c. DATE SIGNED: Ida 1-17-73
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 12/25/72	24c. NAME OF CEMETERY OR CREMATORY: Kings Burg	24d. LOCATION (City, town, or county) (State): Kingsburg, Calif.
DATE REC'D BY LOCAL REG.: Jan. 17,1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Leonard C. Flahiff	LICENSE NO.: M-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 18 1973
JAN 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 3 - 1973

Certificate of Death
STATE OF IDAHO

State File No. 5825
Local Reg. No. 1
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho c. LENGTH OF STAY (In this place): 17das.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051	d. STREET ADDRESS (If rural, give location): 1417 Belmont

3. NAME OF DECEASED (Type or Print)	a. (First) EARL	b. (Middle)	c. (Last) DAVIS	4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 72
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 27, 1892	9. AGE (In years last birthday): 80 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Grader Canyon Co.	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): GuthrieCenter, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Fred Davis	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 553-18-9396A	17. INFORMANT'S OWN SIGNATURE: x Edith E. Davis	ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	acute myocardial infarction	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Dis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	acute gangrenous Gallbladder	post op.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26-66, 19__, *to* 12-23-72, 19__, *that I last saw the deceased alive on* 12-23-72, 19__, *and that death occurred at* 12:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: XX W. L. Hubler, M.D. 250 (Degree or title)	23b. ADDRESS: 222 East Elm, Caldwell, Ida	23c. DATE SIGNED: 12-29-72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/27/72	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho		
DATE REC'D BY LOCAL REG.: Jan. 2,1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Lucy M. Flahiff
LICENSE NO.: M-393		

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 1 5 1981
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5826
Local Reg. No. 19
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 4

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	P.	Anderson	Dec. 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 13, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mead, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Anderson	Unknown	Lois Minten	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Mervin Anderson ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4369

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 27, 1972 *to* December 24, 1972, *that I last saw the deceased alive on* December 24, 1972, *and that death occurred at* 6:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ned E. Reynolds MD 437	Caldwell Idaho	Jan 3-1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-72	Knowlton Heights Cemetery	Canyon County, Idaho

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
January 8, 1973	Bernice M. Skinner	Thomas Leon Johnson	M545

FIRM NAME: Dakan Funeral Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5827

Certificate of Death
STATE OF IDAHO

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

State File No. _____
Local Reg. No. 22
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa; c. LENGTH OF STAY (In this place): 5 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050	d. STREET ADDRESS (If rural, give location): 1320 W. Flamingo

3. NAME OF DECEASED (Type or Print)	a. (First) HILDA	b. (Middle) MARIA	c. (Last) HEMMILA	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Jan. 13, 1887	9. AGE (In years last birthday): 85; IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook	10b. KIND OF BUSINESS OR INDUSTRY: Restaurant	11. BIRTHPLACE (State or foreign country): Finland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Johan Risku	BIRTHPLACE: Finland	14. MOTHER'S MAIDEN NAME: Sofie Keveli	BIRTHPLACE: Finland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------	16. SOCIAL SECURITY NO.: 520-24-5768	17. INFORMANT'S OWN SIGNATURE: x Eleanor V. Clark	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Art. Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 dy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen'l A-S
DUE TO (c): Old age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/1/ *, 19*71*, to* 12/24/ *, 19*72*, that I last saw the deceased alive on* 12/24/ *, 19*72*, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joe Seltzer (Degree or title) 454-1	23b. ADDRESS: 619 S Canyon	23c. DATE SIGNED: 12/29	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial	24b. DATE: Dec. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Kemmerer Cemetery	24d. LOCATION (City, town, or county) (State): Kemmerer, Lincoln, Wyoming
DATE REC'D BY LOCAL REG.: Jan.8,1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Robert J. Clifford	LICENSE NO.: M-554

FIRM NAME: Flahiff Funeral Chapel-Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5828
Local Reg. No. 5
Reg. Dist. No. 360

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Stardust Trailer Crt. # 27	d. STREET ADDRESS (If rural, give location) Stardust Trailer Crt. # 27

3. NAME OF DECEASED (Type or Print)	a. (First) Rudolph	b. (Middle) W.	c. (Last) Stahl	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 27, 1911	9. AGE (In years last birthday) 61 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Paul, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Rudolph Stahl	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Bertha Spoerner	BIRTHPLACE Minnesota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-07-4096	17. INFORMANT'S OWN SIGNATURE X [signature]	ADDRESS	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Examination and investigation *19 to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at* Between 5 PM & 10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold Craven (Degree or title) Canyon County Coroner	23b. ADDRESS Caldwell Idaho	23c. DATE SIGNED 12-28-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-72	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Jan.2, 1973	REGISTRAR'S SIGNATURE Bernice M. Skinner	25. EMBALMER Glenn Leon Johnson	LICENSE NO. M545

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 1 1973

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 9 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5829
Local Reg. No. 31
Reg. Dist. No. 360

RECEIVED JAN 17 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	RAY	BUTLER	Dec. 25 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	March 17, 1908	64	9 / 8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Automotive	Morland, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Butler	Delphos, Kansas	Ida June Stober	Morland, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Helen M. Butler	Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

403X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Uremia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic renal disease of undetermined etiology
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mitral insufficiency, Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-24-72, 19____, to 12-25-72, 19____, that I last saw the deceased alive on 12-25-72, 19____, and that death occurred at 7:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X Charles E. Reed, M.D.	Caldwell, Idaho	1-5-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 25, 1972	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 15, 1973	Bernice M. Skinner	Marshall S. Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 8 1973
AUG 1 6 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5830
Local Reg. No. 30
Reg. Dist. No. 360

RECEIVED JAN 17 1973 Bureau of

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center
d. STREET ADDRESS (If rural, give location): 807 9th Ave. So.,

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNIE	LAURIE	BIRD	Dec. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Single	Aug. 21, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher	Education	Billings, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph E. Bird	Ohio	Annie D. Bedford	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-44-8609	Barbara Bird Ratvedt	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7349

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Terminal pneumonia + Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Collagen-dis & Systemic Selerosis — 15 yrs
DUE TO (c) Atherselerosis - generalized — 25 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatoid spondylitis - entire spine — 20 yrs
Anemia - Malabsorption of Iron — 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-30, 1967, to 25 Dec, 1972, that I last saw the deceased alive on 24-25 Dec, 1972, and that death occurred at 1 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD 4173-I	Nampa Idaho	1-5-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/28/72	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 15, 1973	Bernice M. Skinner	R. W. Mesenbrink	M-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAY 3 1973
AUG 2 0 1973
OCT 1 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5831
Local Reg. No. 8
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (In this place): Hours	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center	d. STREET ADDRESS (If rural, give location): 203 2nd Ave. So.,

3. NAME OF DECEASED (Type or Print) a. (First): TOM	b. (Middle): T.	c. (Last): KIMURA	4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1972	
5. SEX: Male	6. COLOR OR RACE: Oriental	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 6, 1899	9. AGE (In years last birthday): 73 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Machinist	10b. KIND OF BUSINESS OR INDUSTRY: Railroad Industry	11. BIRTHPLACE (State or foreign country): Japan	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: No Record	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: No Record	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 709-16-8131	17. INFORMANT'S OWN SIGNATURE: Harul Kimura	ADDRESS: Nampa, Ida.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	C. U. A.	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	hypertension	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 25, 1972 *to* Dec 25, 1972 *that I last saw the deceased alive on* Dec 25, 1972, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S E Lisk, MD (Degree or title) 883-1	23b. ADDRESS: Midnight Clinic	23c. DATE SIGNED: 12/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 12/29/72	24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho
DATE REC'D BY LOCAL REG.: Jan. 2, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Jerry S. Kiesel	LICENSE NO.: M-447

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 - 1973
JAN 29 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 22 1982
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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

State File No. 5832
Local Reg. No. 21
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 10 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1909 4th St. North

3. NAME OF DECEASED (Type or Print)
a. (First) ESTHER
b. (Middle) G.
c. (Last) GOMEZ

4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1972

5. SEX Female
6. COLOR OR RACE Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 16, 1911
9. AGE (In years last birthday) 61
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (State or foreign country) McAllen, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jose Gonzales
BIRTHPLACE Mexico
14. MOTHER'S MAIDEN NAME Angeleta Garza
BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 465-10-9839
17. INFORMANT'S OWN SIGNATURE x Sixto Gómez
ADDRESS Seattle, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

398X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Rheumatic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH 12 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/22/ *, 19* 65 *, to* 12/26/ *, 19* 72 *, that I last saw the deceased alive on* 12/26/ *, 19* 72 *, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Hay MD (Degree or title) 217-1
23b. ADDRESS 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED 1/2/73

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 29, 1972
24c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG. Jan. 8,1973
REGISTRAR'S SIGNATURE Berniece M. Skinner
25. EMBALMER Robert J. Clifford
LICENSE NO. M-554

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Flahiff Funeral Chapel-Nampa

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5833
Local Reg. No. 20
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Memorial Hospital	d. STREET ADDRESS (If rural, give location): 709 N. Georgia

3. NAME OF DECEASED (Type or Print)	a. (First): Bernice	b. (Middle): (NMI)	c. (Last): Ballard	4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 12, 1913	9. AGE (In years last birthday): 59 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Laird, Colorado	12. CITIZEN OF WHAT COUNTRY?: USA	
13. FATHER'S NAME: Charles Dimmick	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Gertrude McClelland	BIRTHPLACE: Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 522-01-0012	17. INFORMANT'S OWN SIGNATURE: X Kenneth Ballard	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute hepatic coma	24hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cirrhotic liver	4yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

5719

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* April 5, 65, *to* Dec 26, 1972, *that I last saw the deceased alive on* Dec 26, 19 72, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl E Reynolds MD	23b. ADDRESS: Caldwell Idaho	23c. DATE SIGNED: Jan 3-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 1-2-73	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Jan. 8, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Kenneth Johnson	LICENSE NO.: M545
		FIRM NAME: Dakan Chapel, Caldwell, Idaho	

Federal Security Agency
United States Public Health Service FORM DH—63021

MAR 0 6 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5834
Local Reg. No. 18
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1117 Main Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell,
d. STREET ADDRESS (If rural, give location): 1117 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): RUDOLPH
b. (Middle): L.
c. (Last): ZINGLEMAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 29, 1893
9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pipefitter 5
10b. KIND OF BUSINESS OR INDUSTRY: Industrial
11. BIRTHPLACE (State or foreign country): Morton County, No. Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fredrick L. Zingleman
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Schlichtkrull
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-1218
17. INFORMANT'S OWN SIGNATURE: * Zelah J. Mulkey
ADDRESS: Scio, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): CORONARY OCCLUSION
INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION & EXAMINATION *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold L. Craven 583 (Degree or title) 4
CANYON COUNTY CORONER
23b. ADDRESS: 421 Crescent Dr Caldwell Idaho
23c. DATE SIGNED: Jan 3 1973

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/72
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Jan. 5, 1973
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Marvin R. Geddis
LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 2 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5835
Local Reg. No. 17
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (In this place): days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Mercy Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 7th St. So.,

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) S. c. (Last) HALVERSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 25, 1890

9. AGE (In years last birthday): 82
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Civil Service

10b. KIND OF BUSINESS OR INDUSTRY: Employee-Gov't

11. BIRTHPLACE (State or foreign country): Boone County, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Enoch G. Halverson
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Guanell Thompson Halverson
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 507-24-4443

17. INFORMANT'S OWN SIGNATURE: Robert E. Halverson
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 887X Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ① ASHD. — 6 years
② Fx (R) hip — 7 days

19a. DATE OF OPERATION: 12-14-72

19b. MAJOR FINDINGS OF OPERATION: Fx (R) hip

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) / (STATE): Nampa, Canyon, Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 13 1972 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fell.

22. I hereby certify that I attended the deceased from 1/21/67 to 12/26/72, that I last saw the deceased alive on 12/26/72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: R. C. Dwyer (Degree or title) MD 666-1

23b. ADDRESS: 619 So. Canyon, Nampa, Idaho

23c. DATE SIGNED: Dec 29, 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/30/72

24c. NAME OF CEMETERY OR CREMATORY: Sunny Side Cemetery

24d. LOCATION (City, town, or county) (State): Fullerton, Nebraska

DATE REC'D BY LOCAL REG.: Jan. 5, 1973

REGISTRAR'S SIGNATURE: Berniece M. Skinner

25. EMBALMER: Marvin R. Hikida

LICENSE NO.: M-515

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

OCT 3 1977

NOV 2 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

State File No. 5836
Local Reg. No. 23
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Oregon
b. COUNTY: Malheur
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Fred	Holt	Dec. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 15, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamilton County, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Holt — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Gertrude Mitchell — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Nola Holt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2d

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cecil Lymphoma — 1yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 22, 1972 *to* Dec 27, 1972, *that I last saw the deceased alive on* Dec 26, 1972, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph E Reynolds (Degree or title) MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Jan 3-73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-72
24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley Cemetery
24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.: Jan.8,1973
REGISTRAR'S SIGNATURE: Bernice M. Skinner
25. EMBALMER: Rodney A Dakan
LICENSE NO.: M-508

FIRM NAME: Dakan Chapel, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 10 1973 Bureau of Vital Statistics

State File No. 5837
Local Reg. No. 28
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Medical Center 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 127 Fourth Road North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LURA		SEIBOLD	December 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	July 29, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maquoketa, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oregon Garlough	unknown	Emma Trout	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	542-24-2773-A	Floyd Seibold	Nampa, Idaho

4339

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen Art Sclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-10, 1972, to 12-27, 1972, that I last saw the deceased alive on 12-27, 1972, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold W Brown MD	619 So Canyon Nampa	12/27/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1972	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 9, 1973	Bernice M Skinner	Robert J. Clifford	M1-554

FIRM NAME: Flahiff Funeral Chapel - Nampa

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 6 1973

JAN 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

State File No. 5838
Local Reg. No. 12
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1506 Rimview Drive	d. STREET ADDRESS (If rural, give location) 1506 Rim View Drive

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Gerald Lee Mileger

4. DATE OF DEATH (Month) (Day) (Year): Dec.28,1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married	Mar.10,1921	51	9	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Vanways Moving& Stor.	Owner	Edgar, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Mileger	Germany	Millie Mallory	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.11	518-12-1532	Elsie C. Mileger	

450X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 28,1972	PULMONARY EMBOLISM:This operation was an AUTOPSY	Yes [XX] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION AND EXAMINATION *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* Approx 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Harold Craven 583 (Degree or title) 4 CANYON COUNTY CORONER	421 Crescent Dr. Caldwell Idaho	Jan 3, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30,1972	Hillcrest Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan.4,1973	Berniece M. Skinner	Leonard P. Flahiff Flahiff Funeral Chapel	M-481

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973

JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 25 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5839
Local Reg. No. 25
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 10 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho c. LENGTH OF STAY (In this place): 36hrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Medical Center	d. STREET ADDRESS (If rural, give location): 808 First St. No.

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
ALBERT	LEE	SIMPSON	12	29	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Divorced	Dec. 9, 1920	52	0 / 20	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer- Disable	Retired	Vinita, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Simpson	Afton, Oklahoma	Jewell Warner Craig Co, Okla.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	523-18-5050	x Jewell Townsend	

4339

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ischemic encephalomalacia, left cerebrum, mid-brain, probably due to:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Left internal carotid artery occlusion.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

Rheumatic heart disease with mitral and aortic valve prostheses, with possible S.B.E. mitral valve.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-27, 1972 to 12-29, 1972, that I last saw the deceased alive on 12-29, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard C. Dwyer	MD	619 So. Canyon, Nampa, Idaho	Jan 3, 73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/2/73	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 9, 1973	Bernice M. Skinner	Leonard C. Flahiff	

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5840
Local Reg. No. 29
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nampa Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 127 14th Ave. No.,

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	R.	ROSS	Dec. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 1, 1886	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Agriculture	Indian Valley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Ross	Texas	Minte Steutsman	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-16-0637 A	James R. Ross	Nampa, Ida.

4124

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced atherosclerotic Cardio vascular disease with dementia — INTERVAL BETWEEN ONSET AND DEATH: undefined
DUE TO (c) & Loss of splenic circulation.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug, 1972, to Dec, 1972, that I last saw the deceased alive on Dec 18, 1972 and that death occurred at 12/24/72 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E Kennedy	280 MD	1819 Ellis St Caldwell Idaho	1-8-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment	1/2/73	Hillcrest Mem. Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 10, 1973	Bernice M. Skinner	Marvin R. Hickila	M-515

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 11 1973
FEB 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5841
Local Reg. No. 23
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 12 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 151
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Jennie Bradley Shillinger

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1972

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: June 16, 1887
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oak Grove, No. Carolina
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Bradley — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Cansas Shuler — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Birdie Barkdull — ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Dec 6, 1972, *that I last saw the deceased alive on* Dec 6, 1972, *and that death occurred at* 3:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lonnie Tigert MD 535 (Degree or title)
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 12-9-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/ /72
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 12-11-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Leadore S Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5842
Local Reg. No. 24
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 28 1972

1. PLACE OF DEATH
a. COUNTY: Caribou 151
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Sp rings
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou Mem. Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou 151
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Sp rings
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Wayne
b. (Middle): Tonley
c. (Last): Chugg

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan. 26, 1898
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section hand 5
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad
11. BIRTHPLACE (State or foreign country): Nounan, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Chugg — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Eliza Harris — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Harris Chugg — ADDRESS: Soda Springs, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis and disease — 10 years
DUE TO (c): Diabetes mellitus — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/15, 1972, *to* Dec 15, 1972, *that I last saw the deceased alive on* Dec 10, 1972 *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Tigert — 534 (Degree or title): MD
23b. ADDRESS: Soda Springs Ida.
23c. DATE SIGNED: 12/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/19/72
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Sp rings, Idaho

DATE REC'D BY LOCAL REG.: 12-21-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Theodore L. Allen
LICENSE NO.: M370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5843
Local Reg. No. 95
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou (57)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caribou Memorial Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming (57) b. COUNTY: Lincoln (55)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cokeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August	J.	Maninfior	Dec.	19	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 10, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher and Carpenter	Self-employed	Merianotyrol, Austria	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Maninfior	Austria	Rachel Bertognolli	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	520-14-0920	Alma Brandt	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 1960, to Dec 19, 1972, that I last saw the deceased alive on Dec 19, 1972, and that death occurred at 7:40 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ramon Tejada	MD	Soda Springs Idaho	12/23/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Removal	Dec. 22, 1972	Cokeville Cemetery	Cokeville Wyoming	

DATE REC'D BY LOCAL REG.: 12-26-72
REGISTRAR'S SIGNATURE: Norene Bunn
25. EMBALMER: Leonard Matthews
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
JAN 14 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 24 1986
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 21 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

JAN 17 1978

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5844
Local Reg. No. 26
Reg. Dist. No. 550-552

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Caribou 151	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou Memorial Hospital 069	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Palmer	c. (Last) Thornock	4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1972	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 10, 1883	9. AGE (In years last birthday) 89	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bloomington, Idaho	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Journal Palmer	BIRTHPLACE Iowa		14. MOTHER'S MAIDEN NAME Orlena Welker	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-54-3099J1		17. INFORMANT'S OWN SIGNATURE Bella T. Hayes	ADDRESS Georgetown, Idaho	

4409

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Dec, 1972, *to* 26 Dec, 1972, *that I last saw the deceased alive on* 25 Dec, 1972, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE C E Herron MD	(Degree or title) 226-1	23b. ADDRESS Grace, Idaho	23c. DATE SIGNED 5 Jan 1973
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 26, 1972	24c. NAME OF CEMETERY OR CREMATORY Bloomington Cemetery	24d. LOCATION (City, town, or county) Bloomington (State) Idaho
DATE REC'D BY LOCAL REG. 1-8-72	REGISTRAR'S SIGNATURE Norene Bunn	25. EMBALMER Nile Matthews	LICENSE NO. M359

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5845
Local Reg. No. 138
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
LENGTH OF STAY (In this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence 207 E. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): 207 E. Main St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Nettie		Martindale	Dec. 2, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 13, 1895	77	3 / 19	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Coyote, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chauncey Frost	Sanpete, Utah	LaNeva Warner	Fillmore, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — —	518-34-2849	[signature]	1621 Rennhart Dr Boise Ida 83706

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1830

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic papillary adeno-carcinoma - ? ovary — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1970, to January, 1972, that I last saw the deceased alive on Jan., 1972, and that death occurred at 10:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 709-1	Burley Ida	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 6, 1972	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 12 1972	Beth H. Pearson	Ormand J. Burch	M-471

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

MAR 21 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 7 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5846
Local Reg. No. 139
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): 1826 Hansen Ave.

3. NAME OF DECEASED (Type or Print) a. (First) William A. Stiens b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12-5-72		
5. SEX: Male	6. COLOR OR RACE: Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 11-15-1912	9. AGE (In years last birthday): 60	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supply Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Potato Processing		11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ewald Stiens - Germany	BIRTHPLACE		14. MOTHER'S MAIDEN NAME: Elsie L. Rosberg - Germany	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-12-1648		17. INFORMANT'S OWN SIGNATURE: Maurine H. Stiens	ADDRESS: Burley, Id.	

3979

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Hematoma, subdural, massive, right side of cranium.

INTERVAL BETWEEN ONSET AND DEATH: Indefinite, possibly up to several weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probably spontaneous.

DUE TO (c) But possibly secondary to embolism from vegetation due to chronic rheumatic valvulitis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Rheumatic heart disease. Indefinite duration.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 8, 19 52 *to* December 5, 19 72, *that I last saw the deceased alive on* December 5, 1972, *and that death occurred at* 8:52 a.m., *from the causes and on the date stated above.*

C. ANNEST, M.D., P.A.
Suite 1 - Snow Building
Burley, Idaho 83318

23a. SIGNATURE BY: C. Annest	012 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 12/13/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-8-72	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View	24d. LOCATION (City, town, or county) (State): Burley, Idaho
DATE REC'D BY LOCAL REG.: Dec. 26 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Chris V. Johnson	LICENSE NO.: M 561

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972
DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5847
Local Reg. No. 140
Reg. Dist. No. 470

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley c. LENGTH OF STAY (In this place): 8 Weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo- rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070	d. STREET ADDRESS (If rural, give location): One half mile east

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel	b. (Middle) B.	c. (Last) Richardson	4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1972
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug.19, 1883	9. AGE (In years last birthday): 89 — IF UNDER 1 YR. Months 4 Days 22 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Peru, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William J.Richardson, BIRTHPLACE: Pennsylvania		14. MOTHER'S MAIDEN NAME: Sarah Tevebaugh, BIRTHPLACE: Missouri		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: 518-42-6373A	17. INFORMANT'S OWN SIGNATURE: Jeannette Richardson ADDRESS: Declo Ida.		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Failure	1-2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer of pancreas	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13-72, 19__, *to* 12-11-72, 19__, *that I last saw the deceased alive on* 12-11-72, 19__, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 1116-1	23b. ADDRESS: Burley, Idaho 83318	23c. DATE SIGNED: 12-14-72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Dec.15,1972	24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county): Declo, (State): Idaho		
DATE REC'D BY LOCAL REG.: Dec. 20, 1972	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch — LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972
MAR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUN 18 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5848
Local Reg. No. 1
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 800 Albion Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Erma Mae b. (Middle) c. (Last) Blake

4. DATE OF DEATH (Month) (Day) (Year): 12-20-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Divorced	1-11-1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Yale, Idaho	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Conrad Rehn	Odessa, Russia	Anna Bauer	Odessa, Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	565-14-7638	Ronald Blake Jr	Pocatello, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4560

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture cardia of stomach. — 2 days
DUE TO (c) Use of gastric Balloon to Control Hemorrhage — 4 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Arteriosclerotic Heart Disease Esophageal + gastric Varicosities. — 40 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11 Nov 1972 *to* 20 Dec 1972, *that I last saw the deceased alive on* 20 Dec 1972, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
James R Kircher MD	Burley Idaho	26 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-72	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 2, 1973	Ruth A. Pearson	Chris V. Johnson	M 561

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5849
Local Reg. No. 2
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): 836 - 7th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marie	Ethel	Boswell	Dec.	23,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed	July 14,1902	70	5	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Carmel, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hilbert, BIRTHPLACE: St. Clair, Penn.
14. MOTHER'S MAIDEN NAME: Mary Jane Donlan, BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 518-82-3357
17. INFORMANT'S OWN SIGNATURE: Daniel W. Boswell ADDRESS: 745 H St. Heyburn,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Compression of trachea
DUE TO (c): Fracture of sternum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Roadway	Burley

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
p.m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	Auto Trauma

22. I hereby certify that I attended the deceased from 12-23-72, 19____, to 12-23-72, 19____, that I last saw the deceased alive on 12-23-72, 19____, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Burley Idaho	26 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec.28,1972	Gem Memorial Gardens	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 2 1973	Bill H. Pearson	Armand F Burch	471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 20 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5850
Local Reg. No. 5
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): ****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia/60
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): **********

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lafayette		Poulton	Dec. 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Feb. 21, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Agriculture	Oakley, Idaho	U.S.A.

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
William H. Poulton - England	Elanora Rose - Harrison Co., Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-30-9560A	Vera Warr	Oakley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	3 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	emphysema	yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October, 1966, *to* December, 1972, *that I last saw the deceased alive on* December 23, 1972, *and that death occurred at* 1:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. 209	Burley Ida	1-3-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/27/72	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 8, 1973	Rick H. Pearson		M-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended:
Jan 26, 1973

Certificate of Death
STATE OF IDAHO

State File No. 5851
Local Reg. No. 4
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): P.O. Box 306

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hannah	E.	Hicks	12-25-72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	9-4-1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postal Clerk	Mail Delivery	Clyde Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Brown	England	Mary Penwell	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	******	518-30-2942	Betty Lou Morton	Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1925

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic neuroesthesioblastoma through neck, tongue and pharynx and lungs — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2 yrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-8, 1972, to 12-25, 1972, *that I last saw the deceased alive on* 12-24, 1972, *and that death occurred at* 3:15 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C Hayden Ellsworth 636 (Degree or title) MD	Burley, Idaho 83318	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-72	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 8, 1973	Lucile A. Pearson	Chris V. Johnson	M561

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 23 2 00 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Hannah E. Hicks (Name on Original Certificate) who died (Was Born or Died) on Dec 25, 1972 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#8 Date of Birth	9-4-72	9-4-1903

Subscribed and sworn to before me this 20th day of January, 1973

Notary Public, residing at Burley, Idaho

My commission expires Jan. 15, 1976

(Seal)

Signed Chris V. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1958 Schaddle Burley, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1973

Notary Public, residing at Burley, Idaho

My commission expires Jan. 15, 1976

(Seal)

Signed Retta S Payne

(Signature of Any Credible Person)

221 W. Main, Burley Idaho

(Street Address, City, State)

8-3318

FORM DH 60-155

JAN 26 1973
FEB 2 1973

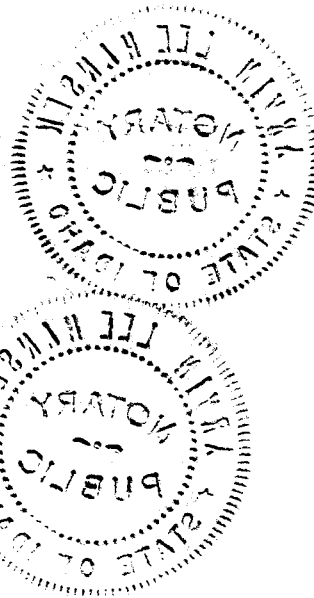

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5852
Local Reg. No. 3
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley; c. LENGTH OF STAY (In this place): 38 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital	d. STREET ADDRESS (If rural, give location): 659 Burton Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Effie	b. (Middle) Louella	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1972
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 20,1900	9. AGE (In years last birthday): 72; IF UNDER 1 YR. Months 6 Days 5; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Castle Gate, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Case, BIRTHPLACE: Glenwood, Utah		14. MOTHER'S MAIDEN NAME: Margaret Jane Wardell, BIRTHPLACE: South Sheld Durham, England		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - -	16. SOCIAL SECURITY NO. 518-30-2046A	17. INFORMANT'S OWN SIGNATURE: Emma J. Barclay - Rt 1 Box A Paul Ida.	ADDRESS	

887X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Intertrochanteric fracture, right hip with postoperative wound infection	29 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cholangiolitic cirrhosis with ascites by history	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 11-27-72	19b. MAJOR FINDINGS OF OPERATION: Intercapsular fracture, right femoral neck	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 14	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1972, *to* 12-25, 1972, *that I last saw the deceased alive on* 12-25, 1972, *and that death occurred at* 10:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C Hoyler Ellingham (Degree or title) MD 636-1	23b. ADDRESS: Burley, Idaho 83318	23c. DATE SIGNED: 1-2-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Dec.30,1972	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery	24d. LOCATION (City, town, or county): Burley, (State): Idaho
DATE REC'D BY LOCAL REG.: Jan 8, 1973	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 0 1 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5853
Local Reg. No. 75
Reg. Dist. No. 210

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): Terminal
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daniel	G.	Carson	Dec. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	never married	Feb. 12, 1892	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
woods worker	lumber	Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Carson	Ireland	Bridget Barrett	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	574-03-8672	Lyle A. Strottmann	Orofino

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1541

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CARCINOMA OF RECTUM — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* NOV 15, 1972, *to* DEC 1, 1972 *that I last saw the deceased alive on* DEC 1, 1972 *and that death occurred at* 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin A. Kerby 430-1	Box 1336 Orofino	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 4, 72	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 12, 1972	Lorn M. Burger	Lyle A. Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5854
Local Reg. No. 76
Reg. Dist. No. 210

RECEIVED DEC 18 1972 181

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 10 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hospital D73

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 181
a. STATE Idaho
b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) 420 Brown

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Calvin c. (Last) Smathers

4. DATE OF DEATH (Month) Dec. (Day) 6, (Year) 1972

5. SEX m
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 24, 1912
9. AGE (In years last birthday) 60 | IF UNDER 1 YR. Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) millright
10b. KIND OF BUSINESS OR INDUSTRY grain elevator
11. BIRTHPLACE (State or foreign country) Summit, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John C. Smathers BIRTHPLACE Oregon
14. MOTHER'S MAIDEN NAME Ursula Walker BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-40-838
17. INFORMANT'S OWN SIGNATURE X Edward L Smathers ADDRESS

18. CAUSE OF DEATH 481X
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 3 WKS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PNEUMOCOCCUS + STAPH.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ADVANCES SILICOSIS — 15 YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5, 1963 *to* DEC 6, 1972, *that I last saw the deceased alive on* DEC 6, 1972, *and that death occurred at* 8:50p, *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 430 (Degree or title) MD
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-9-72
24c. NAME OF CEMETERY OR CREMATORY Nezperce Cemetery
24d. LOCATION (City, town, or county) Nezperce (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 12, 1972
REGISTRAR'S SIGNATURE Fern M. Burger
25. EMBALMER [signature] Gilbert's Chapel
LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 2 1972

APR 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5855
Local Reg. No. 77
Reg. Dist. No. 210

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Miles Addn.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mervin	G.	Merry	Dec. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
m	W	Married	June 9, 1937	35		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Contruction	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Merry	Kansas	Bertha Sprague	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		533-34-5848	X Mrs. Dolly Merry	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Office bldg. Cont.	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
December 7, 72 10:40 a.m.		hit by a unit of lumber

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter	Coroner	Orofino, Idaho	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 11, 72	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Lern M. Burger	Lyle C. Stutzman	476

FIRM NAME: Gilbert's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 22 1972

DEC 22 1972

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5856
Local Reg. No. 78
Reg. Dist. No. 210

BIRTH NO.

RECEIVED DEC 18 1972

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 437 Brown Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) 437 Brown Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hedwig	Erma	Dennis	Dec. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	widowed	Nov. 5, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife	own home	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Kuehn	Germany	Ida Sagler	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	Unknown	Lyle A. Strottman	Orofino

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* ____ 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rhoda Hunter	Coroner	Orofino, Idaho	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 13, 72	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 13, 1972	Lorn M. Burger	Lyle A. Strottman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5857
Local Reg. No. 79
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater (161)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp. (073)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater (180)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino-rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Michael; b. (Middle) Ernest; c. (Last) Korlaske

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1972

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 4, 1895

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer (5)

10b. KIND OF BUSINESS OR INDUSTRY: factory

11. BIRTHPLACE (State or foreign country): Ford Co. Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Korlaske
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Mary Krouse
BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 484-09-3196

17. INFORMANT'S OWN SIGNATURE: Lydia Strottmann
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

470X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 3 days.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Dec 1972 to 25 Dec 1972, that I last saw the deceased alive on 25 Dec 1972, and that death occurred at 3:45a m., from the causes and on the date stated above.

23a. SIGNATURE: M. Masar (1063) (Degree or title): M.D.

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: 28 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 30, 72

24c. NAME OF CEMETERY OR CREMATORY: Weseman

24d. LOCATION (City, town, or county) (State): Orfino, Idaho

DATE REC'D BY LOCAL REG.: Dec. 29, 1972

REGISTRAR'S SIGNATURE: Lera M. Burger

25. EMBALMER: Lydia Strottmann

LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5858
Local Reg. No. 80
Reg. Dist. No. 210

BIRTH NO.

JAN 8 - 1973
Bureau of Vital Statistics
181

1. PLACE OF DEATH a. COUNTY Clearwater	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino c. LENGTH OF STAY (In this place) 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hospital	d. STREET ADDRESS (If rural, give location) Summerville Home

3. NAME OF DECEASED (Type or Print)	a. (First) Verl	b. (Middle) Glen	c. (Last) Earl	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1972
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Mar. 16, 1911	9. AGE (In years last birthday) 61 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	10b. KIND OF BUSINESS OR INDUSTRY Meat	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jack earl	BIRTHPLACE Unk.	14. MOTHER'S MAIDEN NAME Alice Emerson	BIRTHPLACE Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-14-8085	17. INFORMANT'S OWN SIGNATURE Lyle A. Strothman	ADDRESS Orofino,	

471X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bilateral Bronchopneumonia	48 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Influenza	4 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Extreme obesity	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Dec, 1972, *to* 28 Dec, 1972, *that I last saw the deceased alive on* 28 Dec, 1972, *and that death occurred at* 8:15p.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. Mason	1063 (Degree or title) M.D.	23b. ADDRESS Orofino Idaho	23c. DATE SIGNED 3 Jan 1973
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 73	24c. NAME OF CEMETERY OR CREMATORY Dry Creek	24d. LOCATION (City, town, or county) (State) Deary, Latah, Idaho
DATE REC'D BY LOCAL REG. Jan. 4, 1973	REGISTRAR'S SIGNATURE Fern M. Burger	25. EMBALMER Lyle A. Strothman	LICENSE NO. 476

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 0 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5859
Local Reg. No. 98
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Elmore 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Arizona 03 b. COUNTY Maricopa 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home c. LENGTH OF STAY (In this place) 1 hr	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Phoenix
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080	d. STREET ADDRESS (If rural, give location) 2334 East Southern

3. NAME OF DECEASED (Type or Print) a. (First) NINA	b. (Middle) FROST	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) December 2, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1902
9. AGE (In years last birthday) 70	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Millport, Pennslyvania	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Goodnoe	BIRTHPLACE Penn.	14. MOTHER'S MAIDEN NAME Cora Cor	BIRTHPLACE Penn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 097-12-1718	17. INFORMANT'S OWN SIGNATURE Robert M. Wear	ADDRESS Mt. Home AFB

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4270

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Guy W. Arbon M.D. 718 (Degree or title) 1	23b. ADDRESS Mountain Home, Idaho	23c. DATE SIGNED Dec. 3, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/3/72	24c. NAME OF CEMETERY OR CREMATORY Phoenix, Arizona	24d. LOCATION (City, town, or county) (State) Phoenix, Arizona
DATE REC'D BY LOCAL REG. Dec. 26, 1972	REGISTRAR'S SIGNATURE Mary R. Fulton	25. EMBALMER Arthur Smith	LICENSE NO. M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5860
Local Reg. No. 99
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Elmore	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry c. LENGTH OF STAY (In this place): 200	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural 000	d. STREET ADDRESS (If rural, give location): rural 6 miles North

3. NAME OF DECEASED (Type or Print)	a. (First) Mildred	b. (Middle) I.	c. (Last) Thompson	4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Aug 26 1910	9. AGE (In years last birthday): 62 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Robinson, Illinois	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: James C. Weeks	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: unknown	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 66 7317	17. INFORMANT'S OWN SIGNATURE: Donald C. Thompson	ADDRESS: Nezperce, Idaho	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, *to* investigation only, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith 583 (Degree or title) Coroner 4	23b. ADDRESS: Mountain Home, Idaho	23c. DATE SIGNED: 12/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec 14, 72	24c. NAME OF CEMETERY OR CREMATORY: COmmunity	24d. LOCATION (City, town, or county): Nezperce (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 26, 1972	REGISTRAR'S SIGNATURE: Mary R Fulton	25. EMBALMER: H Neil Humphreys	LICENSE NO.: M-502

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 26 1984
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25. MAR 2 7 2008

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5861
Local Reg. No. 101
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ELMORE 20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E. 5th N. Rail Road Crossing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore 20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 441 Cedar Street #9

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KARLA	R.	FENNELL	DEC.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 13, 1954	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph J. Young		Betty E. Ison	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
no	534-60-9153	Mtn. Home AFB Records	Mtn. Home, Idaho

8101

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture of cervical vertebrae with transection of spinal cord — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture of left humeras
Compound fracture right tibula & fibula

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 13-201 (COUNTY) (STATE)
Accident	Street-R.R. crossing	Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
15	Dec	72	8:05 PM.		Car-train collision; Victim passenger in car.

22. *I hereby certify that I attended the deceased from* Investigation Only did not see alive *, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 533	Coroner 4	Mountain Home, Idaho	12/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/20/72	Everett, Washington	Everett, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Mary R. Fulton	H. Weal Humphreys	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5862
Local Reg. No. 100
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: E.5th N. Rail Road Crossing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 441 Cedar Street #9

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLAY	WYATT	FENNELL	DEC.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 20, 1953	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Airman	U.S.A.F.	Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wayne W. Fennell	-	-	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes - Current	538-58-0584	Arthur Smith	Mtn. Home AFB Records Mtn. Home, Idaho

$100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fracture of cervical vertebrae with transection of spinal cord — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 12-201 (COUNTY) (STATE)
Accident	street-R.R. crossing	Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
15Dec 72 8:05 PM		Car-train collision Victim driving car.

22. I hereby certify that I attended the deceased from Did not see alive, to investigation only, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith	Coroner	Mountain Home, Idaho	12/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/20/72	Everett, Washington	Everett, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Mary K. Fulton	H. Neal Humphreys	M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5863
Local Reg. No. 102
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smith Prairie (rural)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sheep Creek- Smith Prairie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 821 W. Pine Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EARL	WAYNE	RUSSELL	Dec. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Aug. 10, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	McCracken, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clyde Russell	Kansas	Mabel McCaskey	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-14-3120	Ronald C. Russell	324 W. Dewey Ave. Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive, *to* investigation only, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 513 (Degree or title) Coroner	Mountain Home, Idaho	12/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 18, 1972	Joplin Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Mary R. Sutton	D. Wel Humphreys	M-502

FIRM NAME: Robison Chapel of The Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5864
Local Reg. No. 103
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: ELMORE 201	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ELMORE 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELMORE MEMORIAL NURSING HOME 356	d. STREET ADDRESS (If rural, give location): 220 E. 10th N.

3. NAME OF DECEASED (Type or Print) a. (First): MARY	b. (Middle): ELIZABETH	c. (Last): HOYT	4. DATE OF DEATH (Month) (Day) (Year): DEC. 17 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 2, 1893	9. AGE (In years last birthday): 69 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Scott Payne	BIRTHPLACE: Unkown	14. MOTHER'S MAIDEN NAME: Ann Larsen	BIRTHPLACE: Sweden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-09-4516	17. INFORMANT'S OWN SIGNATURE: Vern E Hoyt	ADDRESS: Mountain Home, Ida.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

575X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	ascending Cholangitis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Biliary obstruction	
DUE TO (c)	unknown.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Strobe Syndrome	6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Howard M. Weeks MD 623 (Degree or title)	23b. ADDRESS: 890 N 6th East	23c. DATE SIGNED: 12-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): cremation	24b. DATE: Dec. 20, 1972	24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Crematory	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 29, 1972	REGISTRAR'S SIGNATURE: Mary R. Fulton	25. EMBALMER: H. Neil Humphreys	LICENSE NO.: M-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

JUL 2 5 1994

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 0 7 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5865
Local Reg. No. 104
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 519 So. Ada

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): 519 So. Ada

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	STEWART	BENNETT	Dec. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Nov. 30, 1918	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Railroader	U.P. Rail Road	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Bennett	Iowa	Vertie Stewart	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.II	712-10-0952	Mary M. Lewis	Glenns Ferry, Idaho

4109

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Didnot see alive, investigation only, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583 (Degree or title) Coroner 4	Mountain Home, Idaho	12/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1972	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Mary R. Fulton	Arthur Smith	M-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5866
Local Reg. No. 2
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED JAN 26 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Mem. Nursing Home 356

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Elmore 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 535 North 5th East

3. NAME OF DECEASED (Type or Print) a. (First) LARRY b. (Middle) c. (Last) URIONA
4. DATE OF DEATH (Month) (Day) (Year) December 31, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Oct. 26, 1893
9. AGE (In years last birthday) 79 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shepherd - Retired
10b. KIND OF BUSINESS OR INDUSTRY Sheep
11. BIRTHPLACE (State or foreign country) Algorta, Vizcaya, Spain
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Manuel Uriona BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Prudendenca Ybarra BIRTHPLACE Spain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-16-8437
17. INFORMANT'S OWN SIGNATURE X Louise Medbe ADDRESS Mtn. Home, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4123
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CSHD — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CVA c hemiplegia years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Dec 31 1965 to Dec 31 1972, that I last saw the deceased alive Dec 31 1972, and that death occurred at 9:30 pm from the causes and on the date stated above.

23a. SIGNATURE Melvin L Reichhold (Degree, title) 389-1
23b. ADDRESS Mountain Home Ida.
23c. DATE SIGNED 1.8.73

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/4/73
24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State) Mountain Home, Idaho

DATE REC'D BY LOCAL REG. Jan. 23, 1973
REGISTRAR'S SIGNATURE Mary R. Fulton
25. EMBALMER A. Vail Humphreys
LICENSE NO. M-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5867
Local Reg. No. 25
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston; c. LENGTH OF STAY (In this place) 4 Wks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Hospital 081	d. STREET ADDRESS (If rural, give location) 39 South 1st West

3. NAME OF DECEASED (Type or Print) a. (First) MELVIN b. (Middle) c. (Last) CLAYTON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 5, 1886
9. AGE (In years last birthday) 86	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber 4	10b. KIND OF BUSINESS OR INDUSTRY Plumbing	11. BIRTHPLACE (State or foreign country) Preston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Clayton BIRTHPLACE England		14. MOTHER'S MAIDEN NAME Ellen Marrison BIRTHPLACE Silver Creek, Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 10 1148	17. INFORMANT'S OWN SIGNATURE David W. Clayton ADDRESS S.L.C. Ut.	

4123

MEDICA CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose ulcers of both legs Phlebitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972, *to* Dec 8, 1972, *that I last saw the deceased alive on* Dec. 8, 1972, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE O. R. Collins MD 122 (Degree or title)	23b. ADDRESS Preston Idaho	23c. DATE SIGNED 12-9-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.11,1972	24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery	24d. LOCATION (City, town, or county) (State) Preston, Idaho
DATE REC'D BY LOCAL REG. 12-15-72	REGISTRAR'S SIGNATURE Sherry Buttars	25. EMBALMER Douglas S. Webb	LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5868
Local Reg. No. 26
Reg. Dist. No. 540

RECEIVED DEC 21 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Franklin 211	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston c. LENGTH OF STAY (In this place) 2 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin County Rest Home 395	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) OWEN	c. (Last) JR.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1891	9. AGE (In years last birthday) 80 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY Livestock & Dry	11. BIRTHPLACE (State or foreign country) Glendale, Idaho	12. CITIZEN OF WHAT COUNTRY? U SA	
13. FATHER'S NAME Richard Owen	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Elizabeth Wells	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 42 9669 A	17. INFORMANT'S OWN SIGNATURE Rulon A Owen	ADDRESS Preston, Idah	

4123

MEDICA CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis — 6 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972, *to* Dec 12, 1972, *that I last saw the deceased alive on* Dec 12, 1972, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler	22 (Degree or title) MD	23b. ADDRESS Preston Idaho	23c. DATE SIGNED 12-12-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 15, 1972	24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery	24d. LOCATION (City, town, or county) (State) Preston, Idaho
DATE REC'D BY LOCAL REG. 12-19-72	REGISTRAR'S SIGNATURE Sherry Buttars	25. EMBALMER Douglas S. Webb	LICENSE NO. 488

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

AUG 1 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Jan 10, 1973

Certificate of Death
STATE OF IDAHO

State File No. 5869
Local Reg. No. 27
Reg. Dist. No. 540

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 169 East Oneida

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 169 East Oneida

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hilda	Davis	Steele	Dec. 14, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 20, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Elementary Schools	Clifton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Ward Davis		Harriet Emmaline Bybee	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Norman L. Steele	Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-14, 1972, to 12-14, 1972, that I last saw the deceased alive on 12-14, 1972, and that death occurred at 1 D m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. J. Cullen M.D. (Degree or title)	Preston Idaho	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 18, 1972	Whitney Cemetery	Whitney, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-19-72	Sherry Buttars	Douglas S. Webb	488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 10 1 16 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Hilda Davis Steele (Name on Original Certificate) who died (Was Born or Died) on Dec 14, 1972 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#13 Father's Name	James Ward	James Ward Davis

Subscribed and sworn to before me this 8th day of Jan, 1973

Notary Public, residing at Preston

My commission expires 1-12-76

(Seal)

Signed Norman L. Steele
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Jan, 1973

Notary Public, residing at Preston, Idaho

My commission expires 1-12-76

(Seal)

Signed Sherwin A Webb
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

JAN 11 1973

JAN 16 1973
MAR 16 1981

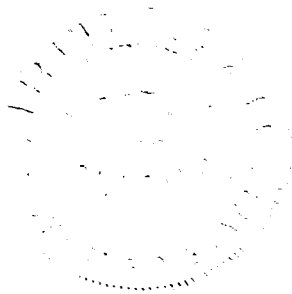

Certificate of Death
STATE OF IDAHO

State File No. 5870
Local Reg. No. 29
Reg. Dist. No. 540

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 3 11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 101 North State

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): 121 South Main Street

3. NAME OF DECEASED (Type or Print): a. (First) KENNETH b. (Middle) NORMAN c. (Last) NISSON
4. DATE OF DEATH: (Month) December (Day) 18, (Year) 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27, 1911
9. AGE (In years last birthday): 61
IF UNDER 1 YR. Months / Days:
IF UNDER 24 HRS. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent—Farmers
10b. KIND OF BUSINESS OR INDUSTRY: Insurance Group
11. BIRTHPLACE (State or foreign country): Winder, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Hans Nisson
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Anne Maria Olson
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Clara H. Nisson ADDRESS: Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) - Coronary Artery Occlusion
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) - Atherosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): NATURAL
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Service Station
21c. (CITY, TOWN, OR TOWNSHIP) PRESTON (COUNTY) FRANKLIN (STATE) IDAHO

21d. TIME OF INJURY (Month) Dec (Day) 18, (Year) 1972 (Hour) 5:30 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dec 18, 1972, and that death occurred at 5:30 p m., from the causes and on the date stated above. At death.

23a. SIGNATURE (Degree or title): Boyd J. Hale M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1972
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-26-72
REGISTRAR'S SIGNATURE: Sherry Buttars
25. EMBALMER: Douglas S. Webb
LICENSE NO.: 485

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

JUL 14 2005

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5871
Local Reg. No. 28
Reg. Dist. No. 540

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin County Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Utah
b. COUNTY: Cache
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
d. STREET ADDRESS (If rural, give location): 90 N 1 E

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LORENZO	J.	BULLEN	Dec. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Sept. 7, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marshall & Pet Milk Co.	City of Richmond	Richmond, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorenzo H. Bullen	Richmond, Utah	Maud Johnson	Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		528 05 9295	Leona J. Bullen	Richmond, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C-V P — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 8, 19 72, to Dec 18, 19 72, that I last saw the deceased alive on Dec 8, 19 72, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. R. Cullen 122 (Degree or title) MD	Preston Idaho	12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 21, 1972	Richmond, Utah	Richmond, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-21-72	Sherry Buttars	Douglas S. Webb	488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

JAN 9 1973

JUN 6 1975

AUG 1 3 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5872
Local Reg. No. 53
Reg. Dist. No. 651

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ashton
c. LENGTH OF STAY in this place: 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Miles north west of Ashton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Michigan
b. COUNTY: Chassell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chassell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Reino		Kemppainen	Sept. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	unknow	Dec. 20, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging		Atlantic Mine, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Kemppainen	Finland	Anna Mari Klenegti	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	UNKNOWN		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9168

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured neck — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Logging accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Antelope Flat, Island	Park Island Park Fremont Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept. 26 1972 3:30 P.M.		Partially cut tree fell on him.

22. *I hereby certify that I attended the deceased from* DOA, 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	Box 170, St.Anthony, Ida.	12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Sept. 28, 1972		to Hancock, Michigan

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 20 1972			M - 544

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5873
Local Reg. No. 52
Reg. Dist. No. 650

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Fremont	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City
c. LIMITS OF STAY (In this place): 221	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 082	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): HENRY	b. (Middle):	c. (Last): RIGGS	4. DATE OF DEATH (Month) (Day) (Year): Dec., 9, 1972		
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct., 21, 1891	9. AGE (In years last birthday): 81	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Laborer 7	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Teton City, Idaho	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Robert E. Riggs	BIRTHPLACE: Boston, Mass	14. MOTHER'S MAIDEN NAME: Agnes Smith	BIRTHPLACE: Utah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-10-2016	17. INFORMANT'S OWN SIGNATURE: Florence Riggs	ADDRESS: Teton City, Idaho		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

401X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	1½ month
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gouty Arthritis	2 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 1972, *to* Dec 9, 1972, *that I last saw the deceased alive on* Dec 9, 1972, *and that death occurred at* 9:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Soule MD (Degree of title) 488-1	23b. ADDRESS: St Anthony-Idaho	23c. DATE SIGNED: 12/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 13 Dec 72	24c. NAME OF CEMETERY OR CREMATORY: Teton-Newdale Cemetery	24d. LOCATION (City, town, or county) (State): Sugar City, RFD, Idaho
DATE REC'D BY LOCAL REG.: 12 Dec 72	REGISTRAR'S SIGNATURE: M. D. Hansen	25. EMBALMER: M. D. Hansen	LICENSE NO.: M-354

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HANSEN MEMORIAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5874
Local Reg. No. 54
Reg. Dist. No. 650

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Ida.
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joseph	Harry	Rawson	December 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	caucasian	Married	October 12, 1901	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
section forman	U.P.RR Co.	Plano, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Rawson	England	Elizabeth Boyle	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-12-6659	Owen H Rawson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	metastatic ca of brain	2 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Ca of prostate	4 years
DUE TO (c)	CHF 2° ASHD diabetes mellitus	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	hypertension & chronic GU tract inf.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. 27, 19 71, *to* Dec. 24, 19 72, *that I last saw the deceased alive on* Dec. 24, 19 72, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd Larsen M.D.	129 N 8 W St. Anthony, Ida.	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	28 Dec. 1972	Plano Cemetery	Madison, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
27 Dec 72	M.D. Hansen	M.D. Hansen	M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5875
Local Reg. No. 1
Reg. Dist. No. 650

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 335 East Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 335 East Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): WHITMORE

4. DATE OF DEATH (Month) (Day) (Year): Dec., 27, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb., 3, 1903
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (State or foreign country): Challis, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Whitmore — BIRTHPLACE: Roanoke, Va
14. MOTHER'S MAIDEN NAME: Mary Olsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-3423
17. INFORMANT'S OWN SIGNATURE: Leo L Hammond — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4100

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1972, *to* Dec 27, 1972, *that I last saw the deceased alive on* Dec 24 1972, *and that death occurred at* 12 45 *pm., from the causes and on the date stated above.*

23a. SIGNATURE: E L Sorde MD — 488 (Degree or title)
23b. ADDRESS: St. Anthony
23c. DATE SIGNED: 1/2/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 30, 1972
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: 2 Jan 73
REGISTRAR'S SIGNATURE: M L Hansen
25. EMBALMER: M. D. Hansen — M L Hansen
LICENSE NO.: M-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5876
Local Reg. No. 3
Reg. Dist. No. 6-50

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Fremont	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony; LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 381 East 3rd North	d. STREET ADDRESS (If rural, give location) 381 East 3rd North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	LEE	HUFF	Dec., 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	March 3, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mecganic		Kismet, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James B. Huff	Texas	Alice Wadhams	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	543-05-8672	Mrs. Dean Ward	St. Anthony Idaho

5193

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	M I	15 mn
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive HT Failure	2-3 yrs
DUE TO (c)	Cor Pulmonale 2d to Chronic lung dis	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 25, 1972 *to* Dec., 29, 1972 *that I last saw the deceased alive on* Dec., 29, 1972 *and that death occurred at* 6:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loyd Garrett MD	St Anthony	1-3-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2 Jan 73	Riverview Cemetery	St. Anthony, RFD#2, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4 Jan 73	M L Hansen	M. L. Hansen	M-354

FIRM NAME: HANSEN MEMORIAL CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5877
Local Reg. No. 33
Reg. Dist. No. 340 - 341

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS DEC 8 11 29 AM '72

1. PLACE OF DEATH
a. COUNTY: Gem 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 314 W. 4th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helen	M.	Clemens	Dec. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	May 14, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Alton, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wesley A. Talley	Rockell, Illinois	Emma Kate White	Bethel, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-54-4839	X William L. Clemens	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4442

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Infarction of Small Bowel — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis of Mesenteric Artery @
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ~~autopsied~~ on 12-6, 1972, to ——, 19—, *that I last saw the deceased alive* ——, 19—, *and that death occurred @ 6 P* m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	D.O.	1055 N. Curtis Rd, Boise	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 8, 1972	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-6-72	[signature]	[signature]	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5878
Local Reg. No. 34
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Gem 231 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett c. LENGTH OF STAY (In this place) 17 years d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1115 So. Johns	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gem 231 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett d. STREET ADDRESS (If rural, give location) 1115 So. Johns

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	Ray	Smith	Dec. 6, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Dec. 31, 1939	32		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	--	Kemmerer, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry W. Smith	Diamondville, Wyo.	Helen Beck	Montpelier, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-68-3457	X Henry W. Smith	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7462

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cong. Heart Disease - Tetrology of Fallcau — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Glaucoma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1965, to Dec, 1972, that I last saw the deceased alive on Nov 16, 1972, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Wm B Jarrell MD (Degree or title)	10 E. Locust, Emmett, Ida	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 9, 1972	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 7, 1972	Jean A Beatty	Glenn W Beatty	M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b)Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d)Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5879
Local Reg. No. 35
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Gem 231	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett c. LENGTH OF STAY (In this place): 9 mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Lane Nursing Home 265	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First): Ernest	b. (Middle): Edwin	c. (Last): White	4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1972	
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: May 12, 1895	9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor 5	10b. KIND OF BUSINESS OR INDUSTRY: lumber	11. BIRTHPLACE (State or foreign country): Taylor, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Lewis M. White	BIRTHPLACE: Michigan	14. MOTHER'S MAIDEN NAME: Agnes H. Freegard	BIRTHPLACE: Penn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-09-2527A	17. INFORMANT'S OWN SIGNATURE: X Nellie E. Anderson	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/24

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Arteriosclerotic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): C V disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 days / years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 6:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R C Goodwin, M.D. (Degree or title)	23b. ADDRESS: Emmett, Ida.	23c. DATE SIGNED: 15 Dec 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Dec. 16, 1972	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: Dec. 18, 1972	REGISTRAR'S SIGNATURE: Jean A Beatty	25. EMBALMER: Glenn W Beatty	LICENSE NO.: M-392

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

DEC 22 1972
FEB 26 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

SEP 6 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5880
Local Reg. No. 36
Reg. Dist. No. 340.341

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Conv. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Ada Co. Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Cecelia
c. (Last): Glasgow

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Oct. 19, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Vail, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Garvin	UNKNOWN	UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-60-6585	X Patricia Anna Peterson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive Heart failure — 4/23 — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — INTERVAL: years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 70 *to* Dec 19, 19 72, *that I last saw the deceased alive on* Dec 19, 19 72 *and that death occurred at* 10 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ronald P Lawlerson MD (Degree or title)	Emmett Idaho (State)	12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)
burial	12-15-72	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-72	Jean C Beatty	Walter Potter	M-445

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5881
Local Reg. No. 37
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Gem 231	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Memorial Hospital 035	d. STREET ADDRESS (If rural, give location) 216 East 2nd

3. NAME OF DECEASED (Type or Print) a. (First) Katherine	b. (Middle)	c. (Last) Burkhard	4. DATE OF DEATH (Month) (Day) (Year) December 20, 1972	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 6, 1901	9. AGE (In years last birthday) 71 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher	10b. KIND OF BUSINESS OR INDUSTRY education	11. BIRTHPLACE (State or foreign country) Liverpool, England	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William J. Burkhard	BIRTHPLACE Germany	14. MOTHER'S MAIDEN NAME Katherine Weiland	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-46-1780A	17. INFORMANT'S OWN SIGNATURE X Robert W. Burkhard	ADDRESS 320 Pair Oaks Calif	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CEREBRO VASCULAR	NOV. 28
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ACCIDENT	1972
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Dec 20, 1972, *that I last saw the deceased alive on* Dec 20, 1972, *and that death occurred at* 1 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Ronald P. Rawlinson	429 (Degree or title) M.D.	23b. ADDRESS Emmett, Idaho	23c. DATE SIGNED 12/22/72
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY Emmett	24d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. 12-31-72	REGISTRAR'S SIGNATURE Jean A Beatty	25. EMBALMER Glenn W. Beatty	LICENSE NO. M-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5882
Local Reg. No. 38
Reg. Dist. No. 340-341

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY: Gem		a. STATE: Idaho	b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett	c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Walter Knox Memorial Hosp.		d. STREET ADDRESS (If rural, give location): Rt. 3, Box 118	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dell	A.	Drake	Dec. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	divorced	Nov. 16, 1936	36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
painter	building	Rexburg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Loy Drake	Victor, Idaho	Jessie Blanch Stull	Marbleton, Wyo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	unknown	518-40-0176	x Loy A. Drake	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Gun Shot Wound of — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdomen & (L) Chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide	13-231	Emmett Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-22, 1972 *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	1055 N. Curtis Rd.	12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 27, 1972	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-31-72	[signature]	[signature] THE BEATTY CHAPEL Emmett, Idaho	M-392

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5883
Local Reg. No. 39
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JAN 8 - 1973 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hospital
d. STREET ADDRESS (If rural, give location): 2806 Edson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Elizabeth	Cretors	December 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 26, 1878	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Union County, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William P. Chipman	Kentucky	Naomi Lucas	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-1585J1	Mrs J. H. Patch	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5699

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) SEVERE GASTO INTESTINAL — INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HEMORRHAGE CAUSE
DUE TO (c) UNDETERMINE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* DEC 15 *, 19* 72 *, to* DEC 23 *, 19* 72 *, that I last saw the deceased alive on* DEC 3 *, 19* 72 *, and that death occurred at* 10:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ronald P. Lawhorn MD	EMMETT IDAHO	Jan 2 1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/27/1972	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 2, 1973	Jean A Beatty	Earl Waggoner	M-422

FIRM NAME: ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service
FORM DH-63021

JAN 8 - 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5884
Local Reg. No. 40
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Gem	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Memorial Hospital	d. STREET ADDRESS (If rural, give location): P.O. Box 634 Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Burdett	b. (Middle)	c. (Last) Rice	4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1972		
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Jan. 3, 1926	9. AGE (In years last birthday): 46	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer	10b. KIND OF BUSINESS OR INDUSTRY: fruit	11. BIRTHPLACE (State or foreign country): Portland, Oregon	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John Rice	BIRTHPLACE: Texas	14. MOTHER'S MAIDEN NAME: Edith Morgan	BIRTHPLACE: Texas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519 20 2487	17. INFORMANT'S OWN SIGNATURE: X Laura Rice	ADDRESS		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	5719 Carcinoma of Liver	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 12-24, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. A. Goodman M.D. (Degree or title)	23b. ADDRESS: Emmett, Ida		23c. DATE SIGNED: 5 Jan 1973
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Dec. 27, 1972	24c. NAME OF CEMETERY OR CREMATORY: Emmett	24d. LOCATION (City, town, or county) (State): Emmett, Idaho
DATE REC'D BY LOCAL REG.: 1-5-73	REGISTRAR'S SIGNATURE: Jean A Beatty	25. EMBALMER: Glenn W Beatty	LICENSE NO.: E392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 4 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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COPY
J.

Certificate of Death
STATE OF IDAHO

State File No. 5885
Local Reg. No. 41
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 914 So. Comm.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Frances	Moyer	Dec. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	Feb. 9, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Jackson, Mich.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Anglemyer	UK	Sarah Berry	Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-01-9682	X Earl L Moyer	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1957 *to* Dec. 28 1972 *that I last saw the deceased alive on* Dec 27 1972 *and that death occurred at* 1:55 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jarrell MD (Degree or title)	1024 E. Locust, Emmett, Ida	1-3-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-30-72	Emmett Cemetery	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-73	Jean A Beatty	Walter J Potter	M-445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5886
Local Reg. No. 3458
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JAN 17 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Gooding 241	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Gooding 241
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding c. LENGTH OF STAY (In this place): 1 yr.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Acres Terrace 372	d. STREET ADDRESS (If rural, give location): Green Acres Terrace

3. NAME OF DECEASED (Type or Print): a. (First) Ira b. (Middle) E. c. (Last) Hupfer

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 27, 1891

9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher-farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Onaga, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Hupfer BIRTHPLACE: N/R

14. MOTHER'S MAIDEN NAME: Jenna Force BIRTHPLACE: N/R

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-5676A

17. INFORMANT'S OWN SIGNATURE: Derral H. Hupfer ADDRESS: Corral Idaho

481X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Pneumonia. Left lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus. Emphysema.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 14, 19 72 *to* Dec. 31, 1972, 19 ____, *that I last saw the deceased alive on* Dec. 30, 1972, 19 ____ *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 285-1

23b. ADDRESS: Gooding, Idaho

23c. DATE SIGNED: 1-5-73

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan. 3, 1973

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Fairfield, Camas, Idaho

DATE REC'D BY LOCAL REG.: 1-10-73

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: M-460

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5887
Local Reg. No. 32
Reg. Dist. No. 242

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood c. LENGTH OF STAY (In this place) approx. 10 mo	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elk City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Maries Hosp. 693	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle) Delona	c. (Last) Bullock	4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1972	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 8, 1910	9. AGE (In years last birthday) 61	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) Kooskia, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Bert Crook	BIRTHPLACE unknown	14. MOTHER'S MAIDEN NAME Katherine P. Haeberle	BIRTHPLACE Fowler Indiana		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-46-0434	17. INFORMANT'S OWN SIGNATURE Wm. R. Bullock	ADDRESS Elk City, Idaho.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diabetes mellitus c̄

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) diabetic neuropathy.

DUE TO (c) ASHD Hypertensive CVD

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* Dec. 4, 19 72, *to* Dec. 4, 19 72, *that I last saw the deceased alive on* Dec. 4, 19 72, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. E. Orr MD (Degree or title) 398-1	23b. ADDRESS Cottonwood, Idaho	23c. DATE SIGNED Dec. 8, 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 7, 1972	24c. NAME OF CEMETERY ~~OR CREMATORY~~ Pine Grove	24d. LOCATION (City, town, or county) Kooskia (State) Idaho.
DATE REC'D BY LOCAL REG. December 12, 1972	REGISTRAR'S SIGNATURE Elizabeth H. Uhlorn	25. EMBALMER [signature]	LICENSE NO. M-493

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5888

Certificate of Death
STATE OF IDAHO

RECEIVED

State File No. _____
Local Reg. No. 80
Reg. Dist. No. 240

BIRTH NO.

DEC 26 1972

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY IDAHO 251	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY IDAHO 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE c. LENGTH OF STAY (In this place) 13 YRS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANGEVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GRANGEVILLE GENERAL HOSPITAL 092	d. STREET ADDRESS (If rural, give location) 410 S. HALL ST.

3. NAME OF DECEASED (Type or Print)	a. (First) WINNIE	b. (Middle) M	c. (Last) DEARDORFF	4. DATE OF DEATH (Month) (Day) (Year) DEC. 14, 1972
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11/6/1898	9. AGE (In years last birthday) 74 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) PRAIRIE CITY, OREGON	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MARSHALL PUETT	BIRTHPLACE NISSOURI	14. MOTHER'S MAIDEN NAME EMMA FRENCH	BIRTHPLACE OREGON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-56-0338	17. INFORMANT'S OWN SIGNATURE Harold Deardorff	ADDRESS Grangeville, Idaho	

4124

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Stroke	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic cardio	
DUE TO (c)	vascular disease	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	27 yrs.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* February, 1957, *to* December, 1972, *that I last saw the deceased alive on* December 14, 1972, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 444-1	23b. ADDRESS Grangeville, Idaho	23c. DATE SIGNED 12/20/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/18/1972	24c. NAME OF CEMETERY OR CREMATORY PRAIRIE CITY CEMT.	24d. LOCATION (City, town, or county) (State) PRAIRIE CITY, OREGON
DATE REC'D BY LOCAL REG. Dec 23 72	REGISTRAR'S SIGNATURE Robert Hansen	25. EMBALMER [signature]	LICENSE NO. M-493

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HANSEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 25 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 29 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5889
Local Reg. No. 82
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp. 072

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) Miles c. (Last) Hamilton

4. DATE OF DEATH: (Month) Dec. (Day) 15, (Year) 1972

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 2, 1894
9. AGE (In years last birthday): 78 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - rancher
10b. KIND OF BUSINESS OR INDUSTRY: Own Land
11. BIRTHPLACE (State or foreign country): Frazier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Seymour Hamilton — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Nettie Dyer — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 519-12-4815
17. INFORMANT'S OWN SIGNATURE: Geneva I Gibler — ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

580X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): acute Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Severe Parkinson's Disease Organic Brain Syndrome

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1962 *to* Dec 15, 1972, *that I last saw the deceased alive on* Dec 15, 1972 *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm Morrison M.D. 373 (Degree or title)
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 19, 1972
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah Lewis Idaho

DATE REC'D BY LOCAL REG.: Dec 27, 72
REGISTRAR'S SIGNATURE: Robert R Hansen
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5890
Local Reg. No. 77
Reg. Dist. No. 240

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IDAHO COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 404 S. COLLEGE

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	W.	PITMAN	DEC. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	2/10/1920	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	JORDAN MOTORS	CAREY, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMEW PITMAN	IDAHO	DELLA POTTER	IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES.	W.W.II	216-64-6293	Jane J. Pitman	GRANGEVILLE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	492X Pulmonary Emphysema	10 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchiectasis	27 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from October, 1958, to December, 1972, that I last saw the deceased alive on Dec. 17, 1972, and that death occurred at 1:40 p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Grangeville, Idaho	12/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12/20/1972	MERIDIAN CEMETERY	MERIDIAN, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/21/72	Robert R. Hansen	[signature]	M-493

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HANSEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 14 1973 DEC 22 1972

MAY 6 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5891
Local Reg. No. 822
Reg. Dist. No. 244

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Idaho 250	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. at Orofino Hospital 000	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Lawton	b. (Middle) Raymond	c. (Last) Miller	4. DATE OF DEATH (Month) Dec. (Day) 17, (Year) 1972
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 13, 1942	9. AGE (In years last birthday) 30 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmerman 5	10b. KIND OF BUSINESS OR INDUSTRY Planing Mill	11. BIRTHPLACE (State or foreign country) Hoquiam, Wash.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Raymond Clifton Miller	BIRTHPLACE Kamiah, Ida.	14. MOTHER'S MAIDEN NAME Luella Emery	BIRTHPLACE Kamiah, Ida.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 12/2/59-12/1/65	16. SOCIAL SECURITY NO. 519-48-3151	17. INFORMANT'S OWN SIGNATURE Ray C. Miller	ADDRESS Kooskia, Ida.	

8199

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Apparent Traumatic Injuries of Chest & Head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE X (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-250 (COUNTY) 8 Miles East of Kooskia (STATE) Idaho
21d. TIME OF INJURY (Month) Dece (Day) 17 (Year) 72 (Hour) 8 P.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 583-4	23b. ADDRESS IDAHO COUNTY CORONER	23c. DATE SIGNED [signature]	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1972	24c. NAME OF CEMETERY OR CREMATORY Pine Grove	24d. LOCATION (City, town, or county) Kooskia Idaho (State) Idaho
DATE REC'D BY LOCAL REG. Dec. 18 1972	REGISTRAR'S SIGNATURE Claude Trenary	25. EMBALMER [signature]	LICENSE NO. 476

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

State File No. 5892
Local Reg. No. 23
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (In this place): 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital 093
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Fred	Simon	Dec	18	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Feb 3 1877	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store owner	Retail Meat	Amando Ohio	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Simon		Mary Schaeffer	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 36 4781	Harold Simon	Cottonwood Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) ASHD = decompensatem — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and senility.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 14, 19 72 to December 18, 19 72, that I last saw the deceased alive on Dec. 18, 19 72 and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P C Orr MD 378-1	Cottonwood, Idaho	12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 20 1972	Community	Cottonwood, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
December 23, 1972	Elizabeth A. Uhlorn	Calvin Uhlorn	M 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 29 1972 Bureau of Vital Statistics

State File No. 5893
Local Reg. No. 81
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City
c. LENGTH OF STAY (In this place): 8½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Elk City proper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City, Idaho
d. STREET ADDRESS (If rural, give location): Elk City, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT; b. (Middle) LEWIS; c. (Last) HARP

4. DATE OF DEATH (Month) (Day) (Year): December 22, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 2, 1916

9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Operator

10b. KIND OF BUSINESS OR INDUSTRY: Grocery & Gas

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Harp
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Lulu
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 12 0653

17. INFORMANT'S OWN SIGNATURE: Grace Harp
ADDRESS: Elk City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apparent Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not *, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coronor
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/27/1972
24c. NAME OF CEMETERY OR CREMATORY: Prairie View Cemt.
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Dec 27, 72
REGISTRAR'S SIGNATURE: Robert R Hansen
25. EMBALMER: Robert R Hansen
LICENSE NO.: M 433

FIRM NAME: Hansen Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5894
Local Reg. No. 83
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: IDAHO.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
c. LENGTH OF STAY (In this place): 76 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GRANGEVILLE GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO b. COUNTY: IDAHO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANGEVILLE
d. STREET ADDRESS (If rural, give location): 320 S. COLLEGE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVA	MAE	MANNING	DEC. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	5/23/1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	GRANGEVILLE, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
EDWIN I. CHASE	ARK.	MARY BRISCOE	OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-26-7998B	[signature]	GRANGEVILLE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

398X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic and Hypertensive unkn.
DUE TO (c) Heart Desease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute viral respiratory infection; hypokalemia unkn.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/25, 1972 *to* 12/26, 1972, *that I last saw the deceased alive on* 12/26, 1972, *and that death occurred at* 4p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm C. Manson, M.D. 373	Grangeville, Idaho	12/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
BURIAL	12/29/1972	PRAIRIE VIEW CEMTERY	GRANGEVILLE, IDAHO	M-493

DATE REC'D BY LOCAL REG.: Jan 6, 1973
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]

FIRM NAME: HANSEN FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
SEP 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 16 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5895
Local Reg. No. 1
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hosp. 072

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clearwater
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) Elizabeth c. (Last) Skidmore

4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1972

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 21, 1895
9. AGE (In years last birthday) 77 | IF UNDER 1 YR. Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife - Mother
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Van Buren Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Holland BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Molly Gunter BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 532-26-2458
17. INFORMANT'S OWN SIGNATURE George C. Skidmore ADDRESS Clearwater Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASHT DIS. Arteriosclerotic Heart Dis — unknown

DUE TO (c) also anxious about family — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. overweight. — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Dec, 1972, *to* Dec 27, 1972, *that I last saw the deceased alive on* Dec 27, 1972, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE William H Greenwood, 189 (Degree or title) MD
23b. ADDRESS Grangeville Idaho
23c. DATE SIGNED Jan 4, 73

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 30, 1972
24c. NAME OF CEMETERY OR CREMATORY Clearwater Cem
24d. LOCATION (City, town, or county) Clearwater (State) Idaho

DATE REC'D BY LOCAL REG. Jan 11, 73
REGISTRAR'S SIGNATURE R R Jansen
25. EMBALMER Lyle A. Strattmann
LICENSE NO. 476

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5896
Local Reg. No. 14
Reg. Dist. No. 640

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mud Lake
LENGTH OF STAY (In this place): Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 Mile West of Town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VALERIE		VALASCO	December 3, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 1, 1942	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labor	Potato	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence W. Burke	Idaho	Theda Louise Egbert	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	516-50-3040	Josus Velasco	Box 92 Terreton, Ida.

8147

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive Internal Injury — INTERVAL BETWEEN ONSET AND DEATH: Sec.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street	Mud Lake 13-26 Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 3, 1972 9:p m.		Struck by passing Car

22. *I hereby certify that* ~~I attended the deceased from~~ ~~to~~ ~~I last saw the deceased alive~~ ~~on~~ ~~that death occurred at~~ 9:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Thomas Bell 583 (Degree or title) Coroner	Rigby, Idaho	12/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/7/72	Riverdale	Hamilton Ravalli Mont.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/4/72	Mrs A B Eckersell	Sidney B Eckersell	M-552

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 1 1 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 21 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5897
Local Reg. No. 15
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Jefferson 260	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby; c. LENGTH OF STAY (In this place) 14 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 125 Ramona 100	d. STREET ADDRESS (If rural, give location) 125 Ramona

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE	b. (Middle) MILFORD	c. (Last) BATES	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1972	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1920	9. AGE (In years last birthday) 51; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron worker 5	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Rigby, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Clarence M. Bates	BIRTHPLACE Sanford, Colo.	14. MOTHER'S MAIDEN NAME Ava Brown	BIRTHPLACE Billings, Mont.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 518-12-7929	17. INFORMANT'S OWN SIGNATURE Norma Bates	ADDRESS Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Thrombosis	Seconds
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hyplysidemia Type III	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 4, 1950, *to* December 7, 1972, *that I last saw the deceased alive on* December 6, 1972, *and that death occurred at* 3:00 P. *from the causes and on the date stated above.*

23a. SIGNATURE Aldon Tall 521 (Degree or title) M.D.	23b. ADDRESS Rigby, Idaho.	23c. DATE SIGNED 12/12/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.11,1972	24c. NAME OF CEMETERY OR CREMATORY Pioneer	24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho
DATE REC'D BY LOCAL REG. Dec 12 1972	REGISTRAR'S SIGNATURE Mrs A B Eckersell	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 14 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5898
Local Reg. No. 16
Reg. Dist. No. 640

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Carson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark
d. STREET ADDRESS (If rural, give location): Carson Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RAYMOND	FRANKLIN	TAYLOR	Dec. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	May 3, 1919	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None	None	Sunnydell, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Henry Taylor	Lyman, Idaho	Hazel Florence Mattson	Poplar, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No — None	519-34-9003C	Henry Taylor	Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

3452

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Epilepsy with Convulsive Seizure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epilepsy — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from November, 1969, to 17 December, 1972, that I last saw the deceased alive on 16 Dec., 1972, and that death occurred at 3:05 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Orael Hall	M.D.	Rigby, Idaho.	19 Dec. 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 19, 1972	Sutton	Archer Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. EMBALMER	LICENSE NO.
20 Dec 1972	Mrs A B Eckersell	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES: MAY 6 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5899
Local Reg. No. 17
Reg. Dist. No. 646

BIRTH NO.

RECEIVED JAN 8 - 1973 Statistics

1. PLACE OF DEATH a. COUNTY Jefferson 260 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark c. LENGTH OF STAY (In this place) 4 Mo. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carson Nursing Home 097	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 260 a. STATE Idaho b. COUNTY Jefferson b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Menan d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)	a. (First) MORRIS	b. (Middle) DALE	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DiMorced	8. DATE OF BIRTH Mar. 2, 1911	9. AGE (In years last birthday) 61 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 4	10b. KIND OF BUSINESS OR INDUSTRY Bldg.	11. BIRTHPLACE (State or foreign country) Lewisville, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James T. Wilson	BIRTHPLACE Park City, Utah.	14. MOTHER'S MAIDEN NAME Roweneh Jardine	BIRTHPLACE West Weber, Ut.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 548-07-9482	17. INFORMANT'S OWN SIGNATURE H.R. (White) Wilson	ADDRESS Rigby, Idaho.

4/21

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebro Vascular Accident	4 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	4 years
DUE TO (c)	Hypertension	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None performed

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 July, 1972, *to* 26 Dec., 1972, *that I last saw the deceased alive on* 24 December, 1972, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Asael Hall,	522 (Degree or title) M.D.	23b. ADDRESS Rigby, Idaho.	23c. DATE SIGNED 12/28/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.28,1972	24c. NAME OF CEMETERY OR CREMATORY Pioneer	24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho
DATE REC'D BY LOCAL REG. 12/28/72	REGISTRAR'S SIGNATURE Mrs A B Eckersell	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5900
Local Reg. No. 18
Reg. Dist. No. 640

BIRTH NO.

RECEIVED JAN 8 - 1973 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan (rural)
c. LENGTH OF STAY (In this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 1/2 mi. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): 257 West 1st South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLEO	EARL	COOK	Dec. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 18, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Potato	Labelle, Idaho.	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Edward Cook	Salina, Utah	Christina Buchmiller	Rexburg, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-12-5869	Ruth Cook	Menan, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that* [illegible] *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norman Todd Coroner 5834	Rigby, Idaho.	1/2/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan.2,1973	Grant Central	Grant Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/2/73	Mrs A B Eckersell	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

MAR 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 9 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5901
Local Reg. No. 19
Reg. Dist. No. 640

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Jefferson 260	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby c. LENGTH OF STAY (In this place) yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lowder Care Center 096	d. STREET ADDRESS (If rural, give location) Lowder care center

3. NAME OF DECEASED (Type or Print)	a. (First) Sylvia	b. (Middle) Powell	c. (Last) Strode	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 25, 1901	9. AGE (In years last birthday) 71 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (State or foreign country) Caldwell, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Perry N. Powell	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME Clara Orr	BIRTHPLACE Little Rock, Ark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S OWN SIGNATURE J. W. Boodyar	ADDRESS Caldwell, Idaho	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemorrhage	Few Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	6 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1971, *to* December 30, 1972, *that I last saw the deceased alive on* December 20, 1972, *and that death occurred at* 7:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Alton Hall	(Degree or title) M.D. 521-1	23b. ADDRESS Rigby, Idaho.	23c. DATE SIGNED 1/5/73
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-1-73	24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 1/5/73	REGISTRAR'S SIGNATURE Mrs A B Eckersell	25. EMBALMER Bruce A. Eckersell	LICENSE NO. M-404

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Eckersell Memorial Chapel, Rigby Idaho
Dakan Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5902
Local Reg. No. 72093
Reg. Dist. No. 740

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome c. LENGTH OF STAY (In this place): 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome d. STREET ADDRESS (If rural, give location): 413 East Ave. B

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	ROBERT	PETTIT	December 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Aug 22, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Harrison, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Pettit	Georgia	Dora Stroud	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	* * * * *	431 01 3171A	Ira Pettit	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Generalized Carcinomatosis	3 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Squamous cell Ca of neck.	1 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Lymphocytic Leukemia	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960 *to* 8 Dec 1972 *that I last saw the deceased alive on* 8 Dec 1972 *and that death occurred at* 2:00p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. M. Geher, M.D. 385-1	Jerome, Ida	10 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/12/72	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Charlene Bateman	Jerry K. Lauer	M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972
APR 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5903
Local Reg. No. 72094
Reg. Dist. No. 440

BIRTH NO.

RECEIVED DEC 12 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Bureau of
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 99

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 703 5th. Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELBERT	OLIN	JONES	Dec. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 28, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & trucker	Agriculture	Howard, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George S. Jones	Missouri	Katherine Greenwood	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 38 5774A	X Velma M. Jones	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and Left Pulmonary Infarction — 2-3 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary Fibrosis (Hamman-Rich Syndrome) 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible] 1962, to 8 Dec, 1972, that I last saw the deceased alive on 8 Dec, 1972, and that death occurred at 1140 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. M. Heber Cu, D. 385-1	Jerome, Idaho	10 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 12, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Charlene Bateman	W. L. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
APR 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5904
Local Reg. No. 72095
Reg. Dist. No. 440

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 616 West Ave. "G"

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Cornelious	Taylor	Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 25, 1915	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House mover	Bldg. Construction	Payne Co. Okla.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert F. Taylor	Arkansas	Ollie Winters	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 18 2226	X Fern Taylor	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema - Bronchitis — yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-19- 1971 *to* 12-Dec 1972 *that I last saw the deceased alive on* 12-Dec 1972 *and that death occurred at* 3:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Heber, Coroner 385-1	Jerome Idaho	14 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 15, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 14, 1972	Charles Bateman	W. L. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5905
Local Reg. No. 72896
Reg. Dist. No. 440

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Jerome 27

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Long Term Care Unit of St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Jerome 27

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. STREET ADDRESS (If rural, give location): East Avenue "C"

3. NAME OF DECEASED (Type or Print): a. (First) Frances b. (Middle) Jane c. (Last) Duffin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1972

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 10, 1876

9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Paris, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Budge — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Eliza Pritchard — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 07 4229D

17. INFORMANT'S OWN SIGNATURE: Jerry K. Dawson — ADDRESS: Jerome, Idaho

2309

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Normal aging processes — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 8 years; Mitral regurgitation — 30 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1942, 19__, *to* 12/14, 1972, *that I last saw the deceased alive on* 11/30, 1972, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Carlyle Small MD

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec. 16, 1972

24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: Dec 19, 1972

REGISTRAR'S SIGNATURE: Charlene Bateman

25. EMBALMER: W. L. Young

LICENSE NO.: M-431

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death
STATE OF IDAHO

State File No. 5906
Local Reg. No. 72098
Reg. Dist. No. 340

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (rural)
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VIRGIL	RALPH	CLAIBORN	Dec. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 1, 1916	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Kimberly, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles M. Claiborn	Idaho	Merl Simmons	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 40 6440	X Vernon C. Claiborn	West Bloomfield, Michigan

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8129

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushed chest syndrome — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident, auto-truck	I-80 N 10593	13-270	Jerome	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
December 18, 1972 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Truck apparently hit pt's auto

22. *I hereby certify that I attended the deceased from* February 29, 1968 *to* May 4 1972 *that I last saw the deceased alive on* _____, 19____, *and that death occurred* 3:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jon D Wilmoth, M.D.	220-1	216 E. Main St., Jerome, Idaho	20 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 26, 1972	Charlene Bateman	Jerry K. Lauer	M-522

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973
FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5907
Local Reg. No. 72099
Reg. Dist. No. 440

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (rural)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Snake River Canyon near Shoshone Falls Power Plant-Jerome Side
d. STREET ADDRESS (If rural, give location) Rt. 1, Box 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (rural)

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ORVILLE c. (Last) BEAN

4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Oct. 18, 1953

9. AGE (In years last birthday) 19
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY school

11. BIRTHPLACE (State or foreign country) Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Orville Bean
BIRTHPLACE Arkansas

14. MOTHER'S MAIDEN NAME Vera Posey
BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 72 1075

17. INFORMANT'S OWN SIGNATURE + Orville Bean
ADDRESS Rt. 1, Box 9 Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8844

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Basal skull fracture caused by

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Medulla Oblongata.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Rim of canyon

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? Fell from rim.

22. I hereby certify that I attended the deceased from none, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__ and that death occurred at 11:59P m., from the causes and on the date stated above.

23a. SIGNATURE T. M. Heber, M.D. (Degree or title) Coroner

23b. ADDRESS Jerome, Idaho

23c. DATE SIGNED 27 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 26, 1972

24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery

24d. LOCATION (City, town, or county) (State) Jerome, Idaho

DATE REC'D BY LOCAL REG. Dec 27, 1972

REGISTRAR'S SIGNATURE Charlene Bateman

25. EMBALMER

LICENSE NO. M-431

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5908
Local Reg. No. 72100
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Jerome 271	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620 East Av C. Jerome Idaho	d. STREET ADDRESS (If rural, give location): 620 East Av C

3. NAME OF DECEASED (Type or Print)	a. ~~(First)~~ Last: Williams	b. ~~(Middle)~~ first: Olive	c. ~~(Last)~~ middle: J	4. DATE OF DEATH (Month) (Day) (Year): December 25.1972		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Dec 3. 1890	9. AGE (In years last birthday): 82	IF UNDER 1 YR. Months: 00 Days: 22	IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Sheldon, Mo	12. CITIZEN OF WHAT COUNTRY? US			
13. FATHER'S NAME: Julius Gardner	BIRTHPLACE: Carroll Iowa	14. MOTHER'S MAIDEN NAME: Not Known	BIRTHPLACE: Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 520-07-4796	17. INFORMANT'S OWN SIGNATURE: X Mrs. J.C. Baker	ADDRESS: Louisville, Ky			

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic C.V.R. disease years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1950, *to* 25 Dec, 1972, *that I last saw the deceased alive on* 12-8, 1972, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Heber, Ind (Degree or title) 385-1	23b. ADDRESS: Jerome	23c. DATE SIGNED: 27 Dec 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec29.1972	24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery	24d. LOCATION (City, town, or county) (State): Jerome Idaho
DATE REC'D BY LOCAL REG.: Jan 2, 1973	REGISTRAR'S SIGNATURE: Charlene Bateman	25. EMBALMER: J R Wiley	LICENSE NO.: E 258

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Wiley Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5909
Local Reg. No. 422
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 7 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 280
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RaThdrum
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 80A

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy b. (Middle) J. c. (Last) Van Eaton
4. DATE OF DEATH: (Month) (Day) (Year) Nov 17, 1972
5. SEX: Female
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 26, 1912
9. AGE (In years last birthday): 60
IF UNDER 1 YR. Months: 7 Days: 22
IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Hayden Lake
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Grimn BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Maude Paige BIRTHPLACE: Washington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 536-32-6631
17. INFORMANT'S OWN SIGNATURE: Russell Van Eaton ADDRESS: Rathdrum

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Cervix — 3 Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1972, *to* Nov. 17, 1972, *that I last saw the deceased alive on* Nov. 17, 1972, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 530 (Degree or title) MD
23b. ADDRESS 920 Ironwood Dr. Coeur d'Alene I.D.
23c. DATE SIGNED 11-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 20, 72
24c. NAME OF CEMETERY OR CREMATORY: Restlawn
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec. 18, 1972
REGISTRAR'S SIGNATURE: Lorraine R. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: M365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5910
Local Reg. No. 47
Reg. Dist. No. 12a

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sunset Terrace 340

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bayview
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eva	M.	McDiarmid	November 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 12, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Own Home	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Boileau	Canada	Elizabeth Allard	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-34-1310	Mr. Ambrose Boileau	Coeur d'Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular Accident — 2 years
DUE TO (c) Cardiac Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October 14, 19 70, *to* November 30, 19 72, *that I last saw the deceased alive on* November 30, 19 72, *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	420 Ironwood Dr. Coeur d'Alene, Id	12-4-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 4, 1972	Fairmount Memorial Park	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 18 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972
MAR 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5911
Local Reg. No. 410
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum c. LENGTH OF STAY (In this place): 25	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location): Box 112

3. NAME OF DECEASED (Type or Print): a. (First) Marcella; b. (Middle); c. (Last) Sizelove	4. DATE OF DEATH (Month) (Day) (Year): December 4, 1972				
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Common Disaster	8. DATE OF BIRTH: Jan. 10, 1902	9. AGE (In years last birthday): 70	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Not Available	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Not Available; BIRTHPLACE: Not Available	14. MOTHER'S MAIDEN NAME: Not Available; BIRTHPLACE: Not Available				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 531-18-5056	17. INFORMANT'S OWN SIGNATURE: Harriet Brown	ADDRESS: Seattle		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accidental Traumatism due

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to auto - R.R. Train wreck
DUE TO (c) multiple crush injuries

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Skull Fracture.

INTERVAL BETWEEN ONSET AND DEATH: (a) Sudden; (b) "; (c) "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): 04	21c. (CITY, TOWN, OR TOWNSHIP) / 3-28 (COUNTY): Rathdrum Kootenai	(STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-4-'72 m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Car struck by Train.	

22. I hereby certify that I attended the deceased from Did not, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: William T. Wood, M.D. Coroner (Degree or title)	23b. ADDRESS: Coeur d'Alene Idaho	23c. DATE SIGNED: 12-7-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-8-1972	24c. NAME OF CEMETERY OR CREMATORY: Pinegrove Cemetery	24d. LOCATION (City, town, or county): Rathdrum (State): Idaho
DATE REC'D BY LOCAL REG.: Dec 8, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bill Wolff	LICENSE NO.: M-439

FIRM NAME: English Chapel, Inc., Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 1 5 1973

MAR 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5912

Certificate of Death
STATE OF IDAHO

State File No. 5912
Local Reg. No. 409
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Box 112

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John		Sizelove	December 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Oct. 15, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	O.W.R.N. Railroad	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Sizelove	Not Available	Sarah Miller	Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I	712-07-0957	Harriet Brown	Seattle

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	accidental traumatism due	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	to auto-R.R. Train wreck	Sudden
DUE TO (c)	Multiple Crush injuries	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Skull Fracture	"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident		Rathdrum - Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
12-4-72 m.		Car struck by train

22. *I hereby certify that I attended the deceased from* Did not , 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	12-7-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-8-1972	Pinegrove Cemetery	Rathdrum Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 8, 1972	Lorraine K. Brush	W. R. Englinger Jr.	M-397

FIRM NAME: English Chapel, Inc., Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 8 1972
JAN 1 1 1973
FEB 1 5 1973
MAR 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5913
Local Reg. No. 412
Reg. Dist. No. 120

RECEIVED DEC 15 1972 Bureau of Vital Statistics 281

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) D.O.A.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital	d. STREET ADDRESS (If rural, give location) 1214 N. 5th Street

3. NAME OF DECEASED (Type or Print)	a. (First) Arlie	b. (Middle) L	c. (Last) Walters	4. DATE OF DEATH (Month) (Day) (Year) December 5, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1907	9. AGE (In years last birthday) 65 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Walters	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Olive Rhea	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-10-8332	17. INFORMANT'S OWN SIGNATURE Mrs Arlie L. Walters	ADDRESS Coeur d'Alene, Idaho

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 19 72, *to* present, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE P. Bruesch, M.D. 975 (Degree or title)	23b. ADDRESS 920 Ironwood DR. Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 12-6-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-9-1972	24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery	24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho
DATE REC'D BY LOCAL REG. Dec. 8, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER N. R. Riplinger Jr.	LICENSE NO. M-397

FIRM NAME English Chapel, Inc., Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

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DEC 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5914
Local Reg. No. 413
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai	281 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'alene c. LENGTH OF STAY (In this place): 3 months	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location): Box 247

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) MARY	c. (Last) ANDERSON	4. DATE OF DEATH (Month) December (Day) 6 (Year) 1972	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: April 13, 1915	9. AGE (In years last birthday): 57	IF UNDER 1 YR. Months - Days - IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): North Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John Renner	BIRTHPLACE: Hungary	14. MOTHER'S MAIDEN NAME: unknown	BIRTHPLACE: Hungary		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - - -	16. SOCIAL SECURITY NO.: 519-60-7911	17. INFORMANT'S OWN SIGNATURE	ADDRESS		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1560

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9.26.72	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gall Bladder with metastases	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24, 1972, *to* Dec. 6, 1972, *that I last saw the deceased alive on* Dec. 6, 1972, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 313-1	23b. ADDRESS: 411 Coeur d'Alene Ave. Coeur d'Alene, Idaho	23c. DATE SIGNED: 12.11.72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 9, 1972	24c. NAME OF CEMETERY OR CREMATORY: Rest Lawn Memorial Park	24d. LOCATION (City, town, or county): Coeur d'Alene (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 13, 1972	REGISTRAR'S SIGNATURE: Lorraine R. Brush	25. EMBALMER: Bill Duff	LICENSE NO.: M-439

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Coffelt Funeral Service, Sandpoint

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 0 1 2017 DEC 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5915
Local Reg. No. 423
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur D'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 191

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 280
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Route # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HERMAN	C.	ABRAHAM	Dec. 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Apr. 11, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Various	Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adolph Abraham	Germany	Unobtainable	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	468-28-1865	(Daughter) Mrs Dorothy Dolland	Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspiration pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on Dec 7, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	302 N 5th	11 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1972	The PInes Cemetery	Opportunity, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 18, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5916
Local Reg. No. 416
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt # 2 Box 357

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	H.	Bohon	December 7, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 16, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ass't Postmaster	Wallace, Id.	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sherman Bohon	Missouri	Sophia Erickson	Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-01-9967	Mrs. Edna Bohon	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subarachnoid Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. High blood pressure pulmonary embolism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 Dec 72 to 7 Dec 72, that I last saw the deceased alive on 7 Dec 72, 19 72, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Parham MD	Hayden Lake Idaho	12-25-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1972	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Lorraine K. Brush	Gilbert Yates	M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
DEC 29 1972
NOV 03 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5917
Local Reg. No. 420
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

281

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Veradale
d. STREET ADDRESS (If rural, give location): 16401 East Valleyway

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Gaillard
c. (Last): Snyder

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 9, 1920
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Industrial Supply
11. BIRTHPLACE (State or foreign country): Moorestown, New Jersey
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Edward Gaillard Snyder
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ruth P. Gaskill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW11
16. SOCIAL SECURITY NO.: 150-07-7371
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Florence B. Snyder

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial infarct

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 912
23b. ADDRESS: 420 [illegible] Ironwood Dr
23c. DATE SIGNED: 12/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-72
24c. NAME OF CEMETERY OR CREMATORY: The Pines Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Dec. 16, 1972
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR — ADDRESS: Hazen & Jaeger Valley Funeral Home North 1306 Pines Road, Spokane, Wa. 99206

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JUL 26 2000

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5918
Local Reg. No. 426
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tekoa
d. STREET ADDRESS (If rural, give location): Route # 1 Box 67

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nellie	Mae	Savage	December 10 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Dec 30 1892	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Cairo, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hendrickson	Nebraska	Alice Carter	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	712 05 9570	Lou Savage	Tekoa, Wa. 99033

4709

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-14, 1968, *to* Death, 19___, *that I last saw the deceased alive on* 12-10, 1972, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Philip E. Glennie MD (Degree or title)	Hayden Lake, Ida	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-14-1972	Goldenrod Cemetery	Tekoa Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 29 1972	Lorraine K. Breuth	Jack E Kramer	636

FIRM NAME: Kimball Funeral Home Tekoa, Wa.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

V2 BRIESCH

RECEIVED DEC 15 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5919
Local Reg. No. 414
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai 28	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location): 223 Mill Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) G.	c. (Last) Dahl Sr.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 21,1895	9. AGE (In years last birthday): 77 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Management	10b. KIND OF BUSINESS OR INDUSTRY: Lumber Industry	11. BIRTHPLACE (State or foreign country): Hopkins, Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ole Dahl	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Mary Wong	BIRTHPLACE: Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO.: 518-03-3233	17. INFORMANT'S OWN SIGNATURE: x Mrs Edwin Dahl Sr	ADDRESS: Coeur d'Alene, Idaho	

4412

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Retroperitoneal Hemorrhage

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abdominal Aortic Aneurysm.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: P. Briesch, M.D. 975 (Degree or title)	23b. ADDRESS: 920 Ironwood Drive Coeur d'Alene, Idaho	23c. DATE SIGNED: 12/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec.13,1972	24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery	24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG.: Dec. 13, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: Bruce English	LICENSE NO.: M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 8 1972

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5920
Local Reg. No. 421
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 104	d. STREET ADDRESS (If rural, give location) 1601 Coeur d'Alene Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) M.	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) December 11, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1885	9. AGE (In years last birthday) 87 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 2	10b. KIND OF BUSINESS OR INDUSTRY Goodyear Tire Montgomery Ward	11. BIRTHPLACE (State or foreign country) Denmark	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. 553-01-4761	17. INFORMANT'S OWN SIGNATURE Myrtle Thompson, Coeur d'Alene, Id.	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1579

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinoma pancreas

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1970, *to* Dec 11, 1972, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 192 (Degree or title)	23b. ADDRESS 302 W 5th	23c. DATE SIGNED 15 Dec	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec.15,1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Dec 26, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 0 1973

APR 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 0 3 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5921
Local Reg. No. 415
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 919 Idaho St.
d. STREET ADDRESS (If rural, give location): 919 Idaho St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eva	Alice	Stolts	December 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Sept. 1, 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Seattle, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Winfred Scott Coon	Mo.	Mary Giser	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	533-01-3846B	X [signature]	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchiogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic to mediastinum — 4 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-13, 1972 to 12-12, 1972 that I last saw the deceased alive on 12/16, 1972, and that death occurred at 720 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] Barclay MD	Coeur d'Alene Ida	12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 14, 1972	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 13, 1972	Lorraine R. Brandt	[signature]	M-439

FIRM NAME: English Chapel-Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 2 6 2011

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Young

Certificate of Death
STATE OF IDAHO

State File No. 5922
Local Reg. No. 419
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai 28	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location): P. O. 171

3. NAME OF DECEASED (Type or Print)	a. (First) Perry	b. (Middle) C.	c. (Last) Peterson	4. DATE OF DEATH (Month) 12- (Day) 13- (Year) 72	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec 18, 1892	9. AGE (In years last birthday): 79	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter Worker	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Blanchard, Wisc	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Charles Peterson	BIRTHPLACE: Norway	14. MOTHER'S MAIDEN NAME: Inger Danielson	BIRTHPLACE: Norway		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-03-6629	17. INFORMANT'S OWN SIGNATURE: Mrs Perry Peterson	ADDRESS: Wardner Idaho		

188X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonitis, c̄ aspiration	Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gastric hemorrhage c̄ gastric dilatation	
DUE TO (c)	Post op. cystectomy	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Transitional cell carcinoma of bladder, radiation cystitis, c̄ hemorrhage	months

19a. DATE OF OPERATION: 11 Dec 72	19b. MAJOR FINDINGS OF OPERATION: See above (11)	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jun, 1972, *to* 13 Dec, 1972, *that I last saw the deceased alive on* 13 Dec, 1972, *and that death occurred at* 12:29 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Young, M.D. (Degree or title) 786-1	23b. ADDRESS: 411 Coeur d'Alene Ave.	23c. DATE SIGNED: 19 Dec 72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-16-72	24c. NAME OF CEMETERY OR CREMATORY: Shoshone Memorial	24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho
DATE REC'D BY LOCAL REG.: Dec. 20, 1972	REGISTRAR'S SIGNATURE: Lorraine K. Brush	25. EMBALMER: [signature]	LICENSE NO.: M-551

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973

OCT 6 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Wood

Certificate of Death
STATE OF IDAHO

State File No. 5923
Local Reg. No. 418
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 27 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-2 Mi. W. of Post Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington b. COUNTY Spokane
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) 2911 E. 16th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norma	Jean	Parish	December 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug. 9, 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Spokane, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Crawford	Oklahoma	Angela McKenna	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	538-16-6855	William Stackpsley	801 6th Coeur d'Alene ID

8139

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Accidental traumatism due to — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident — "
DUE TO (c) Skull Fracture — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Hwy 10	2 mi. W. Post Falls Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 16, 1972 6 p. m.		Car spun on ice in front of another

22. *I hereby certify that I attended the deceased from* Did not, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene Idaho	12-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1972	Holy Cross Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Lorraine K. Brush	Bonnie English	M-538

FIRM NAME Hennessey Funeral Home-Spokane

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 27 1972
APR 2 1973
MAR 4 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 17 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5924
Local Reg. No. 424
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1035 Emma

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	R.	Breckenridge	Dec. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Jan. 4, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Artist - Painter	Self	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Archie E. Breckenridge	Michigan	Mable Hope	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-22-9612	Mrs. Marlene Welch	Pinehurst, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 4109 Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 3, 19 72, to present, 19____, that I last saw the deceased alive on 12-16-72, 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Bruesch 1975 (Degree or title) M.D.	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/20/72	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Lorraine K. Brush	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5925
Local Reg. No. 435
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location) Harmony Heights

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle)	c. (Last) Mabry	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar. 25, 1900	9. AGE (In years last birthday) 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 0	10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Utah	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John L. Mabry	BIRTHPLACE Indiana		14. MOTHER'S MAIDEN NAME Alice Stewart	BIRTHPLACE Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. none		17. INFORMANT'S OWN SIGNATURE A.E. Mabry, Lewiston, Idaho	ADDRESS

4/23

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CVA	1 [illegible]
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	yca-s
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 6-9, 1971, *to* Dec 17, 1972, *that I last saw the deceased alive on* Dec 17, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R.H. [signature] (Degree or title) 658-1	23b. ADDRESS	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/22/72	24c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery	24d. LOCATION (City, town, or county) (State) Clarkston, Idaho
DATE REC'D BY LOCAL REG. Jan 8 1973	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5926
Local Reg. No. 428
Reg. Dist. No. 120

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 280 a. STATE Idaho b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle)	c. (Last) Sylte	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5, 1883	9. AGE (In years last birthday) 89 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranching 7	10b. KIND OF BUSINESS OR INDUSTRY Own Ranch	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Sylte	BIRTHPLACE Norway	14. MOTHER'S MAIDEN NAME Ingabor Thompson	BIRTHPLACE Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. 519-44-0598	17. INFORMANT'S OWN SIGNATURE John Sylte, Rathdrum, Idaho	ADDRESS

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 19 72, *to* present, 19____, *that I last saw the deceased alive on* 12-20-72, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE P. Bruesch, M.D. 975 (Degree or title)	23b. ADDRESS 920 IRonwood Dr. Coeur d'Alene, Idaho 83814	23c. DATE SIGNED 12-26-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho
DATE REC'D BY LOCAL REG. Dec. 29, 1972	REGISTRAR'S SIGNATURE Lorraine K Brush	25. EMBALMER Gilbert Yates	LICENSE NO. M-365

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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DISINTERMENT PERMIT

DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
Boise, Idaho

APPLICATION HAVING BEEN MADE for the disinterment of the body of ALFRED SYLTE now lying buried in FOREST Cemetery, in the City or Town of COEUR D'ALENE County of KOOTENAI State of Idaho, who died on the 20th day of DECEMBER 1972, Aged 89 years ____ months ____ days, the cause of death being ACUTE MYOCARDIAL INFARCTION and not directly or indirectly by diphtheria; scarlet fever; smallpox; leprosy, asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by P. Bruesch, M.D. attending physician.

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by PRIVATE (private or public conveyance) to PINEGROVE Cemetery in the City or Town of RATHDRUM County of KOOTENAI State of IDAHO to take effect upon the approval by the local health officer of the City, Town, or County of KOOTENAI it being understood and provided that nothing herein shall be deemed as contravening or in anyway modifying cr releasing the regulations of the Department of Health and Welfare governing the transportation of bodies or the requirements for a transportation permit, and all transportation companies and common carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed embalmer in good standing.

Permit issued to:
Dexter Yates
Yates Funeral Home
744 N. 4th St.
Coeur d'Alene, Idaho 83814

Bee Biggs, R.N., by Joyce B. Tolt
State Registrar, Bureau of Vital Statistics
Department of Health and Welfare

September 22, 1981
Date

The foregoing application for disinterment and removal is hereby approved by the Local Health Officer of the City, Town or County of Kootenai, State of Idaho.

X _____
Local Health Officer

X _____
Date

Certificate of Death

STATE OF IDAHO

State File No. 3927
Local Reg. No. 425
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 3 - 1973 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d 'Alene
c. LENGTH OF STAY (in this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai 280
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hayden Lake
d. STREET ADDRESS (If rural, give location) Box 486

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Joseph c. (Last) Morris

4. DATE OF DEATH (Month) (Day) (Year) December 20, 1972

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH October 8, 1880

9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Dairy

11. BIRTHPLACE (State or foreign country) Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael J. Morris BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Ellen Goodwin BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 535-44-0238

17. INFORMANT'S OWN SIGNATURE Box 486 ADDRESS Katherine Dawson Hayden Lake, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4109 Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD, severe — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9 *1968, to* 12-20, *1972, that I last saw the deceased alive on* 12-20, *1972, and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Philip G Glennie 904 (Degree or title) MD

23b. ADDRESS Hayden Lake, Ida

23c. DATE SIGNED 12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 22, 1972

24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery

24d. LOCATION (City, town, or county) Spokane, Washington (State)

DATE REC'D BY LOCAL REG. Jan 3, 1973

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. FUNERAL DIRECTOR Chas E Hennessey

ADDRESS N. 2303 Division Spokane, Wn. 9920?

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215,) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 26 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5928
Local Reg. No. 432
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 211 Indiana Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	A.	Johnson	Dec. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Oct. 15, 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Johnson		Leah Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	534-22-2731	IDPA Records, Coeur d'Alene, Idaho	

4724

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Artersclerostic cardiovascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-8- , 19 72 , *to* 12-22 , 19 72 , *that I last saw the deceased alive on* 12-8 , 1972 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Address or title)	23b. ADDRESS	23c. DATE SIGNED
C. T. Culbertson, M.D. 082-1		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/26/72	Restlawn Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 8, 1973	Lorraine K. Lynch	Gilbert Yates	M-365

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5929
Local Reg. No. 430
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 3 - 1973 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 914 N. 6th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 914 N. 6th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marilyn	L.	White	December 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	May 1, 1951	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary	Cd'A Yacht Club	Spokane, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C. D. Hopkins	Washington	Patricia Plummer	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-62-4654	Patricia J. Hopkins	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

963X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Homicide by Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Panty Hose
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Homicide	Home	Coeur d'alene	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Dec. 22, 1972 m.		Found in bed strangled

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'alene Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-27-1972	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Lorraine K. Brush	Bruce English	M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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DR THOMPSON

Certificate of Death
STATE OF IDAHO

State File No. 5930
Local Reg. No. 434
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) 2 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location) 1227 Gilbert Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Homer	b. (Middle) Donovan	c. (Last) Lovell	4. DATE OF DEATH (Month) (Day) (Year) December 23, 1972		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1895	9. AGE (In years last birthday) 77	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Maintence 8	10b. KIND OF BUSINESS OR INDUSTRY Boundary County	11. BIRTHPLACE (State or foreign country) Saco, Montana	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME George W. Lovell	BIRTHPLACE Montana	14. MOTHER'S MAIDEN NAME Eva E. Taylor	BIRTHPLACE Minnesota			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. 518-16-2264	17. INFORMANT'S OWN SIGNATURE George W. Lovell	ADDRESS Wallace, Idaho		

5999

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Obstructive Uropathy	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3- *, 19*68*, to* 12-23 *, 19*72*, that I last saw the deceased alive on* 12-23 *, 19*72*, and that death occurred at* 4:15 a.m.*, from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 530-1	23b. ADDRESS 920 Ironwood Dr. Coeur d'Alene, Id	23c. DATE SIGNED 1-8-73	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-1972	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Post Falls, Idaho
DATE REC'D BY LOCAL REG. Jan. 8, 1972	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER [signature]	LICENSE NO. M-538

FIRM NAME English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JUL 8 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5931
Local Reg. No. 429
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Kootenai 28/	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1717 Boyd Ave. COU	d. STREET ADDRESS (If rural, give location): 1717 Boyd Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edwin	A.	Smith	December 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 18, 1901	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Employee 3	Bell System of Ill.	Hawkeye, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Smith	Iowa	Anna Hack	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	320-10-4580	x Mrs Edwin A. Smith	Coeur d'Alene

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. , 1966 , *to* present , 19 , *that I last saw the deceased alive on* 12-23-72 , 19 , *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P. Bruesch, M.D.	920 Ironwood Dr. Coeur d'Alene, Idaho 83814	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1972	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Lorraine R. Brush	Bruce English	M-538

FIRM NAME English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 4 1973
JAN 17 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5932
Local Reg. No. 427
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Box 97

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	James	Penman,Jr.	December 24,1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec.23,1952	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction	Arch Forms Bldg.	Spokane, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard James Penman,Sr.	N.Dakota	Virginia A. Nelson	Rathdrum,Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-66-0412	Richard Penman Sr.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Closed Head Injury — INTERVAL BETWEEN ONSET AND DEATH: 18 hr.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* — , 1965, *to* Death, 19 , *that I last saw the deceased alive on* 12-24, 1972, *and that death occurred at* 5:0 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Okelly S Glennie	MD	Hayden Lake, Ida	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28,1972	Pinegrove Cemetary	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2,1973	Lorraine R. Brush	Bill Huff	M-439

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 18 1973

JUL 16 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5933
Local Reg. No. 431
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 812 N. 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1209 N. 6th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Jackson	Hardy	December 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White		Feb. 2, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Covington, Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Leland Hardy	Kentucky	Elizabeth Craig	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-05-2444	Mildred H. Lemon	1120 Ave Yakima

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-24, 1972, to 12-24, 1972, that I last saw the deceased alive on 12-24, 1972, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD 530-1	920 Ironwood Dr. Coeur d'Alene, ID.	1-8-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 28, 1972	Moon's Crematory	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8, 1973	Lorraine K. Brush		M-538

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5934
Local Reg. No. 433
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Kootenai 281	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (In this place) 6 weeks	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101	d. STREET ADDRESS (If rural, give location) Route #2, Box 202

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) C.	c. (Last) Lightner	4. DATE OF DEATH (Month) (Day) (Year) December 29, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1897	9. AGE (In years last birthday) 75 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) North Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Will	BIRTHPLACE Michigan	14. MOTHER'S MAIDEN NAME Martha Ann Davis	BIRTHPLACE Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-82-3338	17. INFORMANT'S OWN SIGNATURE Rex Lightner (BD)	ADDRESS Coeur d'Alene, Ida.

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	myocardial infarction	3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CVA	1 week
DUE TO (c)	ASHD severe	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-17, 1967, *to* Dec 29, 1972, *that I last saw the deceased alive on* Dec 29, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R. H. English (Degree or title)	23b. ADDRESS Hayden Lake, Idaho	23c. DATE SIGNED 1-5-73	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 1-2-1973	24c. NAME OF CEMETERY OR CREMATORY Moon Crematory	24d. LOCATION (City, town, or county) Sandpoint (State) Idaho
DATE REC'D BY LOCAL REG. Jan 8, 1973	REGISTRAR'S SIGNATURE Lorraine K. Brush	25. EMBALMER Bill Aluff	LICENSE NO. M-439

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME English Chapel, Inc., Coeur d'ALEne

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 17 1973
FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 5 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 18 1973 Bureau of Vital Statistics

State File No. 5935
Local Reg. No. 436
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Kootenai 280	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls — c. LENGTH OF STAY (In this place): 1 year	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2, Box 82B5	d. STREET ADDRESS (If rural, give location): Route #2, Box 82B5

3. NAME OF DECEASED (Type or Print)	a. (First) Jettie	b. (Middle)	c. (Last) VANDERHOFF	4. DATE OF DEATH (Month) Dec. (Day) 30 (Year) 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 11, 1895	9. AGE (In years last birthday): 77	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Kansas	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Robert Quincy Teague	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Mary C. Norman	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-26-7125	17. INFORMANT'S OWN SIGNATURE: William W. Vanderhoff	ADDRESS		

4100

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Coronary Occlusion	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardiac Disease	Chronic
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1972, *to* 12/30/72, 19____, *that I last saw the deceased alive on* 12/27/72, 19____, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Fredrikson MD (Degree or title)	23b. ADDRESS: Sound Alene, Idaho	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 1/2/73	24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Crematorium
24d. LOCATION (City, town, or county) (State): Spokane, Wa.		
DATE REC'D BY LOCAL REG.: Jan. 15, 1973	REGISTRAR'S SIGNATURE: Lorraine K. Breesh	25. EMBALMER: Nancy A. Kuhn
LICENSE NO.: 1054		

FIRM NAME: Hazen & Jaeger Funeral Homes

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 18 1973
MAR 5 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5936

Certificate of Death
STATE OF IDAHO

State File No. 5936
Local Reg. No. 1
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 8 - 1973 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 27 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1016 West A.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Otilda	Dunham	11-20-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	12-26-1881	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bad Ax, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Beckman	Canada	Elizabeth Stetck	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-60-5762	*Edna D. Baltz	Moscow, Idaho

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Probable Cerebrovascular accident	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 31, 19 69, to Nov 20, 19 72, that I last saw the deceased alive on Oct 29, 1972, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edgar Hawkins MD	Moscow Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Elgin Cemetery	Elgin, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Wayne L. Hawkins	E. Pete Albertson	M-525

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5937
Local Reg. No. 2
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Oregon 38 b. COUNTY Curry 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow; c. LENGTH OF STAY (In this place) 15 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookings
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Convalescent Center 366	d. STREET ADDRESS (If rural, give location) 705 Wedgewood Lane

3. NAME OF DECEASED (Type or Print)	a. (First) Carine	b. (Middle) Johannah	c. (Last) Town	4. DATE OF DEATH (Month) Nov. (Day) 24, (Year) 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1893	9. AGE (In years last birthday) 79; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cottenwood, Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Austin Ronholt	BIRTHPLACE Norway	14. MOTHER'S MAIDEN NAME Olene Moen	BIRTHPLACE Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-24-9326	17. INFORMANT'S OWN SIGNATURE x Eolene Town Morse	ADDRESS Brookings, Ore.	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular accident	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebrovascular arteriosclerosis	Years
DUE TO (c)	Atrial fibrillation	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1972 *to* Nov 18, 1972, *that I last saw the deceased alive on* Nov 8, 1972 *and that death occurred at* 5:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Rodger Hawkins MD 291 (Degree or title)	23b. ADDRESS Moscow, Idaho	23c. DATE SIGNED 12-20-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial; 24b. DATE Nov. 27, 1972; 24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery	24d. LOCATION (City, town, or county) Moscow (State) Idaho	
DATE REC'D BY LOCAL REG. Dec. 26, 1972; REGISTRAR'S SIGNATURE Wayne R. Huskari	25. EMBALMER E. Pete Albertson	LICENSE NO. M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5938
Local Reg. No. 5
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: LATAH 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JULIAETTA
c. LENGTH OF STAY (In this place): 20 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EDGE OF TOWN (RESIDENCE) 200

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: LATAH 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JULIAETTA
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT; b. (Middle) ERCIL; c. (Last) WOODY

4. DATE OF DEATH: (Month) 1 (Day) DECEMBER (Year) 1972

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 15 FEB. 1893

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILKED DAIRY CATTLE

10b. KIND OF BUSINESS OR INDUSTRY: DAIRY RANCH

11. BIRTHPLACE (State or foreign country): POMEROY, WASHINGTON

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ARCHIE M. WOODY
BIRTHPLACE: NORTH CAROLINA

14. MOTHER'S MAIDEN NAME: MARTHA ELLEN GARLAND
BIRTHPLACE: NORTH CAROLINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): YES
(If yes, give war or dates of service): WW1

16. SOCIAL SECURITY NO.: 519 42 3252

17. INFORMANT'S OWN SIGNATURE: X Melva Woody
ADDRESS: JULIAETTA, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7963

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Unknown Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roger Hawkins MD (Degree or title) Coroner
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL/BURIAL
24b. DATE: 4 DEC. 1972
24c. NAME OF CEMETERY OR CREMATORY: LELAND CEMETERY
24d. LOCATION (City, town, or county) (State): LELAND, IDAHO

DATE REC'D BY LOCAL REG.: Dec. 27, 1972
REGISTRAR'S SIGNATURE: Maynard Hembree
25. EMBALMER: W. E. BLACK
LICENSE NO.: M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5939
Local Reg. No. 152
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah — DEC 26 1972 — 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Dist. Township): Moscow
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latah Conv. Center — 36

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho — b. COUNTY: Latah — 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 823 So. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Fred — b. (Middle) Forrest — c. (Last) Greenville

4. DATE OF DEATH: (Month) Dec — (Day) 6 — (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug 27, 1891

9. AGE (In years last birthday): 81 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer — 7

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Faribault, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Greenville — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Statler — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 535-18-8787

17. INFORMANT'S OWN SIGNATURE: x Ruth E Greenville — ADDRESS: Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac arrythmia — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 19 72, *to* Nov. 19 72, *that I last saw the deceased alive on* 11-21-72 19 , *and that death occurred at* 8:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): W. P. Marineau, M. D. — 326

23b. ADDRESS: 129 W. Third St. Moscow, Ida.

23c. DATE SIGNED: 12-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 8, 1972

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county): Moscow — (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 20, 1972

REGISTRAR'S SIGNATURE: Wayne R Heiskari

25. EMBALMER: E. Pete Albertson

LICENSE NO.: E-525

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5940
Local Reg. No. 151
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 13 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3 at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Latah 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) Rt. 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Howard	Jerome	Thompson	Dec. 8, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 14, 1911	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	W. S. U.	Pullman, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur J. Thompson	Calhoun, Ill.	Irene Chamberlin	Whitman County, Wa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. 2	555-10-4455	Mrs H. J. Thompson	Moscow, Idaho

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Coroner's case, 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 4:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward Boas MD	Moscow, Idaho	12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 12, 1972	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC. 18, 1972	Wayne R Heiskari	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972
FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 5941
Local Reg. No. 3
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Moscow
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Convalescent Center 361

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 225 N. Almon

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): E.
c. (Last): McClellan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 11, 1880

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 92

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethley, Michagan

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Simmon Sloat
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mada Gaylord
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-5148

17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS: Gig Harbor, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gall bladder disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 19[illegible], *to* Dec, 19[illegible], *that I last saw the deceased alive on* Dec [illegible], 19[illegible], *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 12/29/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 14, 1972
24c. NAME OF CEMETERY OR CREMATORY: Avon Cemetery
24d. LOCATION (City, town, or county) (State): Avon Idaho

DATE REC'D BY LOCAL REG.: Dec. 26, 1972
REGISTRAR'S SIGNATURE: Wayne R Hutchison
25. EMBALMER: Fred Nelson
LICENSE NO.: M-504

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 6 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5942
Local Reg. No. 153
Reg. Dist. No. 20

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

291

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 114 S. Almon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Opal	L.	Spry	Dec. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	Oct. 28, 1907	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Food	Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		532-22-7571	X Wendell H. Galbreath	Idaho Lewiston

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cerebrovascular accident — Disease — INTERVAL BETWEEN ONSET AND DEATH: 12-13-72

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension & Parkinsonism — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: malnutrition

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-10-66, 19__, *to* Dec 13, 19 72, *that I last saw the deceased alive on* Dec 13, 19 72, *and that death occurred at* 11:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	497 M.D.	Moscow Idaho	Dec. 19, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 19, 1972	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC. 21, 1972	Wayne Heiskari	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5943

Certificate of Death
STATE OF IDAHO

72-13320 RECEIVED DEC 26 1972 Bureau of Vital Statistics

State File No.
Local Reg. No. 154
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow; c. LENGTH OF STAY (In this place) 1 Day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 772	d. STREET ADDRESS (If rural, give location) 924 So. Logan

3. NAME OF DECEASED (Type or Print)	a. (First) Michael	b. (Middle) David	c. (Last) Joseph	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 13, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 1; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Moscow, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David Headrick	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Maria McDonald	BIRTHPLACE Conn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE x David R. Headrick	ADDRESS Moscow	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7469

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11:34pm Dec 13, 1972 *that I last saw the deceased alive on* Dec 14, 1972, *and that death occurred at* 1:10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 057-1	23b. ADDRESS Moscow, Idaho	23c. DATE SIGNED 12/19/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 18, 1972	24c. NAME OF CEMETERY OR CREMATORY Moscow Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Moscow, Idaho
DATE REC'D BY LOCAL REG. Dec. 21, 1972	REGISTRAR'S SIGNATURE Wayne R Hiskoi	25. EMBALMER Donald Ward	LICENSE NO. M380

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5944
Local Reg. No. 4
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 623 So. Adams

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Joseph c. (Last) Tunnicliff
4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1972
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 18, 1902
9. AGE (In years last birthday) 70
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Probate Judge
10b. KIND OF BUSINESS OR INDUSTRY Latah County
11. BIRTHPLACE (State or foreign country) Alexander, South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Tunnicliff
BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Dora Parker
BIRTHPLACE Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 535-07-9935
17. INFORMANT'S OWN SIGNATURE x Robert Tunnicliff
ADDRESS Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)
*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5900

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) renal failure
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic pyelonephritis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1965 to Dec 1972 that I last saw the deceased alive on Dec, 1972, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 12/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 20, 1972
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow
(State) Idaho

DATE REC'D BY LOCAL REG. Dec. 26, 1972
REGISTRAR'S SIGNATURE Dwayne R. Henderson
25. EMBALMER Donald Ward
LICENSE NO. M-380

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

JAN 9 1973
MAY 6 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5945
Local Reg. No. 155
Reg. Dist. No. 200

BIRTH NO.

DEC 26 1972

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow c. LENGTH OF STAY (In this place) 4 Yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Convalescent Center 366	d. STREET ADDRESS (If rural, give location) 426 N. Blaine

3. NAME OF DECEASED (Type or Print)	a. (First) Hazel	b. (Middle) Baker	c. (Last) Boyd	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 13, 1884	9. AGE (In years last birthday) 88 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Plattsville, Coloradao	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel A. Baker	BIRTHPLACE Indiana	14. MOTHER'S MAIDEN NAME America Thompson	BIRTHPLACE Indiana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-24-4235	17. INFORMANT'S OWN SIGNATURE × Lester Clay Boyd	ADDRESS Moscow, Ida.	

4369

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	24 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebrovascular accident(stroke)	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	----------	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION -------	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-12 1946, *to* 12 17, 1972, *that I last saw the deceased alive on* 12 17 72, 19___, *and that death occurred at* 4:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 149 (Degree or title) MD	23b. ADDRESS Moscow, Idaho,	23c. DATE SIGNED 12-19-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 19, 1972	24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery	24d. LOCATION (City, town, or county) Moscow (State) Idaho
DATE REC'D BY LOCAL REG. Dec. 21, 1972	REGISTRAR'S SIGNATURE Wayne R. Heiskari	25. EMBALMER Donald Ward	LICENSE NO. M-380

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5946
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
c. LENGTH OF STAY (In this place): 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Back road on Jolley Ranch 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): Jolley Ranch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	Howard	Smith	Dec. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 2, 1945	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 7	Cattle	Missoula, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Howard Smith	Baker, No.Dak.	Eva Maydole	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 54 2072	+ Eula Smith	Baker, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Fracture cervical vertebra	-0-
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Orbital and zygomatic fractures	-0-
DUE TO (c)	Crushed upper thorax	-0-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	back road on Jolley Ranch	Baker 13-300	Lemhi	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Dec. 5, 1972-8:45A m.		Tractor slipped off icy road, overturned & crushed him

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Delbert H. Jones 583 (Degree or title) 4 Coroner Lemhi Co.	Salmon, Idaho	12-6-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 8, 1972	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 6, 1972	Mary A. Jones	Delbert H. Jones	M 369

FIRM NAME: Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 2 1972

MAR 8 1974

NOV 2 5 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5947
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smith residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Linnis	(none)	Smith	Dec. 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Jan. 30, 1922	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ranching & logging 7		Fayil, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Grady Smith	Arkansas	Stella Bennett	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes World War #2	518 36 3655	Ruth H. Smith	Salmon, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of throat 1498	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 24, 1972, to Dec. 5, 1972, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Boyd K Simmons MD (Degree or title)	Box 850 Salmon	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1972	McRea	Leadore, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Elizabeth H. Casey, Deputy	Delbert C. Jones	M-369

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Jones & Casey Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 3 1972

DEC 1 3 1972

AUG 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5948
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (In this place) 3 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Laura	Mary	Coiner	December 24, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Mar. 24, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Dillon, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Haining	Nova Scotia	Safrona Barnett	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-56-3905	Hugh M. Coiner	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4288

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pulmonary Embolus	None
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Edema	1 week
DUE TO (c)	Myocardial Degeneration	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1960 to Dec. 24, 1972, that I last saw the deceased alive on Dec. 23, 1972; and that death occurred at 2:35 A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Moore M.D.	369-1	Salmon Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1972	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1972	Elizabeth H. Casey, Deputy	Douglas C. Casey	M-540

FIRM NAME Jones & Casey Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 11 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5949
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (In this place): 55 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Steele Memorial Hospital 17

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lemhi 30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Whilhelmina b. (Middle) Katherine c. (Last) Shurtliff

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 13, 1900	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife X	Home	Omaha, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles F. Snyder	Indiana	Rosa Christina Bauer	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-14-4655	Rosemary Carlson	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	794X Anorexia Nervosa	1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Senility	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, *to* Dec. 31, 1972, *that I last saw the deceased alive on* Dec. 30, 1972, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Moore MD 369-1	Salmon Idaho	1-4-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1973	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 4, 1973	Mary A. Jones	Delbert C. Jones	M-369

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Jones & Casey Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5950

Certificate of Death
STATE OF IDAHO

State File No. 5950
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
LENGTH OF STAY (In this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial Hospital 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edna	Gay	Riggleman	Dec. 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 5, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home X		Edray, W. Vir.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hamilton Gay	W. Virginia	Laura Alderman	W. Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	462 86 6918J	Mrs. A. L. Maple	Challis, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4339

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with hemiplegia
DUE TO (c) terminal Pneumonia — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-6-72, 19____, to 12-31-72, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Maphadan MD	Salmon Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal & Burial	Jan. 2, 1972	Mingo	Mingo, W. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 5, 1973	Mary A. Jones	Delbert C. Jones	M-369

FIRM NAME: JONES & CASEY FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-[illegible]3021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5951
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural 3 mi NW

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location): rural 3 mi NW

3. NAME OF DECEASED (Type or Print): a. (First) Bernard b. (Middle) c. (Last) Stach

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Sept 1, 1895

9. AGE (In years last birthday): 77
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Grain

11. BIRTHPLACE (State or foreign country): Uniontown, Wash

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Stach
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Martha Krebsbach
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 1 1918

16. SOCIAL SECURITY NO.: 539 10 8670

17. INFORMANT'S OWN SIGNATURE: J. M. Stach ADDRESS: Nezperce, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Died in his sleep at his home

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable Heart Attack
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* About 6:00 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: P. C. Hall (583) (Degree or title) Lewis County Coroner

23b. ADDRESS: Kamiah, Idaho

23c. DATE SIGNED: 12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: December 9 72

24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

24d. LOCATION (City, town, or county) (State): Nezperce, Idaho

DATE REC'D BY LOCAL REG.: 12-13-72

REGISTRAR'S SIGNATURE: Doris Brown

25. EMBALMER: Curtis Uhlorn

LICENSE NO.: M 421

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 18 1972
AUG 20 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5952
Local Reg. No. 774
Reg. Dist. No. 430

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (In this place): months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Neher Apartments

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	CHRIS	WINTERHOLER	Dec. 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	Sept. 17, 1907	65	2 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laundramat Operator		Joplin, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chris W. Winterholer	Hazelton, Penn.	Clara Virginia Biddle	Wabash, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-20-1446	X Family records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1972, to Dec 15, 1972, that I last saw the deceased alive on Dec 15, 1972, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
, Coroner 583-4	Box 67 Shoshone Idaho	12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-20-1972	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-72	Frances M. Bergin	Frances M. Bergin	M-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5953
Local Reg. No. 775
Reg. Dist. No. 430

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: WoodRiver Convalescent 940

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NORMAN b. (Middle) VOUGHT c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 27, 1972

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1880
9. AGE (In years last birthday): 92
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Gov. & Interstate Comm.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meyersdale, Penn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Vought BIRTHPLACE: Penn
14. MOTHER'S MAIDEN NAME: Melinda Brisky BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 554-68-3204
17. INFORMANT'S OWN SIGNATURE: X Mrs. Myrs ADDRESS: Bellevue, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: D.A.H.D. (2) Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1969, to Dec 27, 1972, that I last saw the deceased alive on Dec 26, 1972 and that death occurred at 1:40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) DDS-1
23b. ADDRESS Box 69 Shoshone Idaho
23c. DATE SIGNED 12-28-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/72
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cem.
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 12-30-72
REGISTRAR'S SIGNATURE: Francis M. Bergin
25. EMBALMER: Keith Bird
LICENSE NO.: M 373
FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 8 1973
MAR 2 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAR 2 8 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person without the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

JUN 12 1978

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

NOV 30 1979

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5954
Local Reg. No. 70
Reg. Dist. No. 630

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 Rexburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) Rt 1 Rexburg

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IRVIN	MONTY	SIEPERT	December 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	August 4, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Burton, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roman Siepert	Wurttenberg, Germany	Marie Ellen Young	Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-40-9309	Florence N. Siepert	Rt.1 Rexburg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Infarction	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Arteriosclerosis	several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 19 72, to Dec 4, 19 72, that I last saw the deceased alive on Dec 4, 19 72, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Lester J. Tolman MD 413 (Degree or title)	Rexburg Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1972	Rexburg	Rexburg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-7-72	Leona Flamm	Edward H. Flamm	M347

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 12 1972
JAN 23 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5955
Local Reg. No. 69
Reg. Dist. No. 630

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Madison 330	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 113 North Austin Avenue	d. STREET ADDRESS (If rural, give location): 113 North Austin Avenue

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Sterling c. (Last) Meyers

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	October 28, 1910	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7		Sugar City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Henry Meyers	South Cottonwood Utah	Mary Ann Hamilton	Mill Creek, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		396-01-5537	Evelyn M. Meyers	Sugar City,

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarct	1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial ischemia	3 years
DUE TO (c)	Arterio-sclerotic Cardio-Vascular Disease	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1972, *to* Dec 4, 1972, *that I last saw the deceased alive on* Oct 11, 1972, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blaine H Passey	409-1	Rexburg Idaho	12-6-72.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Dec. 8, 1972	Sugar Cemetery	Sugar City Madison	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-8-72	Leona Flamm	Kenneth R Flamm	M347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 18 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5956
Local Reg. No. 71
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Madison 331	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 123	d. STREET ADDRESS (If rural, give location) 58 E. 1 North

3. NAME OF DECEASED (Type or Print)	a. (First) Laurence J.	b. (Middle)	c. (Last) Jeppesen	4. DATE OF DEATH (Month) (Day) (Year) dec. 11, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27,1891	9. AGE (In years last birthday) 81 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rexburg, Idaho	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Rasmus Nelson Jeppesen	BIRTHPLACE Brigham City, Utah	14. MOTHER'S MAIDEN NAME Eleanor Ricks	BIRTHPLACE Benson Ward, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) O (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-42-8793 A	17. INFORMANT'S OWN SIGNATURE Jack N Jeppesen	ADDRESS Rexburg, Ida.	

4319

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemorrhage.	17 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic pulmonary disease.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1961, *to* Dec 11, 1972, *that I last saw the deceased alive on* Dec 11, 1972, *and that death occurred at* 2:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE Blanche H Passey 409 (Degree or title) RD	23b. ADDRESS Rexburg Idaho	23c. DATE SIGNED 12-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/15/72	24c. NAME OF CEMETERY OR CREMATORY Sugar City, Cemetery	24d. LOCATION (City, town, or county) (State) Sugar City, Madison, Idaho
DATE REC'D BY LOCAL REG. 12-14-72	REGISTRAR'S SIGNATURE Leona Flamm	25. EMBALMER Russell Flamm	LICENSE NO. 1 M-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5957
Local Reg. No. 72
Reg. Dist. No. 630

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 24 S. 1 West Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 24 South 1 West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Chester	Walker	Webster	Dec.	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	July 11, 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Rexburg, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmo Smart Webster	Franklin, Idaho	Lavina Walker	Lewisville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	518-07-3935	[signature]	Box 174 Sugar City

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
n/a		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	CORONER 583-4	BOX 13, REXBURG, IDAHO 83440	13Dec72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/14/72	Rexburg Cemetery	Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-72	[signature]	[signature]	1 M- 254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5958
Local Reg. No. 73
Reg. Dist. No. 630

BIRTH NO.

RECEIVED JAN 5 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (If outside this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4th West 1st So. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 735 West 2 North Street

3. NAME OF DECEASED (Type or Print): a. (First) Jose b. (Middle) Louis c. (Last) Pacheco

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 22, 1947

9. AGE (In years last birthday): 25
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer

10b. KIND OF BUSINESS OR INDUSTRY: Stud Mill

11. BIRTHPLACE (State or foreign country): Tucumacari, New Mexico

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas A. Pacheco BIRTHPLACE: Clayton, New Mexico

14. MOTHER'S MAIDEN NAME: Adella Sanchex BIRTHPLACE: Vona, New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-56-3636

17. INFORMANT'S OWN SIGNATURE: Sara Pacheco ADDRESS: 735 W 2 North St Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8210

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Hemorrhage

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull Fracture
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg 13-331 Madison Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec17,1972 11:36AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Deceased riding snowmachine and hit head on bridge

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:36A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 583 (Degree or title) #4 CORONER

23b. ADDRESS: BOX 13, REXBURG, IDAHO

23c. DATE SIGNED: 18Dec72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 21, 1972

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): St Anthony Fremont Idaho

DATE REC'D BY LOCAL REG.: 12-21-72

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature] LICENSE NO.: M347

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5959
Local Reg. No. 74
Reg. Dist. No. 630

BIRTH NO. 72-1338 / RECEIVED JAN 5 - 1973 Bureau of Vital Statistics 331

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Madison 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DERID	R.	PHILLIPS	December 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Infant	Dec, 18, 1972			30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 9		Rexburg, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Dennis Phillips	Rigby, Idaho	Margie Schofield	Driggs, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	None	R. Dennis Phillips	Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 7762 Respiratory Disease of Newborn

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* Dec 20, 19 72 *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Walters, MD	569-1	Rexburg	Dec. 22, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1972	Teton-Newdale	Teton, Madison Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-72	Leona Flamm	Kenneth R. Flamm	M347

FIRM NAME: Kenneth R. Flamm

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Note

For Detail card

Residence code

260

Jefferson Co.

Certificate of Death
STATE OF IDAHO

State File No. 5960
Local Reg. No. 75
Reg. Dist. No. 630

BIRTH NO. RECEIVED

JAN 17 1973
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 381 East 3rd South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRLE		HADLEY	Dec. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	Apr. 17, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Postal Employee	Mail	Menan, Idaho.	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Walter Poole	Ogden, Utah.	Margaret Molen	Lehi, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-46-5417A	Darlene R. Lowder	Rexburg, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Adenocarcinoma - Stomach — INTERVAL BETWEEN ONSET AND DEATH: ~~6 mos~~ 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 72	Gastroscopy - Neoplasm Stomach	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1968, to Dec 25, 1972, that I last saw the deceased alive on Dec 23, 1972, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blaine Hansen M.D.	Rexburg, Idaho.	12-31-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1972	Annis Little Butte	Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-31-72	Leona Flamm	Bruce A. Eckersell	M-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

BIRTH NO. 72-13407

RECEIVED

State File No. 5961
Local Reg. No. 81
Reg. Dist. No. 45-0

1. PLACE OF DEATH a. COUNTY Minidoka County DEC 8 - 1972 3412	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 3410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) XXXXXXXX Heyburn Idaho c. LENGTH OF STAY (If not in hospital or institution) Bureau of Vital Statistics	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert Route 1 Heyburn Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. at Minidoka Mem Hosp. 500	d. STREET ADDRESS (If rural, give location) 500 west 200 south

3. NAME OF DECEASED (Type or Print)	a. (First) Sandra Kay Pool	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	Dec 1 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov 19 1972	9. AGE (In years last birthday) 11 days	IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 9	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Kenneth Pool	BIRTHPLACE Larned Kansas		14. MOTHER'S MAIDEN NAME Donna Clark	BIRTHPLACE Longton Kansas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE x Kenneth Pool	ADDRESS Route 1 Heyburn Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/2X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) found dead in crib

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) phlem in throat probable asphyxiation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) at home 01	21c. (CITY, TOWN, OR TOWNSHIP) 13-340 (COUNTY) (STATE) Heybrn Idaho Minidoka County
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see, *to* alive, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk	(Degree or title) Coroner 583-4	23b. ADDRESS 710 6th street Rupert Idaho	23c. DATE SIGNED Dec 6 19
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 4 1972	24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery	24d. LOCATION (City, town, or county) (State) Paul Idaho
DATE REC'D BY LOCAL REG. 12-7-72	REGISTRAR'S SIGNATURE Mary Ellen Carlson	25. EMBALMER Robert C Walk	LICENSE NO. M 294

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5962
Local Reg. No. 77
Reg. Dist. No. 4-50

BIRTH NO.

RECEIVED DEC 8 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Burley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Ramada Inn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Nevada
b. COUNTY: Washoe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reno
d. STREET ADDRESS (If rural, give location): 429 Colorado River St.

3. NAME OF DECEASED (Type or Print): a. (First) Cletus; b. (Middle) J; c. (Last) Libbey

4. DATE OF DEATH: (Month) Dec. (Day) 1, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 9, 1916

9. AGE (In years last birthday): 56
IF UNDER 1 YR. Months: 4 Days: 21
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Casino

11. BIRTHPLACE (State or foreign country): Ashmore, Montana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry William Libbey, BIRTHPLACE: Joplin, Mo.

14. MOTHER'S MAIDEN NAME: O'Dell, BIRTHPLACE: Montana
Cassie Bell O'[illegible], Grantsdale,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO.: 103-09-2129

17. INFORMANT'S OWN SIGNATURE: Mrs. Frances Carlin ADDRESS: Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Accute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myo Cardial Infarction, old and recent
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Motel Room

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley, Minidoka County, Idaho

21d. TIME OF INJURY: (Month) Dec (Day) 1 (Year) 1972 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *, 19__, to , 19__, that I last saw the deceased alive on , 19__, and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E Welk (Degree or title): Coroner

23b. ADDRESS: 710 6th street, Rupert Idaho

23c. DATE SIGNED: Dec 6 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 4, 1972

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec 7-72

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Armand J Burch LICENSE NO.: 471

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 3 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

JAN 1 0 1973

JAN 1 9 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5963
Local Reg. No. 83
Reg. Dist. No. 450

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 920 C Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 920 C Street

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) c. (Last) Colbert
4. DATE OF DEATH (Month) (Day) (Year) Dec 1 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct 25 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Parts Man 3	Machinery	Chicago Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Colbert	Chicago Illinois	Mary Charvat	Chicago Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519 03 0053	x Ladonne Colbert	Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary artery disease	12+ years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis.	Years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic ischemic brain syndrome. Arteriosclerotic heart failure	2 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 341 (COUNTY) (STATE)
accident	at home	Rupert, Minidoka County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-24- , 19 61 , to 11-29-72 , 19 , *that I last saw the deceased alive on* 11-29-72 , 19 , *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George E. Brown MD 061-1	Twin Falls, Idaho	12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 5 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-12-72	Mary Ellen Carlson	Robert C Walk	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM VDH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 1972
JAN 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 5964
Local Reg. No. 82
Reg. Dist. No. 420

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Minidoka — DEC 8 - 1972 — 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert Idaho
Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hosp 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 340
a. STATE: Idaho — b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert Idaho Route 4
d. STREET ADDRESS (If rural, give location): 300 north 325 east

3. NAME OF DECEASED (Type or Print): a. (First) John — b. (Middle) T. — c. (Last) Hunter

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb 22 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Rail Way Employee		Columbus Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Shelby Hunter	Kentucky	Margaret McGregor	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes U.S. Army WWI	535 20 7244	x Esther Hunter	R4 Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).
**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	MASSIVE CVA	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Advanced Cerebral Arteriosclerosis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Prostate	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/2/72, 19___, *to* 12/2/72, 19___, *that I last saw the deceased alive on* 12/2/72, 19___, *and that death occurred at* 9:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	987-1	Rupert, Ida	12/3/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 5 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-7-72	Mary Ellen Barlow	[signature]	M 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 12 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5965
Local Reg. No. 80
Reg. Dist. No. 450

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Minidoka 341 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital 125	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Minidoka 340 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul d. STREET ADDRESS (If rural, give location) Box 266

3. NAME OF DECEASED (Type or Print) a. (First) Arnold H. Sampe	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12-5-72	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-4-1901	9. AGE (In years last birthday) 71 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY Cheese Factory	11. BIRTHPLACE (State or foreign country) Liberty, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gustav Sampe	BIRTHPLACE Wisconsin	14. MOTHER'S MAIDEN NAME Emma Reichardt	BIRTHPLACE Germany	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *******	16. SOCIAL SECURITY NO. 518-07-8294	17. INFORMANT'S OWN SIGNATURE Julia Sampe	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

185X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma	1 yr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	C.A. of Prostate	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 1969, 19__, *to* death, 19__, *that I last saw the deceased alive on* 12-5-72, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Ben K. Humphrey (Degree or title) MD, 253-1	23b. ADDRESS Rupert Idaho	23c. DATE SIGNED 12-12-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-8-72	24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery	24d. LOCATION (City, town, or county) (State) Paul, Idaho
DATE REC'D BY LOCAL REG. 12-18-72	REGISTRAR'S SIGNATURE Mary Ellen [illegible]	25. EMBALMER Chris V. Johnson	LICENSE NO. M561

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

DEC 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5966
Local Reg. No. 84
Reg. Dist. No. 450

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 713 3rd street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 713 3rd street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carl		Ferch	Dec 7 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 8 1902	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Rail Way Employee		Eau Claire Wisconson	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Emil Ferch	Wisconson	Anna Pauline Mueller	Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	712 09 8365	x Nellie Ferch	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	few minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary edema	several years
DUE TO (c)	Over exertion while shoveling snow	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home/farm/factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	at home	Rupert Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec 7 1972 11AM m.		

22. *I hereby certify that I attended the deceased from* did not see alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert L Week 583	Coroner	710 6th street, Rupert	Dec 8 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 11 1972	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-12-72	Mary Ellen Carlson	Robert L Week	M 794

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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5967

Certificate of Death
STATE OF IDAHO

State File No. 5967
Local Reg. No. 86
Reg. Dist. No. 450

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics 340

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Minidoka	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul.. c. LENGTH OF STAY (In this place): 12 yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 226 West Ellis 000	d. STREET ADDRESS (If rural, give location): 226 West Ellis

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Dale	c. (Last) Mitton	4. DATE OF DEATH (Month) Dec. (Day) 16, (Year) 1972
5. SEX: male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 13, 1924	9. AGE (In years last birthday): 48 — IF UNDER 1 YR. Months 5 Days 3 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor	10b. KIND OF BUSINESS OR INDUSTRY: Building	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Otto Mitton, BIRTHPLACE: Utah		14. MOTHER'S MAIDEN NAME: LaVern Emma Croft BIRTHPLACE: Idaho		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World II	16. SOCIAL SECURITY NO.: 528-20-6044	17. INFORMANT'S OWN SIGNATURE: Lucille Mitton ADDRESS: Box 203 Paul Idaho		

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction.	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardiovascular disease with coronary artery sclerosis.	
DUE TO (c)	Arteriosclerosis	Indefinite.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None evident.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/26/66, 19__, *to* 12/16/72, 19__, *that I last saw the deceased alive on* 2/3/66, 19__, *and that death occurred at* 4:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Annest 012 (Degree or title)	23b. ADDRESS: C. ANNEST, M.D., P.A. Suite 1 - Snow Building Burley, Idaho 83318	23c. DATE SIGNED: 12/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Dec.18,1972	24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery	24d. LOCATION (City, town, or county): Paul, (State): Idaho
DATE REC'D BY LOCAL REG.: 12-29-72	REGISTRAR'S SIGNATURE: Mary Ellen Carlon	25. EMBALMER: Ormand F Burch	LICENSE NO.: M-471

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973
JAN 10 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

State File No. 5968
Local Reg. No. 87
Reg. Dist. No. 450

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): 4 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Minidoka 341
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital 125
d. STREET ADDRESS (If rural, give location): 401 I Street

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd b. (Middle) M. c. (Last) Rieman

4. DATE OF DEATH (Month) (Day) (Year): Dec 24 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 9 1906

9. AGE (In years last birthday): 66
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired auto salesman
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rupert Idaho

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Fred S. Rieman
BIRTHPLACE: Mankato KANSAS

14. MOTHER'S MAIDEN NAME: Alcia Alspaugh
BIRTHPLACE: Mankato Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 565 14 9105

17. INFORMANT'S OWN SIGNATURE: Fred S. Rieman
ADDRESS: San Diego California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 188X Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): metastasis from carcinoma of bladder
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 72, 19___, *to* Dec 24, 19 72, *that I last saw the deceased alive on* Dec 24, 19 72, *and that death occurred at* 11:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Dalley M.D. (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 26 1972
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cem
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: 12-29-72
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert E. Walk
LICENSE NO.: M294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

State File No. 5969
Local Reg. No. 1
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Minidoka	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert — c. LENGTH OF STAY (In this place): 1 month 341	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital 125	d. STREET ADDRESS (If rural, give location): 935 Yale Ave.

3. NAME OF DECEASED (Type or Print) a. (First): Delores	b. (Middle):	c. (Last): Henrie	4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1972	
5. SEX: Female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Dec. 4, 1908	9. AGE (In years last birthday): 64 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Durango, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Not Known	BIRTHPLACE: Not Known	14. MOTHER'S MAIDEN NAME: Ruth Dalton	BIRTHPLACE: Not Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Kenneth M Henrie	ADDRESS: Burley, Ida.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. (1) multiple decubiti (2) advanced arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1972, *to* Dec 30, 1972, *that I last saw the deceased alive on* Dec 30, 1972 *and that death occurred at* 2 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Don C Patterson (Degree or title) 987	23b. ADDRESS	23c. DATE SIGNED: 1/2/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 12/31/72	24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery	24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah
DATE REC'D BY LOCAL REG.: 1-5-73	REGISTRAR'S SIGNATURE: Mary Ellen Carlson	25. EMBALMER: [signature]	LICENSE NO.: M-389

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 10 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5970
Local Reg. No. 329
Reg. Dist. No. 220

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nezperce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nezperce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs Hospital 128	d. STREET ADDRESS (If rural, give location) 602 25th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) Edith	b. (Middle) P.	c. (Last) Appleford	4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 72	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-2-06	9. AGE (In years last birthday) 66	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookeeper 3	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Anatone Washington	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME W. E. Appleford	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Beatrice Stone	BIRTHPLACE Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 579-09-3455A	17. INFORMANT'S OWN SIGNATURE Ethel Appelford	ADDRESS 602 25th Ave. Lew.		

4319

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral Hemorrhage	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	30+ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 October, 1972, *to* 1 November, 1972, *that I last saw the deceased alive on* 1 November, 1972, *and that death occurred at* 7 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE B R Stern	496 (Degree or title) MD	23b. ADDRESS Lewiston Idaho	23c. DATE SIGNED 15 Dec 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-3-72	24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State) Lewiston Idaho
DATE REC'D BY LOCAL REG. 12-18-72	REGISTRAR'S SIGNATURE Glenora Dalgen	25. EMBALMER Robert Lanshee	LICENSE NO. QL 802

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 22 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5971
Local Reg. No. 334
Reg. Dist. No. 220.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 3 mos.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Nursing Home 131	d. STREET ADDRESS (If rural, give location): 1139 Bryden Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) LAWRENCE	c. (Last) NELSON	4. DATE OF DEATH (Month) (Day) (Year)	13 November 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 22 Sept 1886	9. AGE (In years last birthday): 86	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY: Truck/Garden/Fruit	11. BIRTHPLACE (State or foreign country): Gallia Co., Ohio	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: no record	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: no record	BIRTHPLACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-1	16. SOCIAL SECURITY NO.: no record	17. INFORMANT'S OWN SIGNATURE: x Sarah E. Austin	ADDRESS: Lewiston, Idaho		

428X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) myocarditis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:40PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carssonn (Degree or title) 38-1	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial	24b. DATE: 15 Nov 1972	24c. NAME OF CEMETERY OR CREMATORY: Harpster Cemetery
24d. LOCATION (City, town, or county) (State): Harpster, Idaho		
DATE REC'D BY LOCAL REG.: 12-21-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: W. E. Black W E Black
LICENSE NO.: M-426		

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED DEC7 - 1972 Bureau of Vital Statistics

State File No. 5972
Local Reg. No. 309
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2607 3th Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~2607 5th Avenue North~~ Lewiston
d. STREET ADDRESS (If rural, give location): 2607 3rd Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Henry Philip Gravells
4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 9, 1904
9. AGE (In years last birthday): 68 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Sion, Alberta, Canada
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Alex Gravelle — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Emma St. George — BIRTHPLACE: Minnesota
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 09 4153
17. INFORMANT'S OWN SIGNATURE: Alpha Gravelle — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 1990 Carcinoma, Metastatic — 1 year

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Liver Failure 2° Above

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1972, *to* death, 19____, *that I last saw the deceased alive on* Nov 29, 1972, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 1125-1
23b. ADDRESS: 1522 17th Lewiston Id
23c. DATE SIGNED: 12/1/72

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 4, 1972
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-4-72
REGISTRAR'S SIGNATURE: Glenard Wolgen
25. EMBALMER: V. Vassar
LICENSE NO.: M297

FIRM NAME: Vassar-Rawls Funeral [illegible]e

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Steward

DEC 8 1972

DUTIES: DEC 21 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 5 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5973
Local Reg. No. 321
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: CALIFORNIA — b. COUNTY: MARIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAN RAFAEL
d. STREET ADDRESS (If rural, give location): 118 - SPRING GROVE

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DONALD	AVERY	MANTOOTH	1 DECEMBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	7 AUG 1923	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	CONSTRUCTION	LONG BEACH, CALIF.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
AVERY MANTOOTH	NO RECORD	MARGARET HOLLIDAY	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
YES	WWII	557 36 3023	X Michael Mantooth SAN RAFAEL, CALIFORNIA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* - - -

DEC 1 8 1972

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 2 9 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

MAY 4 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5974
Local Reg. No. 313
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 1 wk.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location): 3321 - 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First) GRACE	b. (Middle) PAULINE	c. (Last) HEUETT	4. DATE OF DEATH (Month) (Day) (Year): 2 December 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 4 June 1916	9. AGE (In years last birthday): 56 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Sweetwater, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jess Gosse	BIRTHPLACE: No.Dak.	14. MOTHER'S MAIDEN NAME: Nellie Shangle	BIRTHPLACE: Bedford Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 539 16 3019	17. INFORMANT'S OWN SIGNATURE: X Norman S Heuett	ADDRESS: Lewiston, Idaho	

492X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Uremia	4 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cor pulmale	6 wks.
DUE TO (c)	Emphysema severe	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diverticulitis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: No Surgery	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): No Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* ~~June 16~~ Dec 2nd, 1972, *that I last saw the deceased alive on* Dec 2nd, 1972, *and that death occurred at* 11:50AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E Boeduk Md.	23b. ADDRESS: 1522 17th St Lewiston Idaho	23c. DATE SIGNED: 12/5/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6 Dec. 1972	24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho
DATE REC'D BY LOCAL REG.: 12-11-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5975
Local Reg. No. 335
Reg. Dist. No. 220

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington 48
b. COUNTY Asotin 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 1265 Elm

3. NAME OF DECEASED (Type or Print)
a. (First) Josephine
b. (Middle) M.
c. (Last) Meiser

4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 72

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12/25/90
9. AGE (In years last birthday) 81
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Maschke
BIRTHPLACE unavailable
14. MOTHER'S MAIDEN NAME Ida unavailable
BIRTHPLACE unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 537-16-1949 A
17. INFORMANT'S OWN SIGNATURE
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICA CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Stroke
INTERVAL BETWEEN ONSET AND DEATH Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1972 *to* 12-3, 1972, *that I last saw the deceased alive on* 12-3, 1972, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard M. Alford M.D. (Degree or title) 794-1
23b. ADDRESS 1522 17th. St.Lewiston
23c. DATE SIGNED 12-19-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12- -72
24c. NAME OF CEMETERY OR CREMATORY Sunnyside City Cemetery
24d. LOCATION (City, town, or county) Sunnyside (State) Washington

DATE REC'D BY LOCAL REG. 12-21-72
REGISTRAR'S SIGNATURE Glenara Walzen
25. EMBALMER Robert Lanoke
LICENSE NO. QL802

FIRM NAME: Merchant FuneralHome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5976
Local Reg. No. 3/3
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sommerville Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 26th & Grelle

3. NAME OF DECEASED (Type or Print): a. (First) JACK b. (Middle) FABER c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Aug. 22, 1889	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	general	Canada	U. S. A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	557 58 6073	C. J. Vassar	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH "(a)": Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Bronchitis
DUE TO (c): Infirmities of Age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/23/70 to 12/4/72 that I last saw the deceased alive on 10/13/72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
D. N. Stover, M.D. (Degree or title)	939 Bryden Lewiston Ida	12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/8/72	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-12-72	Leonard Chalgren	C. Vassar	M297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5977
Local Reg. No. 320
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston c. LENGTH OF STAY (In this place) 1 week	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Jospital 128	d. STREET ADDRESS (If rural, give location) 1014 Burrell

3. NAME OF DECEASED (Type or Print)	a. (First) ZOA	b. (Middle) RUTH	c. (Last) ODEM	4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1972
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 13, 1886	9. AGE (In years last birthday) 86 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager 2	10b. KIND OF BUSINESS OR INDUSTRY Apartments	11. BIRTHPLACE (State or foreign country) Riverton, Nebraska	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Charles Guy	BIRTHPLACE Illinois	14. MOTHER'S MAIDEN NAME Diadanna Fish	BIRTHPLACE no record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 54 1493	17. INFORMANT'S OWN SIGNATURE Dorothy D. Carr	ADDRESS Lewiston, Idaho	

884X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Lipoid Embolus

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Hip

DUE TO (c) Advanced age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE 1 (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 10	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-351
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Patient fell off chair

22. *I hereby certify that I attended the deceased from* 1970, 19__, *to* Dec 4, 1972, *that I last saw the deceased alive on* Dec 3, 1972, *and that death occurred at* 12:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Allen M Cochrane MD 649 (Degree or title)	23b. ADDRESS Lewiston Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 7, 1972	24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 12-13-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER V. Vassar	LICENSE NO. M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Cochran

DEC 21 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5978
Local Reg. No. 319
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1323 17th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Katherine b. (Middle) c. (Last) Badgley
4. DATE OF DEATH (Month) (Day) (Year): 12-6-1972
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-2-1902
9. AGE (In years last birthday): 70 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Nona, Idaho,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Erik Lindquist BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Bertha Storm BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-38-8918
17. INFORMANT'S OWN SIGNATURE: x William E. Badgley ADDRESS: Fernwood, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1970 Mona — Carcinoma of Lung. — INTERVAL BETWEEN ONSET AND DEATH: unknown
Pneumonia Bilateral Confluent
DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — Exhaustion — 3 weeks
DUE TO (c) Anemia — 3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy — unsuccessful
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1972 to 12/6/72, 19____, that I last saw the deceased alive on 12/6/72, 1972 and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Joseph E Borduki MD
23b. ADDRESS: 1522 17th St Lewiston Idaho
23c. DATE SIGNED: 12/12/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-1972
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Deary, Idaho
DATE REC'D BY LOCAL REG.: 12-13-72
REGISTRAR'S SIGNATURE: Alexander Taylor
25. EMBALMER: E. Pete Albertson
LICENSE NO.: M-525
FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5979
Local Reg. No. 316
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
c. LENGTH OF STAY (In this place) 6 DAYS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO
b. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. STREET ADDRESS (If rural, give location) 1102 - 11TH AVE.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LUTHER	MONROE	GAINES	6 DECEMBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	13 JULY 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LUMBER	LUMBER MILL	BILLINGS, MONTANA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LUTHER GAINES	NO RECORD	BELLE NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 14 3564	X Mrs. Luther Gaines	LEWISTON

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4412

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Ruptured Abdominal Aortic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aneurysm
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Ruptured Abdominal Aortic Aneurysm	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-1-72, 19____, *to* 12-6-72, 19____, *that I last saw the deceased alive on* 12-6-72, 19____, *and that death occurred at* 2:06 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ward Spencer	1095 M.D.	1522 17th St.	12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	8 DEC 1972	NORMAL HILL CEMETERY	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-12-72	Howard Walgren	W. E. BLACK W. E. Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972
JAN 23 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5980
Local Reg. No. 311
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital 128
d. STREET ADDRESS (If rural, give location): 1051- Ripon

3. NAME OF DECEASED (Type or Print): a. (First) Dorothy b. (Middle) c. (Last) Froemming

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-29-22

9. AGE (In years last birthday): 50
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Ill

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anton Zulevich BIRTHPLACE: Split Yugoslavia

14. MOTHER'S MAIDEN NAME: Eva Arnold BIRTHPLACE: Yuvoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 396-14-4136

17. INFORMANT'S OWN SIGNATURE: John A Froemming ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1829

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Internal Bleeding — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) post Radiation
DUE TO (c) Carcinoma of Uterus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 24

19b. MAJOR FINDINGS OF OPERATION: Bleeding from degenerated fr. Omentum, extensive Carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 24, 1972, to Dec 7, 1972, *that I last saw the deceased alive on* Dec 7, 1972, *and that death occurred at* 5:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F - Barnes M.D. (Degree or title)

23b. ADDRESS: 347 St Johns Way Lewiston, Idaho

23c. DATE SIGNED: 12/6/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 11-72

24c. NAME OF CEMETERY OR CREMATORY: Lewis Clark Memorial Gardens

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 12-11-72

REGISTRAR'S SIGNATURE: Glenora Walgren

25. EMBALMER: Andrew F. Vassar LICENSE NO.: M515

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5981
Local Reg. No. 323
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics 35-1

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: usual residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1512 - Bryden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BILLIE	RAY	WIEBOLD	7 December 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	15 May 1965	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	Public School	Clarkston, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger L. Wiebold	Coeur d'Alene, Idaho	Janice M. Spears	Vancouver, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs Vernon Wiebold	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Asphyxiation	moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Smoke Inhalation	
DUE TO (c)	House Fire	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

E90X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Residence 01	Lewiston, 15-35 NezPerce Co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7 Dec 1972 7:06 AM m.		House fire of unknown origin.

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:06 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilfred J. Duclos 583	Coroner 4	419 Stewart, Lewiston, Idaho	11 Dec 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal/Burial	11 Dec 1972	Vineland Cemetery	Clarkston, Asotin Co., Wn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-14-72	Glenna Dalzen	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 15 1972

State File No. 5982
Local Reg. No. 324
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): Instantaneous

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): usual residence
d. STREET ADDRESS (If rural, give location): 1512 - Bryden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BRYAN	LAVERN	WIEBOLD	7 December 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	22 Jan 1967	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Kindergarten	Clarkston, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger L. Wiebold	Coeur d'Alene, Id.	Janice M. Spears	Vancouver, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs Vernon Wiebold	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Asphyxiation	moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Smoke Inhalation	
DUE TO (c)	House Fire	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

890X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Residence 01	Lewiston, 3-361 NezPerce Co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7 Dec. 1972 7:06 AM m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	House fire of unknown origin.

22. *I hereby certify that I attended the deceased from* - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5983
Local Reg. No. 323
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: usual residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1512 - Bryden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CRYSTAL	CHARIS	WIEBOLD	7 December 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never Married	15 August 1969	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger L. Wiebold	Coeur d'Alene, Id.	Janice M. Spears.	Vancouver, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs Vernon Wiebold	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Smoke Inhalation
DUE TO (c): House Fire

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Residence	Lewiston	NezPerce	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7 Dec. 1972 7:06 AM		House fire of unknown origin.

22. *I hereby certify that I attended the deceased from* - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5984
Local Reg. No. 322
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION usual residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1512 - Bryden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BRANDEN	SHAWN	WIEBOLD	7 Decmeber 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	9 Dec. 1970	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Clarkston, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger L. Wiebold	Coeur d'Alene, Id.	Janice M. Spears	Vancouver, Wn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mrs Vernon Wiebold	Lewiston, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Asphyxiation	moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Smoke Inhalation	
DUE TO (c)	House Fire	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

890X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Residence	Lewiston, 13-35E	NezPerce	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
7 Dec 1972 7:06 AM		House fire of unknown origin.

22. *I hereby certify that I attended the deceased from* - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5985
Local Reg. No. 336
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 616 Warner Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CONTANCE	MERRIS	WHITECAR	7 December 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	21 Nov. 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Twin Valley, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christ C. Bly	Norway	Mathilda Johnson	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		[signature]	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial Rupture	5 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Infarction	3 days
DUE TO (c)	Coronary artery sclerosis.	unknown.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4 Dec, 1972, to 7 Dec, 1972, that I last saw the deceased alive on 6 Dec, 1972, and that death occurred at 2:05 AM, from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stein	MD 496-1	307 St John Way, Lewiston	13 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9 Dec 1972	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-72	[signature]	[signature] W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 15 1972 Bureau of Vital Statistics

State File No. 5986
Local Reg. No. 317
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 35-1	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 3 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 24TH & MAIN

3. NAME OF DECEASED (Type or Print)	a. (First) MALCOLM	b. (Middle) WILLIAM	c. (Last) PRICE	4. DATE OF DEATH (Month) (Day) (Year) 8 DECEMBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 26 APRIL 1893	9. AGE (In years last birthday) 79 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED 2	10b. KIND OF BUSINESS OR INDUSTRY ELECTRICIAN	11. BIRTHPLACE (State or foreign country) MOSCOW, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HENRY PRICE	BIRTHPLACE NEVADA	14. MOTHER'S MAIDEN NAME GEORGIA NO RECORD	BIRTHPLACE NEW YORK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I.	16. SOCIAL SECURITY NO. 518 11 5472	17. INFORMANT'S OWN SIGNATURE X Donald F Price	ADDRESS LEWISTON	

2376

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Renal Failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bladder Tumor	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gastrointestinal Bleeding Site undetermined	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE David Spencer 1005 (Degree or title) M.D.	23b. ADDRESS 1522 17th	23c. DATE SIGNED 12/11/72	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL/BURIAL	24b. DATE 12 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY MOSCOW CITY CEMETERY	24d. LOCATION (City, town, or county) (State) MOSCOW, IDAHO
DATE REC'D BY LOCAL REG. 12-12-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W. E. BLACK W. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5987
Local Reg. No. 336
Reg. Dist. No. 220

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nezperce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Washington 48 b. COUNTY: Asotin 553
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston	c. LENGTH OF STAY (In this place)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital 128	d. STREET ADDRESS (If rural, give location): 1037 13th St

3. NAME OF DECEASED (Type or Print) a. (First): Selma	b. (Middle): M.	c. (Last): Wirtanen	4. DATE OF DEATH (Month) 12 (Day) 8 (Year) 72	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 3-20-05	9. AGE (In years last birthday): 67 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife x	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Floodwood Minn.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Raihola	BIRTHPLACE: Finland	14. MOTHER'S MAIDEN NAME: Elizabeth Unknown	BIRTHPLACE: Finland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 469-03-5332A	17. INFORMANT'S OWN SIGNATURE: Einar Wirtanen	ADDRESS: 1037 13th St. Clk.	

4370

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICA CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular insufficiency	18d.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	3+ yrs
DUE TO (c)	Hypertension	13+ yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatic Mitral Stenosis	16+ yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1956, *to* December, 1972, *that I last saw the deceased alive on* 7 December 1972, *and that death occurred at* 6 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stern	496 (Degree or title) MD	23b. ADDRESS: Lewiston Ida	23c. DATE SIGNED: 18 Dec 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-11-72	24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery	24d. LOCATION (City, town, or county) (State): Clarkston Washington
DATE REC'D BY LOCAL REG.: 12-21-72	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: Donald F. Brown	LICENSE NO.: Wk 943

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5988
Local Reg. No. 341
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 4 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION: ORCHARD'S NURSING HOME 17-1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 1636 - POWERS

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LON	GENTRY	SLENKER	10 DECEMBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	12 APRIL 1872	100		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	STOCK & GRAIN	GOLDEN CITY, MISSOURI	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM WALTON SLENKER	Illinois	GILLA WILLIAMS CARTER	TENNESSEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 40 8526	Orah Bell Tannahill	Lewiston, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4489

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of Age
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
arthritis
Deafness

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-5 , 1954, to 12-10, 1972, *that I last saw the deceased alive on* , 19 , *and that death occurred at* 6:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Stover M.D.	939 - Bryden, Lewiston, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	13 DEC 1972	LEWIS-CLARK GARDENS	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Glenna Walzer	W. E. BLACK	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5989
Local Reg. No. 333
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 10 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 702 - 4TH ST.

3. NAME OF DECEASED (Type or Print) a. (First) GLENN	b. (Middle) S.	c. (Last) PORTER	4. DATE OF DEATH (Month) (Day) (Year) 11 DECEMBER 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4 FEB. 1887	9. AGE (In years last birthday) 85 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY STOCK & GRAIN	11. BIRTHPLACE (State or foreign country) BLISSFIELD, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EDWARD B. PORTER	BIRTHPLACE WEST VIRGINIA	14. MOTHER'S MAIDEN NAME MARGARET STAUP	BIRTHPLACE MICHIGAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 01 1237	17. INFORMANT'S OWN SIGNATURE X Carlisle Kieselbach	ADDRESS ANATONE WASH.	

4379

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebro vascular Insufficiency	5+ years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diffuse arteriosclerosis.	5+ years
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic gouty arthritis.	5+ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1960, *to* 11 December, 1972, *that I last saw the deceased alive on* 11 December, 1972, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE B R Stern 496 (Degree or title) MD	23b. ADDRESS Lewiston Idaho	23c. DATE SIGNED 15 Dec 72
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 14 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY
24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO		
DATE REC'D BY LOCAL REG. 12-21-72	REGISTRAR'S SIGNATURE Glenora Walzen	25. EMBALMER W. E. BLACK W. E. Black
LICENSE NO. M-426		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

JAN 17 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

DEC 06 2005

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5990
Local Reg. No. 318
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 15 1972 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): PO Box - 99

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	F.	KENDRICK	11 December 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	11 April 1931	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Air Force, retired	U. S. Gov't.	Rockwood, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Kendrick	Tennessee	Georgia Cunningham	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes 1948 to 1969	411-40-4358	Wm. C. Kendrick, Brother	Oak Ridge, Tenn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun Shot Wound Left — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Neck & Cranial perforation —
DUE TO (c): Secondary Cerebral lacerations & contusions & cerebral edema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Lewiston R3-351, Nez Perce, Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Self Inflicted Gun Shot Wound

22. *I hereby certify that I attended the deceased from* 12-4-, 1972 *to* 12-11, 1972, *that I last saw the deceased alive on* 12-11, 1972, *and that death occurred at* 5:05 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David A Brower M.D. 1005	1522 - 17th Street, Lewiston	12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	13 Dec. 1972	Anderson Memo. Cemetery	OakRidge, Anderson Co., Tenn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-72	Glenna Dalgren	W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 15 1973
JAN 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5991
Local Reg. No. 332
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Box 909

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) O. c. (Last) Boufford

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	no record	Aug 23, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector	U. S. Army Engineers	no record	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II	381 10 7179	V. Vassar	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 188X Peritonitis due to ruptured viscus — INTERVAL BETWEEN ONSET AND DEATH: < 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. terminal CA Bladder (2 months) — > 2 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1971	Inoperable CA Bladder	Yes ☐ No ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1971, to 12/12/, 1972, that I last saw the deceased alive on 12/12, 1972, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. F. Black, M. D. 492-1	307 St Johns Way Lewiston, Idaho 83501	12/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	Dec. 12, 1972	Coraopolis, Penn	Coraopolis, Pen

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-21-72	Alma A. Nelson	Everett V. Vassar	M297

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

JAN 17 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 12 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

AUG 28 1973

APR 19 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5992
Local Reg. No. 327
Reg. Dist. No. 220

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON — c. LENGTH OF STAY (In this place): 7 DAYS	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location): 1711 - 12TH AVE.

3. NAME OF DECEASED (Type or Print) a. (First): HELEN	b. (Middle): JANE	c. (Last): TIEDE	4. DATE OF DEATH (Month) (Day) (Year): 14 DECEMBER 1972		
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: 3 SEPT 1895	9. AGE (In years last birthday): 77	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE X	10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	11. BIRTHPLACE (State or foreign country): GARFIELD, WASHINGTON	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: LEWIS E. HARRINGTON	BIRTHPLACE: ILLINOIS	14. MOTHER'S MAIDEN NAME: CLARA I. SMITH	BIRTHPLACE: IOWA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 24 3426	17. INFORMANT'S OWN SIGNATURE: X Carl L. Tiede	ADDRESS: CLARKSTON WASHINGTON		

887X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Myocardial infarction

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fall in Home

DUE TO (c): Fracture Right Hip

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) 01	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13-351
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1967, 19__, *to* 12-14-, 1972, *that I last saw the deceased alive on* 12-13-72 19__, *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen M Cochrane MD 649 (Degree or title) 1	23b. ADDRESS: Lewiston	23c. DATE SIGNED: 12-14-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 16 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY: LEWIS-CLARK GARDENS	24d. LOCATION (City, town, or county) (State): LEWISTON, IDAHO
DATE REC'D BY LOCAL REG.: 12-18-72	REGISTRAR'S SIGNATURE: Glenora Dalzen	25. EMBALMER: W. E. BLACK W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5993
Local Reg. No. 328
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 22 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place): 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash. 48
b. COUNTY: Walla Walla 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walla Walla

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Jospeh's Hospital 128
d. STREET ADDRESS (If rural, give location): 603 West Main #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERTHA	MARY	CANN	14 December 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	22 Oct 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Vanderpool	Kentucky	Emma ? ?	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	534 26 0811	X Margaret Dahl	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

2509

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — yrs.
DUE TO (c) Obesity — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1965, 19__, to December 14, 19 72, that I last saw the deceased alive on Dec 14th, 19 72 and that death occurred at 4:15 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank L Baudek MD	522 17th St Lewiston Idaho	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial/Removal	16 Dec 1972	Gold Hill Cemetery	Latah Co. (Kendrick) Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-72	Glenna Dalzen	W E Black	M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5994
Local Reg. No. 330
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give): Lewiston
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Nez Perce 35-1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1632 - 17th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ADDIE
b. (Middle): LEE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1972

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24, 1880
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Sweetwater, Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Anderson Humphrey — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-5006
17. INFORMANT'S OWN SIGNATURE: Justin Smith — ADDRESS: RT. 4 - Cottonwood, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Had a mild upper respiratory infection for
DUE TO (c) a few days before her unexpected death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14, 1972, *to* 12-15, 1972, *that I last saw the deceased alive on* 12-14, 1972, *and that death occurred at* 2:40pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R W Eastwood MD 152-1
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/18/1972
24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Steptoe, Whitman, Wash

DATE REC'D BY LOCAL REG.: 12-21-72
REGISTRAR'S SIGNATURE: Glenara Walzen
25. EMBALMER: Herbert W Ostergren
LICENSE NO.: 683

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Bruning Funeral Home
Colfax, Washington

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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MAR 29 1984

JUL 15 1985

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5995
Local Reg. No. 338
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Nez Perce 350	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY NezPerce 35-0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sweetwater c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lapwai
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 1/3 miles south of Lapwai, Nez Perce Co., Idaho	d. STREET ADDRESS (If rural, give location) PO Box - 216

3. NAME OF DECEASED (Type or Print)	a. (First) GLORIA	b. (Middle) JANE	c. (Last) HARRISON	4. DATE OF DEATH (Month) (Day) (Year) 16 Dec. 1972
5. SEX Female	6. COLOR OR RACE Ame. Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 June 1928	9. AGE (In years last birthday) 44 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Lapwai, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Phillip Spaulding	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Amelia Powaukee	BIRTHPLACE Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 60 5240	17. INFORMANT'S OWN SIGNATURE X Wilbur J Spaulding	ADDRESS Lapwai, Id.	

8169

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Shock & Hemorrhage	moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Head injuries	
DUE TO (c)	Auto accident	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [XX]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 16 Dec. 1972	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State/County Road 06	21c. (CITY, TOWN, OR TOWNSHIP) 13-350 Sweetwater (rural)	(COUNTY) NezPerce (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 16 Dec 1972 11:15AM	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Auto left HiWay, hit a utility pole and rolled over.	

22. *I hereby certify that I attended the deceased from* - - - - - - - - *, 19* - - *, to* - - - - - - - - - *, 19* - - *, that I last saw the deceased alive on* - - - - - - - - *, 19* - - *, and that death occurred at* 11:15 AM *, from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J Ducla 583 4	(Degree or title) Coroner	23b. ADDRESS 419 Stewart, Lewiston, Idaho	23c. DATE SIGNED 18 Dec '72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 22 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY LAPWAI TRIBAL CEMETERY	24d. LOCATION (City, town, or county) LAPWAI, IDAHO (State)
DATE REC'D BY LOCAL REG. 12-22-72	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER W E Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
FEB 12 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5996
Local Reg. No. 337
Reg. Dist. No. 280

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
c. LENGTH OF STAY (In this place): 6 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2108 - GRELLE AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 2108 - GRELLE AVE.

3. NAME OF DECEASED (Type or Print): a. (First) JERI; b. (Middle) MIA; c. (Last) WILSON

4. DATE OF DEATH: 18 December 1972

5. SEX: Female

6. COLOR OR RACE: Ame. Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 16 JUNE 1972

9. AGE (In years last birthday): IF UNDER 1 YR. Months 6 Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 9

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): CLARKSTON, WASHINGTON

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DELMAR WILSON — BIRTHPLACE: CRAIGMONT, IDAHO

14. MOTHER'S MAIDEN NAME: PATRICIA WILSON — BIRTHPLACE: CLARKSTON, WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: LEWISTON, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): 884X Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE: XX (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home 01

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston 13-35 / Nez Perce / Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 18, 1972 10:30Am.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Baby fell out of crib on Head while playing with or being played with by older children.

22. *I hereby certify that I attended the deceased from* - - - - - - - - -19- - *to* - - - - - - - - -19- - *, that I last saw the deceased alive on* - - - - - - - - -19- - *, and that death occurred at* 10:20 AM. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 533 (Degree or title): Coroner 4

23b. ADDRESS: 419 Stewart, Lewiston, Idho

23c. DATE SIGNED: 18 De c'72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 20 DEC 1972

24c. NAME OF CEMETERY OR CREMATORY: COYOTE CEMETERY

24d. LOCATION (City, town, or county) (State): SPALDING, IDAHO

DATE REC'D BY LOCAL REG.: 12-22-72

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature] W E Black

LICENSE NO.: M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 5997
Local Reg. No. 331
Reg. Dist. No. 220

RECEIVED DEC 22 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: NezPerce	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323-Adams St	d. STREET ADDRESS (If rural, give location): 323-Adams St

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) R.	c. (Last) Potter	4. DATE OF DEATH (Month) (Day) (Year): 12-18-72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 3-10-72	9. AGE (In years last birthday): 78 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Labor 8	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Marion, Iowa.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Luke Potter	BIRTHPLACE: no record	14. MOTHER'S MAIDEN NAME: no record	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-12-3981	17. INFORMANT'S OWN SIGNATURE: Welfare Records	ADDRESS	

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18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 9:00am, from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos	583 (Degree or title) Coroner 4	23b. ADDRESS: Lewiston, Idaho	23c. DATE SIGNED: 12/18/72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-20-72	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.
DATE REC'D BY LOCAL REG.: 12-21-72	REGISTRAR'S SIGNATURE: Glenora Walzen	25. EMBALMER: Andrew F. Vassar	LICENSE NO.: M375

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5998
Local Reg. No. 343
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Famly Care Home, 460 Lapwai Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3408 - 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) HENRY; c. (Last) MICKLE

4. DATE OF DEATH (Month) (Day) (Year): 18 Decmeber 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1 January 1887

9. AGE (In years last birthday): 85
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10b. KIND OF BUSINESS OR INDUSTRY: HiWay

11. BIRTHPLACE (State or foreign country): Moro, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Mickle
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Mary Howe
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 540 01 9811A

17. INFORMANT'S OWN SIGNATURE: Marie J Nelson
ADDRESS: Lewiston, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchial Pneumonia

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis & Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 1972, to 12-18, 1972, that I last saw the deceased alive on 11-13, 1972 and that death occurred at 9:45AM m., from the causes and on the date stated above.

23a. SIGNATURE: R. M. Staver (Degree or title) MD

23b. ADDRESS: 939 Bryden Lewiston, Ida

23c. DATE SIGNED: 12-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal/Burial

24b. DATE: 22 Dec 1972

24c. NAME OF CEMETERY OR CREMATORY: Williamette Nat'l. Cemetery

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 1-2-73

REGISTRAR'S SIGNATURE: Glenna Dalzen

25. EMBALMER: W E Black

LICENSE NO.: M-426

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5999
Local Reg. No. 340
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location) 634 - 6TH AVE.

3. NAME OF DECEASED (Type or Print)	a. (First) OTTO	b. (Middle) N/M/I	c. (Last) ANDERSON	4. DATE OF DEATH (Month) (Day) (Year) 19 DECEMBER 1972
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2 APRIL 1894	9. AGE (In years last birthday) 78 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR LOADER	10b. KIND OF BUSINESS OR INDUSTRY LUMBER MILL	11. BIRTHPLACE (State or foreign country) SWEDEN	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME CARL ANDERSON	BIRTHPLACE SWEDEN	14. MOTHER'S MAIDEN NAME MARIE NO RECORD	BIRTHPLACE SWEDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519 09 3530 A	17. INFORMANT'S OWN SIGNATURE X Myrtle M. Anderson	ADDRESS LEWISTON	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	~~Coronary Heart Disease~~	~~1969~~
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Coronary Occlusion	24 hrs.
DUE TO (c)	Chronic Coronary Disease	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Angina Pectoris	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Surgery	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1st, 1972, *to* December 19, 1972, *that I last saw the deceased alive on* Dec 19, 1972 *and that death occurred at* 10:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph E Baldwin MD (Degree or title)	23b. ADDRESS 1522 17th St. Lewiston Idaho	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 23 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY NORMAL HILL CEMETERY	24d. LOCATION (City, town, or county) (State) LEWISTON, IDAHO
DATE REC'D BY LOCAL REG. 12-27-72	REGISTRAR'S SIGNATURE Glenora Walzen	25. EMBALMER W. E. BLACK W. E. Black	LICENSE NO. M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

MAY 2 7 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6000
Local Reg. No. 350
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 8 - 1973 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY IN THIS PLACE: 8 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): PO Box - 162

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) EARL c. (Last) GREENE
4. DATE OF DEATH (Month) (Day) (Year): 20 December 1972
5. SEX: Male
6. COLOR OR RACE: Ame. Ind.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 7 June 1946
9. AGE (In years last birthday): 26 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Seattle, Wash.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jesse Greene BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Regina Kane (Regina Kane) BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 523 68 7140
17. INFORMANT'S OWN SIGNATURE: Regina Kane (as above) ADDRESS: Lapwai, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

965X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fibropurulent Pleuritis and
DUE TO (c) Suppurative Pneumonitis Secondary to Gun Shot Wound in Chest.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 20 Dec 1972
19b. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home of Deceased Mother
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lapwai NezPerce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 Dec 1972 - 12:30 AM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX
21f. HOW DID INJURY OCCUR? Shot during an assault in the Mother's home.

22. I hereby certify that I attended the deceased from ---, 19--, to ---, 19--, that I last saw the deceased alive on ---, 19--, and that death occurred at 5:45 PM, from the causes and on the date stated above.

23a. SIGNATURE: (Degree or title) Coroner
23b. ADDRESS: 419 Stewart, Lewiston, Ida.
23c. DATE SIGNED: 22 Dec 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 22 Dec 1972
24c. NAME OF CEMETERY OR CREMATORY: Spalding Memorial Cemt.
24d. LOCATION (City, town, or county) (State): Spalding, Iddaho

DATE REC'D BY LOCAL REG.: 1-4-73
REGISTRAR'S SIGNATURE:
25. EMBALMER: W E Black
LICENSE NO.: M-426
FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6001
Local Reg. No. 342
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 2 - 1973 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
LENGTH OF STAY (In this place): 1 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: IDAHO
b. COUNTY: NEZ PERCE 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. STREET ADDRESS (If rural, give location): 1321 - 16TH AVE.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PASCO	N/M/I	MIRANDA	20 DECEMBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	13 MARCH 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	FLOUR MILL	LEWISTON, IDAHO	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
SALVADOR MIRANDA	ITALY	MARY SPENO	ITALY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 01 1651	Mrs Pat Miranda	LEWISTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Liver failure - Cachexia	2 wks.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Liver	Probably 6
DUE TO (c)	with generalized metastases	mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Metastatic Carcinoma of Liver Primary site unknown	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
None				

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 14, 1972, to December 20, 1972, *that I last saw the deceased alive on* Dec 20th, 1972 *and that death occurred at* 3:58 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank E Beckwith MD	Lewiston Idaho	Dec 22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	23 DEC 1972	NORMAL HILL CEMETERY	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Virginia Dalzen	W. E. BLACK	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

APR 17 1973

JUN 19 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6002
Local Reg. No. 344
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place): 3 days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cavendish
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First): GEORGIA	b. (Middle): CLEO	c. (Last): REECE	4. DATE OF DEATH (Month) (Day) (Year): 20 December 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 16 Sept 1900	9. AGE (In years last birthday): 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper X	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Wautago Co., No.Carolina	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Ernest McGuire	BIRTHPLACE: No. Carolina	14. MOTHER'S MAIDEN NAME: Minnie King	BIRTHPLACE: North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: no record	17. INFORMANT'S OWN SIGNATURE: X James D Reece	ADDRESS: Cavendish, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1970

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Metastatic Carcinoma of Lt. Lung, ± 8 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1972, *to* 12 20, 1972, *that I last saw the deceased alive on* 12/20, 19__, *and that death occurred at* 8:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]	(Degree or title): M D	23b. ADDRESS: 7478 St John's Way	23c. DATE SIGNED: 12 27 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 23 Dec 1972	24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery	24d. LOCATION (City, town, or county): Lewiston, (State): Idaho
DATE REC'D BY LOCAL REG.: 1-2-73	REGISTRAR'S SIGNATURE: Glenard Walzen	25. EMBALMER: W E Black	LICENSE NO.: M-426

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

State File No. 6003
Local Reg. No. 345
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Convalescent Center 400

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce 35-1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 616 Warner Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	ETHMER	BECK	21 Decmeber 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	3 March 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Wood Industries	Seneca, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Beck	no record	Mae Cable	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no record	X [illegible] Beck	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1621 Carcinoma Lung with brain Mets —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/19/72	Diagnostic Bronchoscopy —	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about Home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19, 19 72, to 21 Dec, 19 72, that I last saw the deceased alive on 19/19, 19 72, and that death occurred at 3:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 3/4-1	628 5th Ave Lewiston	12/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	23 Dec 1972	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-73	[signature]	[signature] W E Black	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6004
Local Reg. No. 359
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: NezPerce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston	c. LENGTH OF STAY (In this place):
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1020 Bryden OVD.	d. STREET ADDRESS (If rural, give location): 1020 - BRYDEN AVE.

3. NAME OF DECEASED (Type or Print)	a. (First) Donald	b. (Middle) JOSEPH	c. (Last) MITCHELL	4. DATE OF DEATH	(Month) 12	(Day) 21 (Year) 72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: 9 FEB 1922	9. AGE (In years last birthday): 50	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER/MANAGER 2	10b. KIND OF BUSINESS OR INDUSTRY: SERVICE STATION	11. BIRTHPLACE (State or foreign country): NEZPERCE, IDAHO	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: MILTON B. MITCHELL	BIRTHPLACE: CALIFORNIA	14. MOTHER'S MAIDEN NAME: MARIAN MC LEOD	BIRTHPLACE: LELAND, IDAHO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes, give war or dates of service): W.W.II	16. SOCIAL SECURITY NO.: 554 26 2201	17. INFORMANT'S OWN SIGNATURE: X Edith C Mitchell	ADDRESS: LEWISTON		

955X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Shock and Hemhorrage	moments
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gunshot WOUND to head	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 2 suicide	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home 01	21c. (CITY, TOWN, OR TOWNSHIP): Lewiston 13-351	(COUNTY): NezPerce (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/21/72 12:45AM	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Apparent self inf. rifle ~~shot in head~~	

22. *I hereby certify that I attended the deceased from* ------, 19___, *to* ------, 19___, *that I last saw the deceased alive on* ------, 19___, *and that death occurred at* 12:45Am, *from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred [signature]	593 (Degree or title) 4 coroner	23b. ADDRESS: Lewiston, Idaho	23c. DATE SIGNED: 12/21/72
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 26 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY: NORMAL HILL CEMETERY	24d. LOCATION (City, town, or county) (State): LEWISTON, IDAHO
DATE REC'D BY LOCAL REG.: 12-27-72	REGISTRAR'S SIGNATURE: Glenara Dalzen	25. EMBALMER: V. Vassar	LICENSE NO.: m 297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973
JAN 29 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
JUN 27 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
NOV 27 1978
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.
MAR 20 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to
OCT 16 1980

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
MAY 29 1986
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6005
Local Reg. No. 346
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 15 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lewiston Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 825 Linden Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALTA	ALMEDA	CRAVEN	22 Decmeber 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	3 October 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John George		Eliza Bentley	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Robert J. Craven	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 5311 Peritonitis & Shock — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) due to perforated ulcer of stomach (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension & Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/24 1966, *to* 12/22, 1972, *that I last saw the deceased alive on* 12/22 1972, *and that death occurred at* 1:50 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Brower, M.D. 507-1	939 Bryden, Lewiston, Ida.	12-22-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal/Burial	26 Dec 1972	Woodland Cemetery	Woodland, Idaho Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-2-73	Glenna Dalzen	W E Black	M-427

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6006
Local Reg. No. 348
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 615-3rd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 515-3rd St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gertrude		David	Dec. 23 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	8-30-94	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Darby, Mont.	Usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed Barrill	Canada	Frances Wilkerson	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	norecord	X [signature] David	Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 22, 1958, to Dec 23, 1972, that I last saw the deceased alive on Dec 22, 1972, and that death occurred at ? A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 013-1	307 St [illegible] Way	12/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 26 1972	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-73	[signature]	Andrew F. Vassar	M315

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Armstrong

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 16 1973 Bureau of Vital Statistics

State File No. 6007
Local Reg. No. 351
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON c. LENGTH OF STAY (In this place): 1 DAY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HOSPITAL 128	d. STREET ADDRESS (If rural, give location): NO RECORD

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) JENNY	c. (Last) HASSE	4. DATE OF DEATH (Month) (Day) (Year): 24 DECEMBER 1972
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: 28 NOV 1878	9. AGE (In years last birthday): 94 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE X	10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	11. BIRTHPLACE (State or foreign country): SIOUX FALLS, S. DAKOTA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: CURTIS D. STRANG	BIRTHPLACE: WISCONSIN	14. MOTHER'S MAIDEN NAME: ROSIE ANN MC BRIDE	BIRTHPLACE: IRELAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518 60 7529 T	17. INFORMANT'S OWN SIGNATURE: X Henry Hasse	ADDRESS: LENORE, IDAHO	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5699

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gastroentestinal Bleeding	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	94 years old	

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 23, 1972, *to* Dec 24, 1972, *that I last saw the deceased alive on* Dec 23, 1972, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: S M Stewart MD (Degree or title) 1125-1	23b. ADDRESS: 1522 17th Lewiston Idaho	23c. DATE SIGNED: 12/29/72
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	24b. DATE: 27 DEC 1972	24c. NAME OF CEMETERY OR CREMATORY: NORMAL HILL CEMETERY
24d. LOCATION (City, town, or county) (State): LEWISTON, IDAHO		
DATE REC'D BY LOCAL REG.: 1-8-73	REGISTRAR'S SIGNATURE: Glenora Salzen	25. EMBALMER: W. E. BLACK W E Black
LICENSE NO.: M-426		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

AUG 18 2005

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6008
Local Reg. No. 349
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128	d. STREET ADDRESS (If rural, give location): 1801- Berrell

3. NAME OF DECEASED (Type or Print) a. (First): Emma	b. (Middle): E.	c. (Last): Stubblefield	4. DATE OF DEATH (Month) (Day) (Year): Dec 26, 1972	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 3-19-92	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): St Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Allison	BIRTHPLACE: Mo.	14. MOTHER'S MAIDEN NAME: Rebecca Clevenger	BIRTHPLACE: No record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-24-9262	17. INFORMANT'S OWN SIGNATURE: X Lydia D. Bly	ADDRESS: Lewiston, Idaho.	

4379

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Arteriosclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 962-1	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-29-72	24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.		
DATE REC'D BY LOCAL REG.: 1-3-73	REGISTRAR'S SIGNATURE: Glenara Walzen	25. EMBALMER: V. Vassar
LICENSE NO.: M 297		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6009
Local Reg. No. 347
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Nez Perce 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston — LENGTH OF STAY (In this place) 10 yrs.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchard Nursing Home 171	d. STREET ADDRESS (If rural, give location) 1931 Powers

3. NAME OF DECEASED (Type or Print)	a. (First) Cordelia	b. (Middle)	c. (Last) Boten	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1972
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 10, 1883	9. AGE (In years last birthday) 89 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Weston, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Simons	BIRTHPLACE Missouri		14. MOTHER'S MAIDEN NAME Samantha Matlock	BIRTHPLACE Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518 22 6005A		17. INFORMANT'S OWN SIGNATURE E. Boten	ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH 4369
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Anemia — Cerebro Vasc Accident

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio sclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Surgery	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* Dec 27, 1972, *that I last saw the deceased alive on* Dec 27, 1972, *and that death occurred at* 4 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Josiah E Baldwin M.D. 022 (Degree or title)	23b. ADDRESS 1522 17th St. Lewiston Idaho	23c. DATE SIGNED 1/2/73	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/2/73	24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memorial Gardens	24d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 1-3-73	REGISTRAR'S SIGNATURE Glenara Walzen	25. EMBALMER V. Vassar	LICENSE NO. M297

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Vassar-Rawls Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Joe Baldwin

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6010
Local Reg. No. 4
Reg. Dist. No. 320

RECEIVED JAN 26 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY NEZ PERCE 351	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY NEZ PERCE 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON c. LENGTH OF STAY (In this place) 4 MO.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LEWISTON CONVALESCENT CENTER 400	d. STREET ADDRESS (If rural, give location) 102 1/2 - 1ST AVE.

3. NAME OF DECEASED (Type or Print) a. (First) JACK	b. (Middle) EMMETT	c. (Last) PUCKETT	4. DATE OF DEATH (Month) (Day) (Year) 29 DECEMBER 1972	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 10 APRIL 1900	9. AGE (In years last birthday) 72 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 5	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) COLTON, WASHINGTON	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME THOMAS J. PUCKETT	BIRTHPLACE TENNESSEE	14. MOTHER'S MAIDEN NAME STELLA LEMMON	BIRTHPLACE TENNESSEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO RECORD	17. INFORMANT'S OWN SIGNATURE X Lonna Ammons	ADDRESS Lapwai	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7824

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac failure

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Approx. 1962, 19___, *to* Dec. 29, 19 72, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 12:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE John E. Carsson 083 (Degree or title) M	23b. ADDRESS Lewiston, Idaho	23c. DATE SIGNED 30 Dec 1973
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL/BURIAL	24b. DATE 3 JAN 1973	24c. NAME OF CEMETERY OR CREMATORY COLTON CITY CEMETERY
24d. LOCATION (City, town, or county) (State) COLTON, WASHINGTON		
DATE REC'D BY LOCAL REG. 1-19-73	REGISTRAR'S SIGNATURE Glenora Walzen	25. EMBALMER W. E. BLACK W E Black
LICENSE NO. M-426		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6011
Local Reg. No. 352
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 16 1973 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEWISTON
LENGTH OF STAY (In this place) 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LEWISTON CONVALESCENT CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE IDAHO
b. COUNTY NEZ PERCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GIFFORD
d. STREET ADDRESS (If rural, give location) GIFFORD, IDAHO

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SIGNE	RASMINA	BARTLETT	31 DECEMBER 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOWED	29 DEC 1882	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	DENMARK	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FREDERIC SIMONSEN	DENMARK	CARLINA M. OLSEN	DENMARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519 52 7938	X Esther M Blewett	KENDRICK, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4369

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C.V.A. — 3 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 19 68, to December, 19 72, that I last saw the deceased alive on December 28, 19 72, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
160 - 1	307 St. John's Way Lewiston	1/4/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	4 JAN 1973	NORMAL HILL CEMETERY	LEWISTON, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-15-73		W. E. BLACK	M-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6012
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
c. LENGTH OF STAY (In this place) 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION 31 West Montana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) 31 West Montana

3. NAME OF DECEASED (Type or Print) a. (First) Dolores b. (Middle) c. (Last) Gaviola

4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1972

5. SEX Female

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 28, 1890

9. AGE (In years last birthday) 82
IF UNDER 1 YR. Months 8 Days 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Amoroto, Vizcaya, Spain

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Manuel Aspiri BIRTHPLACE Spain

14. MOTHER'S MAIDEN NAME Flora Isaguirre BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519-46-0894A

17. INFORMANT'S OWN SIGNATURE Flora Berrojalbiz ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 63 *to* Dec 7 72, *that I last saw the deceased alive on* Dec 6 72, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE MD (Degree or title)

23b. ADDRESS Caldwell Idaho

23c. DATE SIGNED 12-11-72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-11-1972

24c. NAME OF CEMETERY OR CREMATORY Morris Hill

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 12/16/72

REGISTRAR'S SIGNATURE Andrew Warfield

25. EMBALMER Leonard C. Flahiff

LICENSE NO. M-481

FIRM NAME Homedale's Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
DEC 8 - 1972
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6013
Local Reg. No. 390
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casa Loma Convalescent Center 355

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 430 N 6th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		HARTUNG	Dec. 1, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 7, 1883	89	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Treasurer 2	County Treasury	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Hartung	Pennsylvania	Mary Foss	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	518-12-1551	Jack Hartung	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of left 2nd toe — 2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3/1, 19 55, *to* Dec 1, 19 72, *that I last saw the deceased alive on* 11/30/72, 19____, *and that death occurred at* 9:50A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W Watts Jr M.D. 553-1	Payette, Idaho	12/4/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 4, 1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-5-1972	Arnold Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6014
Local Reg. No. 391
Reg. Dist. No. 330

BIRTH NO.

RECEIVED DEC 11 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 603 1st St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 603 1st St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lacy	Lee	GRIEP	December 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 22, 1892	79	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Griep	Germany	Lucy King	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unk.	519-16-6363	Robert L. Griep	Fruitland, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy Henkson 583	Coroner	Payette, Idaho	Dec. 6, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 8, 1972	Riverside Cemetery	Payette Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-7-72	Estabel Anderson	Keith M. Jensen	M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

JUL 13 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6015
Local Reg. No. 392
Reg. Dist. No. 330

BIRTH NO.

RECEIVED DEC 21 1972 Bureau of Vital Statistics 380

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6th Ave. South, Star Route 380

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 6th Ave. South, Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Elmer
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): December 12, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 24, 1907
9. AGE (In years last birthday): 65
IF UNDER 1 YR. Months: - Days: -
IF UNDER 24 HRS. Hours: - Min.: -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer 7
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Burns, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Francis Scott
BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Simmons
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 543-18-3909A
17. INFORMANT'S OWN SIGNATURE: Mrs H R Donaho
ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* Investigated *I saw the deceased alive on* Dec. 13, 19 72, *and that death occurred at* Unk. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
583 (Degree or title) 4 Deputy Coroner
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: Dec. 15, 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 1972
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: 12-18-72
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Keith M. Jensen
LICENSE NO.: M-517

FIRM NAME: Shaffer-Jensen Memory Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 6016
Local Reg. No. 393
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH

a. COUNTY: PAYETTE — JAN 4 - 1973 — 381

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE

c. LENGTH OF STAY (In this place):

Bureau of Vital Statistics

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CASA LOMA CONVALSCENT CENTER — 355

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: IDAHO — b. COUNTY: PAYETTE 380

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAYETTE

d. STREET ADDRESS (If rural, give location): RT. L BOX 295

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LINA	CASIAS	SANDOVAL	DEC. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	SPANISH	MARRIED	SEPT. 9, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER	HOMEMAKING	ORTIZ, COLORADO	U. S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PHILIP CASIAS	COLORADO	EULALIA SAMORA	NEW MEXICO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	524-28-7031	Mrs. Lina Sandoval	Route #1, Box 295, Payette, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

402X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac failure	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive heart disease	2 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral thrombosis	1 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 13, 1965, *to* Dec 28, 1972, *that I last saw the deceased alive on* Dec. 28, 1972 *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clifford L. Arnold, M.D.	Payette, Idaho.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	1-4-73	Rosedale Memorial Gdns	Payette, Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-2-1973	Verna Henderson	Milford D Rogers	M-318

FIRM NAME: Chapel of the Roses

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 17 1973
FEB 9 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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6017

RECEIVED JAN 9 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No.
Local Reg. No. 394
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH a. COUNTY PAYETTE 381	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY PAYETTE 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PAYETTE c. LENGTH OF STAY (In this place) 17 Yrs	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PAYETTE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 313 SUNRISE DRIVE	d. STREET ADDRESS (If rural, give location) 313 SUNRISE DRIVE

3. NAME OF DECEASED (Type or Print)	a. (First) JEANNETTE	b. (Middle) RUTH	c. (Last) CARROLL	4. DATE OF DEATH (Month) DEC (Day) 30 (Year) 1972
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 17, 1955	9. AGE (In years last birthday) 17 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY STUDENT	11. BIRTHPLACE (State or foreign country) PAYETTE, IDAHO	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME EUGENE CARROLL	BIRTHPLACE CALIFORNIA	14. MOTHER'S MAIDEN NAME RUTH CARNIG	BIRTHPLACE MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NOT AVAILABLE	17. INFORMANT'S OWN SIGNATURE E. S. Carroll, M.D., Payette, Ida.	ADDRESS	

18. CAUSE OF DEATH 4309
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aneurysm
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 64, *to* Dec 30, 19 72, *that I last saw the deceased alive on* October, 19 72, *and that death occurred at* 7 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE Lester W Scott 699 (Degree or title) MD.	23b. ADDRESS 195 SW 3rd Ave Ontario, Oregon	23c. DATE SIGNED 2 Jan 73	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 2, 1973	24c. NAME OF CEMETERY OR CREMATORY ROSEDALE MEMORIAL GDNS.	24d. LOCATION (City, town, or county) PAYETTE (State) PAYETTE IDAHO
DATE REC'D BY LOCAL REG. 1-5-1973	REGISTRAR'S SIGNATURE Annabel Anderson	25. EMBALMER Milford D Dragos	LICENSE NO. M-318

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: CHAPEL OF THE ROSES

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6018
Local Reg. No. 31
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): Two Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle); c. (Last) Kendell

4. DATE OF DEATH: (Month) Dec. (Day) 5, (Year) 1972

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 2, 1893

9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months: 6 Days: 3
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Uintah, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Timothy Kendell
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah A. Prophet
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-18-4884

17. INFORMANT'S OWN SIGNATURE: Ralph W. Kendell
ADDRESS: Am. Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4310

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral hemmorhage with respiratory failure. — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant hypertension — 1 year
DUE TO (c) Arteriosclerosis — 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Organic brain disease — approximately 14 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1943, 19__, to December 5, 19 72, that I last saw the deceased alive on December 5, 1972, and that death occurred at 2:08 A.M. from the causes and on the date stated above.

23a. SIGNATURE: F. L. Harms 203 (Degree or title) M.D.
23b. ADDRESS: American FALLs, Idaho 83211
23c. DATE SIGNED: 7 Dec. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial
24b. DATE: 12-8-72
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: December 12, 1972
REGISTRAR'S SIGNATURE: Irene Neey
25. EMBALMER: H. L. Davis
LICENSE NO.: M-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 15 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6019
Local Reg. No. 32
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

391

1. PLACE OF DEATH
a. COUNTY **Power**
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **American Falls**
LENGTH OF STAY (In this place) **18 Days**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Power County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Idaho** b. COUNTY **Bingham** 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Aberdeen**
d. STREET ADDRESS (If rural, give location) **Rural**

137

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ray	**Harland**	**Reynolds**	**Dec.**	**8**	**1972**

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	**Cauc.**	**Married**	**Dec. 31, 1905**	**66**	**11**	**7**		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian	**School District**	**Lafontaine, Kansas**	**USA**

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Zachary Reynolds	**Unknown**	**Elizabeth Jones**	**Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	511-16-3425A	Vivian Reynolds	**Aberdeen, Ida**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3949

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	**Cardiac decompensation**	**3 wks**
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	**Mitral insufficiency**	**4 years**
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	**Pulmonary emboli**	**16 days**

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* **7-5-72** *, 19____, to* **8 Dec.** *, 19* **72** *, that I last saw the deceased alive on* **8 Dec. 1972** *, 19____, and that death occurred at* **8:30 A.M.** *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harms, M.D. M.D.	213 Idaho St. American Falls, Idaho	11 Dec. 1972

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem.& Burial	**12-12-72**	**Aberdeen Cemetery**	**Aberdeen, Idaho**

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
December 15, 1972	Irene Doty	H.L.Davis	M-53

FIRM NAME: **Davis Furniture & Mortuary, Inc.**

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6020
Local Reg. No. 35
Reg. Dist. No. 500-602

RECEIVED JAN 8 - 1973 Vital Statistics Bureau

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: American Falls Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (In this place): 1 mo.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 240 Arthur

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Andrew	Dille	Dec. 27, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.	Married	Oct. 25, 1901	71	2 / 2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, writer, painter 7
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neeley, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Heber J. Dille — BIRTHPLACE: Logan, Utah
14. MOTHER'S MAIDEN NAME: Emma Richardson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-0680
17. INFORMANT'S OWN SIGNATURE: Lois M Dille — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4299

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 2 weeks
DUE TO (c) Post myocardial failure — 4 mo
DUE TO (c) Mild CVA — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mild diabetes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 19 55, *to* December 27, 19 72, *that I last saw the deceased alive on* December 27, 19 72, *and that death occurred at* 3:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L L Harms	203 MD	American Falls Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1972	Neeley Cemetery	Neeley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
January 5, 1973	Irene Deeg	H. L. Davis	M-253

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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72-12577 RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6021
Local Reg. No. 34
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Power 390	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Star Route Bannock Creek c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Star Route, Bannock Creek
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural - Star Route	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) SHANE	b. (Middle) J.	c. (Last) WESAW	4. DATE OF DEATH (Month) (Day) (Year) December 28, 1972
5. SEX Male	6. COLOR OR RACE Indian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 6, 1972	9. AGE (In years last birthday) IF UNDER 1 YR. Months Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ***** 9	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (State or foreign country) Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George Eastman Wesaw	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Madeline Neaman	BIRTHPLACE Fort Hall, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ***** (If yes, give war or dates of service) ******	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S OWN SIGNATURE Madeline Wesaw	ADDRESS Pocatello, Ida	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Sudden Infant Death Syndrome (SIDS)

INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [XX]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I attended the deceased from ____, 19__, to ____, 19__~~, that I last saw the deceased ~~alive~~ dee on December 28, 1972, and that death occurred ~~at ____ m.~~, from the causes and on the date stated above.

23a. SIGNATURE Bud Kelly	(Degree or title) 4 Power County Coroner	23b. ADDRESS American Falls, Idaho	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 30, 1972	24c. NAME OF CEMETERY OR CREMATORY Bannock Creek Cemetery	24d. LOCATION (City, town, or county) (State) Power County Idaho
DATE REC'D BY LOCAL REG. January 4, 1972	REGISTRAR'S SIGNATURE Irene Deeg	25. EMBALMER Dale A. Turner	LICENSE NO. M - 560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6022
Local Reg. No. 36
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED JAN 16 1973 Statistics

1. PLACE OF DEATH
a. COUNTY: Power County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls,
c. LENGTH OF STAY (In this place): 7 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherine		Harder	Dec.	31	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cauc.	Widowed	Jan. 13, 1896	76	11 / 18	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Whitewater, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bernhard Wiebe	Germany	Katherine Graev	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-82-7352	Elon B. Harder	Aberdeen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Malnutrition	2 months
DUE TO (c)	Mestastatic adenocarcimoma of right breast	1½ years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1969	Right mastectomy	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 16, 1971, to December 31, 1972, that I last saw the deceased alive on December 30, 1972, and that death occurred at 8:10 A.M. from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harms M.D.	M.D. 203-1	213 Idaho St. American Falls, Idaho 83211	1-9-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or County) (State)
Burial	Jan. 3, 1973	Homestead Cemetery	Aberdeen Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
January 12, 1973	Irene Deeg	H.L. Davis	M-253

FIRM NAME:

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 16 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 21 1972 Bureau of Vital Statistics

State File No. 6023
Local Reg. No. 189
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver King
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone General	d. STREET ADDRESS (If rural, give location): Silver King

400 138

3. NAME OF DECEASED (Type or Print)	a. (First) Lawrence	b. (Middle) Eugene	c. (Last) Quimby	4. DATE OF DEATH (Month) 11 (Day) 29 (Year) 72
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan 17, 1910	9. AGE (In years last birthday): 63 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trapper	10b. KIND OF BUSINESS OR INDUSTRY: Trapping	11. BIRTHPLACE (State or foreign country): Springfield Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ed Quimby	BIRTHPLACE: Unobtainable	14. MOTHER'S MAIDEN NAME: Sadie	BIRTHPLACE: Unobtainable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 544-56-1887	17. INFORMANT'S OWN SIGNATURE: Gladys Quimby	ADDRESS	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiovascular Failure secondary — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Myocardial Insufficiency, Pulmonary
DUE TO (c) Edema, arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic changes both lung fields, Emphysema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Rheumatoid & Osteoarthritis, advanced, Generalized. Severe, Acute

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30- *,* 1972 *, to* 11-29- *,* 1972 *, that I last saw the deceased alive on* 11-29 *,* 1972 *and that death occurred at* 11:18 P.m. *, from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Peterson, M.D. (Degree or title) 414	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 12-11-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: Dec 5 72	24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home	24d. LOCATION (City, town, or county) (State): Spokane Washington
DATE REC'D BY LOCAL REG.: 12/19/72	REGISTRAR'S SIGNATURE: Frances Farley	25. EMBALMER: [signature]	LICENSE NO.: M- 534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUL 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6024
Local Reg. No. 190
Reg. Dist. No. 142

BIRTH NO.

RECEIVED DEC 21 1972 401

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D. O. E. West Shoshone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): 308 Woodland Drive

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle); c. (Last) Erickson

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 72

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 27- 1905

9. AGE (In years last birthday): 67
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Tekoa Wash

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Knute Erickson — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Sarah Hartil — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-01-9638

17. INFORMANT'S OWN SIGNATURE: Mrs. Elmer Erickson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4109

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* WHO DIED ON 12/5/72, [redacted], *that I last saw the deceased* [redacted] *on* 12-5, 19 72 *and that death occurred at* 1:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. M. Peterson M.D.

23b. ADDRESS: Wallace, Idaho

23c. DATE SIGNED: 12-15-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 12-8-72

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: 12/19/72

REGISTRAR'S SIGNATURE: Frances Farley

25. EMBALMER: Ernest Carl Monteith

LICENSE NO.: M- 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 21 1972

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6025
Local Reg. No. 187
Reg. Dist. No. 143

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 4 of
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place) Years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Shoshone 4 of
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 134 E. Market

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General 141

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Anthony	Nelson Sr.	12	5	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	2-1-1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Boarding House
10b. KIND OF BUSINESS OR INDUSTRY Boarding
11. BIRTHPLACE (State or foreign country) Chichago Ill
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Neil Nelson BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Mary Christens BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-1644
17. INFORMANT'S OWN SIGNATURE Paul Nelson Jr ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CVA & Left sided Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic Brain Disease & Senility — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1956, to Dec, 1972, that I last saw the deceased alive on 5 Dec, 1972, and that death occurred at 5.56 A m., from the causes and on the date stated above.

23a. SIGNATURE Glen M. Whitted (Degree or title) MD
23b. ADDRESS Kellogg
23c. DATE SIGNED 6 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-8-72
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 12/11/72
REGISTRAR'S SIGNATURE Frances Farley
25. EMBALMER
LICENSE NO. M-551
FIRM NAME Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6026
Local Reg. No. 188
Reg. Dist. No. 142

RECEIVED DEC 19 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg c. LENGTH OF STAY (In this place) Days	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General 141	d. STREET ADDRESS (If rural, give location) 406 W. Mullan

3. NAME OF DECEASED (Type or Print)	a. (First) Harvey	b. (Middle) A.	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1890	9. AGE (In years last birthday) 82 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shift Boss 4	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Wyoming	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry A. Miller	BIRTHPLACE California	14. MOTHER'S MAIDEN NAME Julia Wade	BIRTHPLACE Michigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 518-01-7452	17. INFORMANT'S OWN SIGNATURE Robert J. Miller	ADDRESS

188X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	HYPOSTATIC PNEUMONIA	1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cancer of bladder	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Anemia Rheumatoid arthritis	2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 July 1972, *to* 12/12, 1972, *that I last saw the deceased alive on* 12/12, 1972, *and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Jean M. Whitfield 539 (Degree or title) Mo	23b. ADDRESS Kellogg, Idaho	23c. DATE SIGNED 17 Dec 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/1972	24c. NAME OF CEMETERY OR CREMATORY Forest
24d. LOCATION (City, town, or county) (State) Coeur D'Alene, Idaho		
DATE REC'D BY LOCAL REG. 12/15/72	REGISTRAR'S SIGNATURE Frances Farley	25. EMBALMER [signature]
LICENSE NO. M 551		

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 19 1973 Bureau of Vital Statistics

State File No. 6027
Local Reg. No. 2
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location) 621 S. Division

3. NAME OF DECEASED (Type or Print)	a. (First) Barton	b. (Middle) Robert	c. (Last) Muir	4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 72
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 1, 1906	9. AGE (In years last birthday) 66 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metallurgist -Ret	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Minneapolis Minn	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Robert Muir	BIRTHPLACE Dakota	14. MOTHER'S MAIDEN NAME Isabella Lemke	BIRTHPLACE Minn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWLL	16. SOCIAL SECURITY NO. 518-01-7760	17. INFORMANT'S OWN SIGNATURE Mrs Barton R. Muir	ADDRESS	

4290

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hypostatic Pneumonia	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardio nephritis c̄ anasarca	6 Years
DUE TO (c)	+ renal failure c̄ UREMIA	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Aug, 19 72 *to* 14 Dec, 19 72, *that I last saw the deceased alive on* 14 Dec, 19 72 *and that death occurred at* 3:02 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whitesel M.D. 539 (Degree or title)	23b. ADDRESS Kellogg, Idaho	23c. DATE SIGNED 16 Dec 72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-18-72	24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) Spokane Washington		
DATE REC'D BY LOCAL REG. 1-11-73	REGISTRAR'S SIGNATURE Frances Farley	25. EMBALMER [signature]
LICENSE NO. M-551		

FIRM NAME Shoshone Funeral Service Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6028
Local Reg. No. 424
Reg. Dist. No. 140

BIRTH NO.

RECEIVED
DEC 29 1972
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Shoshone Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): P.O. Box 64

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Paul	----------	Dutton	December 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 7, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Union Pacific R.R.	Algona, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Dutton	Unknown	Grace Young	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	518-05-2677	Louise Dutton	

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiovascular failure secondary — INTERVAL BETWEEN ONSET AND DEATH: 4 & hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to arteriosclerotic heart disease — Several years
DUE TO (c) myocardial insufficiency, pulmonary — Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. edema, acute upper respiratory infection, atelectasis & severe depression

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-8, 1972 *to* 12-17-, 1972, *that I last saw the deceased alive on* 12-17-, 1972, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson, M.D. 414	Wallace, Idaho	12-21-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1972	Osburn Cemetery	Osburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 26, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6029
Local Reg. No. 191
Reg. Dist. No. 142

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (In this place): Minutes	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 628 A. Hill St.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cameron Ave.	d. STREET ADDRESS (If rural, give location): Kellogg

3. NAME OF DECEASED (Type or Print) a. (First): Henry	b. (Middle): French	c. (Last): Mc Graw	4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1972	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: June 20, 1889	9. AGE (In years last birthday): 83 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Mill Worker 5	10b. KIND OF BUSINESS OR INDUSTRY: Logging	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Mc Graw	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Nancy	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-01-0450	17. INFORMANT'S OWN SIGNATURE: Elmer L McGraw	ADDRESS	

8147

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Crushed Chest & Severe Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street 06	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg, Shoshone 13-401, Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-18-72 6:56 P.m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Hit by automobile	

22. *I hereby certify that I attended the deceased* WHO DIED ON 12-18 1972, [redacted] *that I last saw the deceased* [redacted] *on* 12-18-, 1972, *and that death occurred at* 6:56 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Peterson, M.D. 414 (Degree or title)	23b. ADDRESS: Wallace, Idaho	23c. DATE SIGNED: 12-21-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/21/1972	24c. NAME OF CEMETERY OR CREMATORY: Restlawn	24d. LOCATION (City, town, or county) (State): Coeur D'Alene Idaho
DATE REC'D BY LOCAL REG.: 12/26/72	REGISTRAR'S SIGNATURE: Frances Farley	25. EMBALMER: [signature]	LICENSE NO.: M 551

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 2 - 1973

Certificate of Death

STATE OF IDAHO

State File No. 6030
Local Reg. No. 425
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place):
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Wallace Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Wallace Hotel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lee	R.	Johnson	Dec. 18, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 21, 1903	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Norwood, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John William Johnson	Unknown	Martha Miller	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes		518-03-0192	X Lois Justice	

4109

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Few seconds
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Several years
DUE TO (c)	Emphysema	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased who DIED ON 12-18-1972, [redacted] that I last saw the deceased on 12-18-, 1972, and that death occurred at about 2:10 A.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson M.D.	4/4	Wallace, Idaho	12-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1972	Nine Mile Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 27, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6031
Local Reg. No. 1
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JAN 10 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
LENGTH OF STAY (In this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Shoshone General 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 105 S. Division

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	B.	George	Dec. 20, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Mar. 20, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Mining & Leases	Mining	Macedonia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	537-18-8335	Dorothy V. George	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Carcinoma of lungs &	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	metastases	Several months
DUE TO (c)	Myocardial Insufficiency	Several months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Silicosis & emphysema	Several years

1621

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-22, 19 69, *to* 12-20-, 19 72, *that I last saw the deceased alive on* 12-20, 19 72, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D.	Wallace, Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/23/1972	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/27/72	Francis Farley	Glen A. Peterson	M 534

FIRM NAME: Shoshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

State File No. 6032
Local Reg. No. 426
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mace
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hedvig	Teresa	Clark	December 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 27, 1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Uniontown, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Stach	Unknown	Martha Krebsback	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No	519-28-6232	Eugene S. Clark

4709

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased* who DIED ON 12-24-, 1972, [redacted] *that I last saw the deceased* on 12-21-, 1972 *and that death occurred at* about 1:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson M.D.	Wallace, Idaho	12-23-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1972	Holy Cross	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 27, 1972	Darrell J. Juelfs	Darrell J. Juelfs	M518

FIRM NAME: Shoshone Funeral Services

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 1973

JUN 15 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 29 1972 Burial Statistics

State File No. 6033
Local Reg. No. 423
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Nursing Home 344	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): John	b. (Middle):	c. (Last): Furey	4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: July 12, 1879	9. AGE (In years last birthday): 93 — IF UNDER 1 YR. Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Repairman 57	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): New Foundland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Unknown	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 535-16-2753A	17. INFORMANT'S OWN SIGNATURE: Thomas Furey	ADDRESS	

5150

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Emphysema	YEARS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Silicosis	YEARS
DUE TO (c)		~~YEARS~~
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Chronic Myocarditis	YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. *, 19*70*, to* 12-21 *, 19*72*, that I last saw the deceased alive on* 11-22 *, 19*72*, and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fitzgerald MD (Degree or title) 168	23b. ADDRESS: Wallace Idaho	23c. DATE SIGNED: 12-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 23, 1972	24c. NAME OF CEMETERY OR CREMATORY: Shoshone Memorial	24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho
DATE REC'D BY LOCAL REG.: Dec. 23, 1972	REGISTRAR'S SIGNATURE: Darrell J Juelfs	25. EMBALMER: Darrell J. Juelfs	LICENSE NO.: M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6034
Local Reg. No. 3
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JAN 19 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wardner
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone 141	d. STREET ADDRESS (If rural, give location) 429 Main St.

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Merle	c. (Last) Lambert	4. DATE OF DEATH	(Month) 12	(Day) 22 (Year) 72
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 11- 23- 84	9. AGE (In years last birthday) 88	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Municipal Worker 6	10b. KIND OF BUSINESS OR INDUSTRY Street Dept	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME James L. Lambert	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Ida Mitchell	BIRTHPLACE Boston Mass.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-03-9362	17. INFORMANT'S OWN SIGNATURE ✓ Ken Butler	ADDRESS			

600X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	uremia	1-4 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	chronic pyonia	chronic
DUE TO (c)	prostatic hypertrophy & bladder trabeculation	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	diabetes; pneumonia	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13/72, 19___, *to* 12/22/72, 19___, *that I last saw the deceased alive on* 12/21/72, 19___, *and that death occurred at* 5:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Keith Dahlberg	811 (Degree or title) MD	23b. ADDRESS 204 Oregon St.	23c. DATE SIGNED 12/26/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 26, 72	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REG. 1-11-73	REGISTRAR'S SIGNATURE Frances Farley	25. EMBALMER [signature]	LICENSE NO. M- 551

FIRM NAME: Shsshone Funeral Service

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6035
Local Reg. No. 427
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Shoshone 400	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton, c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East Shoshone Hospital 138	d. STREET ADDRESS (If rural, give location) 146 King Street

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Herman	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) December 24, 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1900	9. AGE (In years last birthday) 72 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shaft Foreman 4	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Sundby, Finland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Herman Johnson	BIRTHPLACE	14. MOTHER'S MAIDEN NAME Maria Stromsnas	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 518-01-6894	17. INFORMANT'S OWN SIGNATURE Mrs. Edith S. Johnson	ADDRESS	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebral vascular accident	Min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized atherosclerosis	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5/50, 19__, *to* 12/24/72, 19__, *that I last saw the deceased alive on* 12/24/72, 19__, *and that death occurred at* 9:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. E. Maidinger 182 (Degree or title) MD	23b. ADDRESS Box 200 Wallace, Idaho	23c. DATE SIGNED 12/27/72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE Dec. 28, 1972	24c. NAME OF CEMETERY OR CREMATORY Mountain View	24d. LOCATION (City, town, or county) Mullan (State) Idaho
DATE REC'D BY LOCAL REG. Dec. 28, 1972	REGISTRAR'S SIGNATURE Darrell Juelfs	25. EMBALMER Darrell J. Juelfs — LICENSE NO. M518

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Shoshone Funeral Services, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6036
Local Reg. No. 4
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JAN 19 1973 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone General 14

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Page
d. STREET ADDRESS (If rural, give location): Page

3. NAME OF DECEASED (Type or Print): a. (First) Ida; b. (Middle) Lawanda; c. (Last) Paquette

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 8, 1918

9. AGE (In years last birthday): 54
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elmer Richens
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Chloe Holmes
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 529-28-5012

17. INFORMANT'S OWN SIGNATURE: Leonard T Paquette
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: obesity + arthritis
10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Dec, 19 72, to 24 Dec, 19 72, that I last saw the deceased alive on 24 Dec, 19 72 and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE: Glen M. Whitted 539 (Degree or title) MD

23b. ADDRESS: Kellogg, Idaho

23c. DATE SIGNED: 30 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/28/72

24c. NAME OF CEMETERY OR CREMATORY: Shoshone Mem. Grdns

24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 1-11-73

REGISTRAR'S SIGNATURE: Frances Farley

25. EMBALMER: Shoshone Funeral Service

LICENSE NO.: M 534

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 20 1973
NOV 27 1973
FEB 24 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6037
Local Reg. No. 5
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JAN 19 1973 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bunker Hill Mine 800

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 115 E. Portland, Apt. 29

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Benjamin	Raymond	VINCENT JR.	Dec. 26, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	Nov. 24, 1938	34		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Programmer	Zinc Plant	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Raymond Vincent Sr.		Eleanore B. Bailey	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	538-34-8014	Benjamin R. Vincent Jr.	Route 5 Spokane, WA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 928X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured Neck - C2 Vertebrae — INTERVAL BETWEEN ONSET AND DEATH: Two seconds

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) severe contusion of cervical
DUE TO (c) spinal cord

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Contusions & abrasions of head, neck, chest & arms

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Mine	Kellogg	Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
12-26-72 about 3:00 a.m.		Got caught in a belt

22. *I hereby certify that I attended the deceased* who DIED ON 12-26, 1972, [redacted] *that I last saw the deceased alive on* 12-26, 1972, *and that death occurred at* 3:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson, M.D.	Wallace Idaho	1-16-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 29, 1972	Fairmount Mem'l Park	Spokane, WA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/17/73	Frances Farley	[signature]	M-551

FIRM NAME: Ball & Todd F. H. S. 421 Division, Spokane, WA. 99202

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 19 1973

NOV 16 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6038
Local Reg. No. 20
Reg. Dist. No. 620

BIRTH NO.

RECEIVED JAN 10 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
LENGTH OF STAY (In this place) minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs (rural area)
d. STREET ADDRESS (If rural, give location) 2 mi no of Driggs

d. FULL NAME OF HOSPITAL OR INSTITUTION Teton Valley Hospital 142

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kenneth	Lavell	Johnson	December 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	widowed	Nov 20, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Ranching	Downey, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars W. Johnson	Richmond, Utah	Anna Laurie Bowman	Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
none	none	519-42-6399	x Lavell H Johnson	Driggs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute M.I. — INTERVAL BETWEEN ONSET AND DEATH 45 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1961, to Dec 15, 1972, that I last saw the deceased alive on December 15, 1972, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Edward Bean MD		Driggs Id	1-6-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	Dec 19, 1972	Cache-Clawson Cemetery	Tetonia, Idaho	M-456

DATE REC'D BY LOCAL REG. 1-8-73
REGISTRAR'S SIGNATURE Ella Driggs
25. EMBALMER Robert Bean
FIRM NAME Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6039
Local Reg. No. D-360
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): T win Falls
d. STREET ADDRESS (If rural, give location): % Skyview Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROY		JENNINGS	Dec.	1	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Jan. 14, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 3	Retail	Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C. D. Jennings	Unknown	Nancy Martin	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-12-5074	R. D. Dickard	Box 349 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Fractured hip

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Chronic pyelonephritis	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	10	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 19 61, to Dec 1, 19 72, that I last saw the deceased alive on December 1, 19 72, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Clark MD 092-1	Twin Falls, Idaho	12-5-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/2/72		Vancouver, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Marva D. Marsh	Robert R. Dickard	M-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6040
Local Reg. No. D-357
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY T.Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls — LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem.Hospital 143	d. STREET ADDRESS (If rural, give location) 510 Jefferson Street

3. NAME OF DECEASED (Type or Print)	a. (First) ERVIN	b. (Middle) MIKEL	c. (Last) POFF	4. DATE OF DEATH (Month) (Day) (Year) December 3,1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec.31,1911	9. AGE (In years last birthday) 60 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric-eye Operator 5	10b. KIND OF BUSINESS OR INDUSTRY Keystone BeanCo.	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Poff	BIRTHPLACE unknown	14. MOTHER'S MAIDEN NAME Etta Robinett	BIRTHPLACE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 486-18-4898	17. INFORMANT'S OWN SIGNATURE x Homer Lucas	ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Pneumonia	48 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Squamous cell carcinoma	3 mo
DUE TO (c)	1° site undetermined	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Squamous cell ca metastatic abd & Liver	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 2, 19 72, *to* 12/3/, 19 72, *that I last saw the deceased alive on* 12-5, 19 72, *and that death occurred at* 5:36a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harry F. Brunkhorst Jr. 064 (Degree or title) M.D.	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 12-4-72
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE 12/6/72	24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Dec. 4, 1972 — REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER James C. Reynolds James C. Reynolds	LICENSE NO. M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 19??
DEC 8 197?

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
FEB 13 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
MAY 12 1976
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6041
Local Reg. No. D-361
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 12 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic and Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULA	J	GRAYBEAL	December 4 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	October 7, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Sumerset, Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Grant Bolton	Kentucky	Dicie Pointer	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-28-4784 A	Calvin Graybeal	Castleford

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

2509

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiomegaly & Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellatus & bilateral — 35 yrs
DUE TO (c) Leg amputation. — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left eye blindness - glaucoma — 15 yrs
Right eye Retinal Hemorrhages — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-8 *,19*48*, to* 12-4 *,19*72*, that I last saw the deceased alive on* 12-4 *,19*72*, and that death occurred at* 4:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
D.C. McCluskey M.D.	Twin Falls Ida	12/7/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	December 8, 1972	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1972	Marion D. Marsh	George Farmer	M-480

FIRM NAME: Albertson-Dickard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6042
Local Reg. No. D-358
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 7 - 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2nd at Shoshone St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
d. STREET ADDRESS (If rural, give location): 130 9th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Erna		Duensing	December 4, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 2, 1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Freeman, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reinhold Baer	unknown	Barbara Haar	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-38-0514	Lorna Wright	Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4272

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Not injury

22. *I hereby certify that I attended the deceased from* Inv. only, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eloyce O. Edwards 593 Coroner	R#3 Twin Falls, Idaho	12.6.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 8, 1972	Trinity Lutheran Cem.	Eden, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1972	Marva A. Marsh	Edgar J. Ketchum	m-507

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 8 1972

JAN 1 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6043
Local Reg. No. D-364
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 18 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital (143)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) (420)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Rural - Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GERTRUDE	ISABEL	CAGLE	December 5, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years on birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Jan. 2, 1879	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own Home	Spencer, Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record		No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - -	519-14-7498 T	Harlis E. Cagle	Jerome, ID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION (5901)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Uremia	1 week
DUE TO (c)	Pyelonephritis	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gastroenteritis with diarrhea	1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-27-58, 19____, *to* 12-5-72, 19____, *that I last saw the deceased alive on* 12-5-72, 19____, *and that death occurred at* 9:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. H. Clark, M.D.	Twin Falls, Idaho	12-8-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	Dec. 9, 1972	Sunset Memorial Park	Twin Falls, Idaho 83301	William J. Boyd	M-490

DATE REC'D BY LOCAL REG.: Dec. 15, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6044
Local Reg. No. D-373
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 19 1972 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls
c. LENGTH OF STAY (In this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazeldel Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) ROY; b. (Middle); c. (Last) SMALLEY
4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 18, 1893
9. AGE (In years last birthday): 79
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Hagerman, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Robert Smalley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Winnia Ellen Richards — BIRTHPLACE: Pennsylvania
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 518-42-6281
17. INFORMANT'S OWN SIGNATURE: Mrs Erma Smalley — ADDRESS: RFD # 1 Buhl, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

4123

Enter only one cause per line for (a), (b) and (c).

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — years
DUE TO (c): Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral arteriosclerosis — years
Post op Surgery to left femur — days

19a. DATE OF OPERATION: 11/15/72
19b. MAJOR FINDINGS OF OPERATION: Fracture of neck of left femur
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1962 to 12/8/, 1972, that I last saw the deceased alive on 12/8/72, 19__, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] M.D. (Degree or title)
23b. ADDRESS: 120 11th Ave. S. Buhl, Idaho
23c. DATE SIGNED: 12/12/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/72
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county): Buhl, (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 19, 1972
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: George Farmer
LICENSE NO.: M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 22 1972

DEC 27 1972

FEB 9 1973

FEB 11 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6045
Local Reg. No. D-363
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 281 W. Caswell #36

3. NAME OF DECEASED (Type or Print): a. (First) LLOYD b. (Middle) V. c. (Last) COX

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1972

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Mar. 28, 1921

9. AGE (In years last birthday): 51
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi cab owner

10b. KIND OF BUSINESS OR INDUSTRY: Yellow cab

11. BIRTHPLACE (State or foreign country): Platte Co., Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Cox
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary E. Strickland
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 494-16-4125

17. INFORMANT'S OWN SIGNATURE: Gary L. Cox
ADDRESS: Denver, Colorado

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: 2 months +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 8, 1972, *to* December 8, 1972, *that I last saw the deceased alive on* December 8, 1972, *and that death occurred at* 5:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Stafford D.O.
23b. ADDRESS: 284 Martin - Twin Falls, Idaho
23c. DATE SIGNED: 12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11, 72
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 13, 1972
REGISTRAR'S SIGNATURE: Marva A. Marsh
25. EMBALMER: Larry L. Holman
LICENSE NO.: M-516

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 15 1972

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 29 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6046
Local Reg. No. D 365
Reg. Dist. No. 460

RECEIVED DEC 18 1972 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Nevada 29
b. COUNTY: Elko Co. 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wells
d. STREET ADDRESS (If rural, give location): ---------

3. NAME OF DECEASED (Type or Print): a. (First) ORVILLE b. (Middle) c. (Last) SMILEY

4. DATE OF DEATH (Month) (Day) (Year): December 8th, 1972

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 24, 1897
9. AGE (In years Last birthday): 75
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): T Retired Rancher
10b. KIND OF BUSINESS OR INDUSTRY: Ranching
11. BIRTHPLACE (State or foreign country): StarValley, Nev.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Smiley BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Maude Sinclair BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 530-24-6194
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Twin Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Terminal Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: few days
Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen Debility — years
DUE TO (c): Gen arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1971, *to* Dec 7, 1972, *that I last saw the deceased alive on* Dec 7, 1972 *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 146-1
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12.13.72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12.11.72
24c. NAME OF CEMETERY OR CREMATORY: StarValley Cem.
24d. LOCATION (City, town, or county) (State): ElkoCo. Star Valley, Nevada

DATE REC'D BY LOCAL REG.: Dec. 14, 1972
REGISTRAR'S SIGNATURE: Marna D. Marsh
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: 470

FIRM NAME: White MortuaryTwinFalls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 19 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6047
Local Reg. No. D-364
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 317 Madison St. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341
d. STREET ADDRESS (If rural, give location): 317 Madison St. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELSIE	MARGUERITE	HOARE	Dec. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	widowed	July 11, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaking	Brisbane, Australia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Blaker	England	Jessie Winnifred Mark	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-------	518-36-9707	Dorothy E Sudweeks	Kimberly,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 4109 Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiomegaly & Coronary Insufficiency — 4yrs
DUE TO (c) Diabetes Mellitus adult type — 12yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-11, 1955, to 12-8, 1972, that I last saw the deceased alive on 12-8-72, 19___, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. McCluskey MD 338-1	Twin Falls Idaho	12/11/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-13-72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 13, 1972	Marva D. Marsh	Edgar J. Robertson	M-507

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6048
Local Reg. No. D-362
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 14 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T. Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Rural
d. STREET ADDRESS (If rural, give location): R.R.#3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NICK	S.	MASUDA	December 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Japanese	Divorced	June 3, 1914	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer		California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Masuda	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
no		547-07-9240	Clara Sloughhouse, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

450X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Primary myocardopathy	" "
DUE TO (c)	Multiple pulmonary infarcts	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-18, 19 71, *to* 12/9/, 19 72, *that I last saw the deceased alive on* 12-9-72, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy O. Shaub MD	M.D.	Twin Falls, Idaho	12-12-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/12/72	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 12, 1972	Mama D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6049
Local Reg. No. D-370
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 19 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 3rd Ave. East	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 42 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 d. STREET ADDRESS (If rural, give location): 3rd Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DELLA	L.	ROSZELL	Dec. 9, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Oct. 19, 1908	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Westerville, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Fiscus	Illinois	Elizabeth Ochsner	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	553-01-5620	Cora Campbell	Kimberly, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

9011

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Exposure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholic — yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street 06	Twin Falls 13-42 Twin Falls. Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Dec 9 72 6:00 A m.		Subj. Fell on ice - 18° Below Zero

22. *I hereby certify that I attended the deceased from* INV ONLY, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gloyce O. Edwards	Coroner	RT 3 Twin Falls, Ida.	12-18-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 12, 1972	Twin Falls Cem.	Twin Falls, Idaho 83301

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 19, 1972	Marva D. Marsh	Jerry D. Holman	M-516

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 1 1 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 2 1973
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6050
Local Reg. No. D-367
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazel Del Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 833 Shoshone St. North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLORENCE	ELLA	JONES	December 11, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Widowed	Mar. 14, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Indiana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Jackson	England	Mary Clark	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-47-2231	Herbert Jones	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4122

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute Heart Failure	Sudden Death
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardiovascular disease	10 yrs+
DUE TO (c)	Arteriosclerosis General	10-15 yrs+
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Residual Cerebro Vascular accident - 1 mo 24 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒ XXX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-6-1972, to 12-11-1972, that I last saw the deceased alive on 11-10-1972, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. Lloyd A. Rees MD	Twin Falls, Idaho	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12/14/1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 14, 1972	Marva D. Marsh	Edgar J. Johnston	M-807

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6051
Local Reg. No. D-366
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 561 5th Ave. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 561 5th Ave. No.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ARTHUR	R.	ELDRED	Dec. 12, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	widowed	Dec. 6, 1895	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles h. Eldred	Med. Lodge, Kansas	Clemence Smithem	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	519-46-4535	Elaine E. Eldred	Midway City, Ca.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Artery Disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4123

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11 Oct, 1972, to 13 Oct, 1972, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Appleckam 283	Twin Falls Id	14 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/15/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 14, 1972	Mavis D. Mavis		M3450

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 1 9 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6052
Local Reg. No. D-368
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 18 1972 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazeldel Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 226 N. Washington

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARIE		WILLIAMS	Dec. 13, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Divorced	March30, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		McCook, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jackson H. Patterson,	Marion, Ohio	Eve Kimdler	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-0082	Ronald J. Hamilton	VIA Phone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent fracture right femur, osteo-arthrtis, cholelithiasis, phlebitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-7 19 61 *, to* 12-13- 19 72 *, that I last saw the deceased alive on* 12-12-72 *, 19____, and that death occurred at* 0505 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy G. Shaw M.D.	460-1	562 Shoup Ave. W., Twin Falls	12-14-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 15, 1972	Twin Falls Cemetery	Twin Falls, Idaho 83301

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 14, 1972	Marva D. Marsh	Ronald J. Hamilton	M-470

FIRM NAME: White Mortuary, 733-6600

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 6053
Local Reg. No. D-387
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls DEC 29 1972 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
Bureau of Vital Statistics
LENGTH OF STAY (In this place) 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420
a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Castleford
d. STREET ADDRESS (If rural, give location) 112 E. Poplar

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) Irene c. (Last) Ware
4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1972

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 10, 1912
9. AGE (In years last birthday) 60
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wheaton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Robert Payne
BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Bertha E. Creason
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 552-14-1236
17. INFORMANT'S OWN SIGNATURE Paul Ware ADDRESS Castleford, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 582X Renal Failure — Interval between onset and death: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Renal Disease — Interval between onset and death: Several Yr
DUE TO (c) and Stress

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity - Surgery - Contusion - diffuse

19a. DATE OF OPERATION 11/72
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to 12/12/72, 19____, that I last saw the deceased alive on 12/12/72, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 919-1
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED 12/16/72

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12,16,72
24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) Buhl, Idaho (State)

DATE REC'D BY LOCAL REG. 12-27-72
REGISTRAR'S SIGNATURE Vera L. Ryals
25. EMBALMER Jim A. Hopkins Jim A Hopkins
LICENSE NO. M-482

FIRM NAME: Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 29 1972

AUG 1 1 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

State File No. 6054
Local Reg. No. D-389
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls; c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl 83316
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143	d. STREET ADDRESS (If rural, give location): 209 7th Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First): JOE	b. (Middle):	c. (Last): GONKA	4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1972	
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single	8. DATE OF BIRTH: May 18, 1896	9. AGE (In years last birthday): 76; IF UNDER 1 YR. Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 7	10b. KIND OF BUSINESS OR INDUSTRY: farm	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Gregory Gonka	BIRTHPLACE: Poland	14. MOTHER'S MAIDEN NAME: Katherine Shepoka	BIRTHPLACE: Nebraska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): -------	16. SOCIAL SECURITY NO.: 520-09-3262	17. INFORMANT'S OWN SIGNATURE: Ronald J. Hamilton	ADDRESS: Twin Falls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD
DUE TO (c): and Liver failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Poss Gastric Rupture

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/70, 19__, *to* 12/14/72, 19__, *that I last saw the deceased alive on* 12/14/72, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 919-1	23b. ADDRESS: Buhl Idaho	23c. DATE SIGNED: 12/27/72	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 19, 1972	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: 12-29-72	REGISTRAR'S SIGNATURE: Vera L Ryals	25. EMBALMER: Ronald J. Hamilton	LICENSE NO.: M-470

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED DEC 19 1972 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6055
Local Reg. No. D-371
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY TWIN FALLS 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE IDAHO b. COUNTY TWIN FALLS 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143	d. STREET ADDRESS (If rural, give location) 1201 4th Av. East

3. NAME OF DECEASED (Type or Print)	a. (First) HERBERT	b. (Middle) A.	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1972
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1888	9. AGE (In years last birthday) 83 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman 6	10b. KIND OF BUSINESS OR INDUSTRY U. S. Post Office	11. BIRTHPLACE (State or foreign country) WASHINGTON	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME James Smith	BIRTHPLACE Canada	14. MOTHER'S MAIDEN NAME Margaret McKeith	BIRTHPLACE Canada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 519-38-0333A	17. INFORMANT'S OWN SIGNATURE Dorothy M. Benson	ADDRESS Twin Falls	

4/23

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic	1 year
DUE TO (c)	heart disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14, 1969, *to* 12-8, 1972, *that I last saw the deceased alive on* 12-8, 1972, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Affleck (Degree or title) 003-1	23b. ADDRESS 231 4th Av. N.	23c. DATE SIGNED 12-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/18/72	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Dec. 19, 1972	REGISTRAR'S SIGNATURE Maria D. Marsh	25. EMBALMER Ronald J. Hamilton	LICENSE NO. M-470

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6056
Local Reg. No. D-376
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hazeldel Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY T.Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) 630 Midway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	SHANNON	DE VALL	December 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 3, 1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Warehouse Worker	Seed	Effingham, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John DeVall	Illinois	Stella Bricker	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.#2	518-10-7387	Paul DeVall	Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of right lung — Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/31 /64 *to* 12/15/ /72 *that I last saw the deceased alive on* 10/30/72 /19 *and that death occurred at* 10:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Buhl, Idaho	12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	25. EMBALMER	LICENSE NO.
Burial	12/19/72	I.O.O.F. Cemetery	Filer, Idaho	Paul D. Reynolds	M-495

DATE REC'D BY LOCAL REG. Dec. 20, 1972
REGISTRAR'S SIGNATURE Maria D. Marsh
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

Bureau of Vital Statistics

State File No. 6057
Local Reg. No. D-377
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls DEC 26 1972 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Kimberly
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Nursing Home 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY T. Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) Polk Street East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEWIS	MARSHALL	ESLINGER	December 15, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 28, 1885	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retd. Farmer		Cedar Springs, Mo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Eslinger	Missouri	Lucinda Wilson	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-28-0420 A	Frank L. Eslinger	Twin Falls, Idaho

4379

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cerebrovascular accident	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	unknown
DUE TO (c)	Generalized arteriosclerosis	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 18, 1960, *to* 12/15/, 1972, *that I last saw the deceased alive on* December 15, 1972, *and that death occurred at* 11:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Clark M.D.	Twin Falls, Idaho	12-20-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/19/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 20, 1972	Marva D. Mark	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

NOV 1 '7 1900

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6058
Local Reg. No. D-374
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
DEC 26 1972
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 421
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Julia; b. (Middle) Ann; c. (Last) Nelsen

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1972

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 24, 1962

9. AGE (In years last birthday): 10
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Grade school 4

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack Nelsen
BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Joan Sonnichsen
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Jack Nelsen
ADDRESS: Rt. 1, Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2040

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Acute Lymphatic Leukemia
INTERVAL BETWEEN ONSET AND DEATH: 18 m OS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1971, *to* 12/15, 1972, *that I last saw the deceased alive on* 12/15, 1972, *and that death occurred at* 2:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Tom Murphy MD
(Degree or title): MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12/19/72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 18, 1972

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Dec. 20, 1972

REGISTRAR'S SIGNATURE: Marna D. Marsh

25. EMBALMER: W. L. Hove

LICENSE NO.: M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECORDED IN IDAHO

State File No. 6059
Local Reg. No. D-385
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls DEC 29 1972 Bureau of Vital Statistics		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl	c. LENGTH OF STAY: 1½ Years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205		d. STREET ADDRESS (If rural, give location): Harral Nursing Home	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PEARL	S.	PRITCHARD	Dec.	15	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	May 25, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own H ome	Crossville, Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William O. Kearley	Tenn.	Letitia Brown	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-32-0211 B	Ernestine Morris	Buhl Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

401X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): Mild Hypertension — yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/4, 1969 *to* 12/15, 1972, *that I last saw the deceased alive on* 5/, 1972 *and that death occurred at* 12:00 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	919-1	Buhl Idaho	12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/19/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Vera L. Ryals	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH—63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 8 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

BIRTH NO. 72-13549

RECEIVED DEC 29 1972 Bureau of Vital Statistics

State File No. 6060
Local Reg. No. D-386
Reg. Dist. No. 460

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital	d. STREET ADDRESS (If rural, give location): Route #1 Box202

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SCOTT	MICHAEL	WEATHERWAX	Dec. 16, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Dec. 16, 1972			19 / 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael P. Weatherwax	Ft. Collins, Col.	Karen Petterson	Rupert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	* * * * * *	None	x Michael P. Weatherwax	Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia, bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Neonate

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 16 Dec, 1972 to 16 Dec, 1972, that I last saw the deceased alive on 16 Dec, 1972 and that death occurred at 8 30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Reid	M.D.	T.F. Clinic Twin Falls, Idaho	19 Dec 72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. - Burial	12/20/72	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Vera L. Ryals	Jerry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6061
Local Reg. No. D-375
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143	d. STREET ADDRESS (If rural, give location) 260 2nd. Av. North

3. NAME OF DECEASED (Type or Print)	a. (First) VIRGIE	b. (Middle) L.	c. (Last) SKINNER	4. DATE OF DEATH (Month) (Day) (Year) December 17, 1972
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 15, 1902	9. AGE (In years last birthday) 70 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Smith	BIRTHPLACE Iowa	14. MOTHER'S MAIDEN NAME Myrtle Austin	BIRTHPLACE Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 485-01-7179	17. INFORMANT'S OWN SIGNATURE June Nisson	ADDRESS Twin Falls, Id	

4100

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Acute myocardial infarction	1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	20
DUE TO (c)	Hypertensive Cardio Vascular disease	25 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1964, to Dec 17, 1972, that I last saw the deceased alive on Dec 17, 1972 and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE Max W Parker (Degree or title) MD	23b. ADDRESS 254 Martin St Twin Falls	23c. DATE SIGNED 19 Dec. 1972	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/21/72	24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Dec. 20, 1972	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Edgar J. Robertson	LICENSE NO. M-507

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 19 1972 Bureau of Vital Statistics

State File No. 6062
Local Reg. No. D 372
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sky View Manor 273	d. STREET ADDRESS (If rural, give location) R.R.# 2

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) E.	c. (Last) TICKNER	4. DATE OF DEATH (Month) (Day) (Year) 12 - 17 - 1972
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 - 4 - 1890	9. AGE (In years last birthday) 82 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer 7	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Tickner	BIRTHPLACE England	14. MOTHER'S MAIDEN NAME Frances Butt	BIRTHPLACE England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 520-01-1134	17. INFORMANT'S OWN SIGNATURE x Robert F. Tickner	ADDRESS Twin Falls Idaho	

4369

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Bronchopneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Poor nutrition secondary to dysphagia	2 weeks
DUE TO (c)	Paralysis swallowing mechanism from cerebrovascular accident	3 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* May 10, *19* 71, *to* December 17, *19* 72, *that I last saw the deceased alive on* December 17, *19* 72, *and that death occurred at* 7:50a. *m., from the causes and on the date stated above.*

23a. SIGNATURE John P. Gelmey MD (Degree or title) M.D.	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 12-18-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-20-1972	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. 12-19-72	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Paul D. Reynolds	LICENSE NO. M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6063
Local Reg. No. T-393
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 4 - 1973 421

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION: 323 Polk St. Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hattie	Marie	Young	12	18	72

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	6/30/07	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
worked in Hospital	Hospital	Hailey, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Braase	Cloverville, Utah	Mary Bell Mizer	Osego, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-05-4777	JoAnn Bridges	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Multiple myeloma	3 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Laryngeal obstruction	10 weeks

203X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-23-72, 19___, *to* 12-18, 19 72, *that I last saw the deceased alive on* 12-18-72, 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Royd. Straub	M.D. 4666-I	Twin Falls, Idaho 83301	12-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/22/72	Hailey City	Hailey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Marva A. Marsh	Bruce K. Bird	M-559

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 6064
Local Reg. No. D-394
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls — JAN 4 - 1973 — 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls (rural)
c. LENGTH OF RESIDENCE (At place of death): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake river canyon near Twin Falls Gun Club

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho — b. COUNTY: Jerome 271
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 125 5th. Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dorothea	Cephelia	Ambrose	Dec. 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Never married	May 4, 1953	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 9	College	Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
H. C. Ambrose	Idaho	Grace Kulm	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	517 68 4576	Grace G. Ambrose	Jerome, Ida.

884X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive internal injuries
DUE TO (c) Multiple contusions to body

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	canyon area 99	13-420 Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Dec 19 72 1:00 a m.		Slipped and fell 75' into canyon

22. I hereby certify that I attended the deceased from Inv. only, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at 1:15 a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Cloyce O. Edwards	Coroner	Rt. #3 Twin Falls, Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Marva A. Marsh	W. L. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6065
Local Reg. No. D-378
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Grandview Drive Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEON	U.	McCALMON	December 19, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Widowed	June 20, 1899	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Creighton, Missouri	USA

13. FATHER'S NAME / BIRTHPLACE	14. MOTHER'S MAIDEN NAME / BIRTHPLACE
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	520-05-6717	Leon U. McCalmon Jr	Idaho Montpieler,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) CARDIO PULMON ARY ARREST

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ACUTE ANTEROLATERAL MYOCARDIAL INFARCTION
DUE TO (c) CORONARY HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 - 19 19 72 *to* 12 - 19 19 72 *that I last saw the deceased alive on* 12 - 19 19 72 *and that death occurred at* 8 45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P Desmarais MD.	Twin Falls Clinic Hosp.	12/21/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Dec. 22, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 21, 1972	Marva D. Marsh	Ronald J. Hamilton	M-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 27 1972

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

State File No. 6066
Local Reg. No. D-391
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 423 9th Ave N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 423 9th Ave N

3. NAME OF DECEASED (Type or Print): a. (First) FRANKLIN; b. (Middle) E.; c. (Last) WALLICK

4. DATE OF DEATH (Month) (Day) (Year): December 19 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1903

9. AGE (In years last birthday): 69
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bulk Oil Dealer 2

10b. KIND OF BUSINESS OR INDUSTRY: Oil

11. BIRTHPLACE (State or foreign country): Pueblo, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Franklin Wallick
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 521-09-0969

17. INFORMANT'S OWN SIGNATURE: Mrs J E Wallick
ADDRESS: Buhl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c).

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Gun Shot Wound in head — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) 13-422 Buhl **(COUNTY)** Twin Falls **(STATE)** Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 19 72 10:45 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Gun Shot Wound To Head

22. *I hereby certify that I attended the deceased from* INV ONLY, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leroy O. Edwards (Degree or title): Coroner

23b. ADDRESS: R#3 Twin Falls, Ida.

23c. DATE SIGNED: 12-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 22, 1972

24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery

24d. LOCATION (City, town, or county): Buhl (State): Idaho

DATE REC'D BY LOCAL REG.: 12-29-72

REGISTRAR'S SIGNATURE: Vera L Ryle

25. EMBALMER: George Farmer
LICENSE NO.: M-480
FIRM NAME: Albertson-Dickard Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6067
Local Reg. No. D-392
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 422	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl c. LENGTH OF STAY (In this place): DOA	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Office of Dr. S. J. Smith 120 9th Ave. North	d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAURA	LEE	HOUSE	Dec. 20 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months Days	IF UNDER 24 HRS. Hours Min.
Female	White	Infant	Sept. 20, 1971	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 9		Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lawrence John House	Wyoming	Sharon Laura Schorzman	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		—	Lawrence John House	Castford

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

7469

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Cardiac Arrest	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute Upper Resp. illness	72 hrs
DUE TO (c)	ant'd c̄ Congen Heart Dis	15 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Trisomy 21	15 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/20/72, 19__, *to* 12/20/72, 19__, *that I last saw the deceased alive on* 12/11/72, 19__, *and that death occurred at* 2020 *m., from the causes and on the date stated above.*

23a. SIGNATURE	919 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
(S. J. Smith)	MD	Buhl Ida	12/26/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/23/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-29-72	Vera L. Ryals	George Farmer	M-480

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 19 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED JAN 2 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6068
Local Reg. No. D-390
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 420	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford c. LENGTH OF STAY (In this place): 54 years	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 230 West Elm St. 000	d. STREET ADDRESS (If rural, give location): 230 West Elm Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	FRANKLIN	LEWIS	Dec. 20 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 14, 1884	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 7	Agriculture	Lowell, Arkansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clark Lewis	Missouri	Susan Robertson	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-18-5798	Bessie M. Randall	Castleford, Idaho

4109

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Case Not Diagnosed	Brief
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Probably Coronary Occlusion	
DUE TO (c)	Arteriosclerotic Heart Disease	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigation only, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Cloyce O. Edwards	Twin Falls County Coroner 583-4	R.F.D. # 3 Twin Falls, Idaho	12/22/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/23/72	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-29-72	Vera L. Ryals	George Farmer	M-480

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JUN 22 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 6069
Local Reg. No. D-383
Reg. Dist. No. 460

BIRTH NO.

DEC 29 1972 421

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 420 a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 143 Magic Valley Mem. Hospital	d. STREET ADDRESS (If rural, give location) 501 Jackson

3. NAME OF DECEASED (Type or Print)	a. (First) HARRIETT	b. (Middle) ELIZABETH	c. (Last) GARNIER	4. DATE OF DEATH (Month) (Day) (Year) December 21, 1972
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 29, 1919	9. AGE (In years last birthday) 53 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME J. B. Johnston	BIRTHPLACE UNK.	14. MOTHER'S MAIDEN NAME Ida Crumm	BIRTHPLACE UNK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 347-22-1374	17. INFORMANT'S OWN SIGNATURE x Charles Garnier	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Hemorrhage 2nd	6 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	To Thrombocytopenia	3 mo.
DUE TO (c)	2nd to cytoxan.	8 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	2nd to Carcinomatosis	8 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 *, 19*72*, to* 12-21 *, 19*72*, that I last saw the deceased alive on* 12-21 *, 19*72*, and that death occurred at* 11:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE Harry F. Bernstein (Degree or title) 064	23b. ADDRESS 238 Martin	23c. DATE SIGNED 12-22-72	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/26/72	24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. 12-27-72	REGISTRAR'S SIGNATURE Vera L. Ryals	25. EMBALMER Jerry A. Holman	LICENSE NO. M-516

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 9 1972

JAN 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED DEC 29 1972 Bureau of Vital Statistics

State File No. 6070
Local Reg. No. D-384
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell (rural)
d. STREET ADDRESS (If rural, give location) Rural Rt. 2, Jerome, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	RICHARD	OVERFIELD	Dec. 21, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Apr. 10, 1920	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Wendell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Overfield	Penna.	Cordelia F. Bailey	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. II	534 20 7663	x Maurine G. Overfield	Rt. 2, Jerome Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Meningitis--Diplococci pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lymphosarcoma — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-21, 1972, to 12-21-, 1972, that I last saw the deceased alive on 12-21-72, 19____, and that death occurred at 12:25P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loyd J. Haub M.D.	406-1	Twin Falls, Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1972	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Vera L. Ryals	Terry K. Lawson	M-522

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 1973

FEB 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6071
Local Reg. No. D-382
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY in this place: 9 21
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 421
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): 171 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) PETER c. (Last) DIETZ

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 28, 1896	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 7	Agriculture	Snyder, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Dietz	Nebraska	Fronie Duerst	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	507-12-5852	X Calvin Dietz	Jerome, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive Heart Failure	30 days +
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease with complete heart block	5 years +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac Cirrhosis of the Liver	6 months +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 27, 1972, *to* December 23, 1972, *that I last saw the deceased alive on* December 23, 1972, *and that death occurred at* 7:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Gifford MD	284 Martin St. Twin Falls,	Ida. 12/26/7

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1972	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Vera L. Ryals	Donald J. Hamilton	M-[redacted]478

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6072
Local Reg. No. D-387
Reg. Dist. No. 46D

BIRTH NO.

RECEIVED DEC 29 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY IN (this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hazel Del Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Rural Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	PARKER	HILLS	Dec. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Married	Sept. 8, 1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	South Dakota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William P. Hills	New Hampshire	Mary H. Abbott	New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-42-7209	Bessie L. Hills	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease
DUE TO (c) Chronic Pyelonephritis & Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrolithiasis.

5900

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 5, 1972, to Dec 25, 1972, that I last saw the deceased alive on 10-18, 1972, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Elland Rice MD	Twin Falls Idaho	12-26-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12/28/72	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-72	Vera L. Ryals	Ronald J. Hamilton	M-[redacted]470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 29 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Feb. 7, 1973

Certificate of Death
STATE OF IDAHO

State File No. 6073
Local Reg. No. P-388
Reg. Dist. No. 760

BIRTH NO.

RECEIVED JAN 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 145 Larkspur Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	WALKER	BIRRELL, Jr.	December 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 12. 1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bottling Co. Operator &	Seven Up Co.	Helper, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Birrell, Sr.	Lancashire, Scotland	Anna Haller	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	523-02-5336	Elizabeth G. Birrell	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of lung — 8 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2 Nov. 55 *to* 12/25/ 72, *that I last saw the deceased alive on* 20 Dec. 72, *and that death occurred at* 4:10a.m., *from the causes and on the date stated above.*

24a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Appleck M.D. 223-1	Twin Falls, Idaho	12-27-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/28/72	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
12-29-72	Vera L. Ryals	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH–63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1-23-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 7 10 29 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for John Walker Birrell, Jr (Name on Original Certificate) who died (Was Born or Died) on December 25, 1972 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item # 15	no -- omitted	yes -W.W.II

Subscribed and sworn to before me this 1st day of January, 1973

Notary Public, residing at Twin Falls, Idaho
My commission expires
(Seal)

Signed James C. Reynolds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
175 Harrison St. Twin Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1973

Notary Public, residing at Twin Falls
My commission expires February 5, 1975
(Seal)

Signed Elizabeth G. Birrell
(Signature of Any Credible Person)
147 Larkspur Dr
(Street Address, City, State)

no corresp - phone call

FORM DH 60-155

R.E.Rayborn
Attorney
Box 321
Twin Falls

FEB 7 1973

OCT 5 1981

Certificate of Death
STATE OF IDAHO

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

State File No. 6074
Local Reg. No. D-402
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (In this place): 2 Weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Idaho

b. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. STREET ADDRESS (If rural, give location): 1408 Poplar Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LE ROY	JOHN	HOFFA	Dec.	25	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Aug. 10, 1909	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Automotive	Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Paul Steven Hoffa	Pennsylvania	Sally Strauser	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-07-9733	Chauncey L. Hoffa	3202 Lake Ave. Boise, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/4/72	Not completed	Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 3, 1972, *to* Dec. 25, 1972, *that I last saw the deceased alive on* Dec. 25, 1972, *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature illegible] MD	526 Shoup Ave. West Twin Falls, Idaho 83301	12/28/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/28/72	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 5, 1973	Marva D. Marsh	George Farmer	M-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 9 1973

MAY 1 9 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-13534
BIRTH NO.

RECEIVED
DEC 29 1972
Bureau of Vital Statistics

State File No. 6075
Local Reg. No. D-380
Reg. Dist. No. 460

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hospital. 144	d. STREET ADDRESS (If rural, give location) 1315 Poplar Av.

3. NAME OF DECEASED (Type or Print)	a. (First) JARENE	b. (Middle) MARIE	c. (Last) BUSHMAN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1972
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 10, 1972	9. AGE (In years last birthday) 16 — IF UNDER 1 YR. Months Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ------- 9	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Vaughan Bushman	BIRTHPLACE Provo, Utah	14. MOTHER'S MAIDEN NAME Pamela Weight	BIRTHPLACE Salt Lake City, Ut.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. -------	17. INFORMANT'S OWN SIGNATURE X Vaughn Bushman	ADDRESS Twin Falls,	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia (preliminary autopsy finding)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 DEC, 1972 *to* 26 DEC 1972 *that I last saw the deceased alive on* 26 DEC, 1972 *and that death occurred at* 1:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE H R Geist M.D (Degree or title) 1029-1	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 26 DEC 72	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 28, 1972	24c. NAME OF CEMETERY OR CREMATORY Springville, Cemetery	24d. LOCATION (City, town, or county) (State) Springville, Utah
DATE REC'D BY LOCAL REG. 12-27-72	REGISTRAR'S SIGNATURE Vera L. Ryals	25. EMBALMER Ronald J. Hamilton	LICENSE NO. M-470

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: White Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6076
Local Reg. No. D-398
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazeldel Manor 28

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho b. COUNTY T.Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 640 Filer Ave. West Twin Falls
d. STREET ADDRESS (If rural, give location) 640 Filer Avenue West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHESTER	E.	BRACKETT	December 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	Oct. 10, 1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cattle Rancher		Flat Creek, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira Brackett	Wisconsin	Sarah Elizabeth Mauldin	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-42-6721	Mary E. Brackett	Twin Falls Idaho

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 4 years
DUE TO (c) Emphysema — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5 July, 19 68, *to* 12/28/, 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Ashlee M.D.	Twin Falls, Idaho	Jan 2, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/30/72	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Maria D. Marsh	Paul D. Reynolds	M-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973
FEB 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
MAY 14 1998
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6077
Local Reg. No. D-405
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 8 - 1973 Division of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly, 83341 c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 607 Main St. No.	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 83341 d. STREET ADDRESS (If rural, give location): 607 Main St. No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DELLA	NORA	BROWN	Dec. 28, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	widowed	March28, 1897	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Shoshone, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Merritt Eignor	New York	Hannah Jensen	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-9190A	Mrs Robert E. Bean	Kimberly, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary occlusion	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Polyneuritis - unknown cause 3-4 mo.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-28, 1972 to 12-28, 1972, that I last saw the deceased alive on 12-28, 1972, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	560 Shoup Ave W.	1-5-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1972	Sunset Memorial Park	Twin Falls, Idaho 83301

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 5/1973	Marna D. Marsh	[signature]	M-516

FIRM NAME: White Mortuary, Inc.

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6078
Local Reg. No. D-403
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Route #2 Box 102

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) ADELINE c. (Last) HAYHURST
4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1972
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 17, 1909
9. AGE (In years last birthday): 63
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Berryville, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Smith — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Effie Moore — BIRTHPLACE: Arkansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): * * * * * *
16. SOCIAL SECURITY NO.: 518 09 6638
17. INFORMANT'S OWN SIGNATURE: X Cemeri Hayhurst — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Organic Brain Syndrome - Chronic years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1972, to 12/28, 1972, that I last saw the deceased alive on 12/28, 1972, and that death occurred at 11:50P m., from the causes and on the date stated above.

23a. SIGNATURE: Jerome R. Rice MD (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 12/28/72
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Jan. 5, 1973
REGISTRAR'S SIGNATURE: Marva D. Marsh
25. EMBALMER: Jerry K. Lawson
LICENSE NO.: M-522
FIRM NAME: Hove Funeral Chapel-Jerome

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

JAN 4 - 1973

Bureau of Vital Statistics

State File No. 6079
Local Reg. No. D-397
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Falls Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. STREET ADDRESS (If rural, give location): Falls Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ACE	L.	JOHNSON	Dec. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	Mar. 13, 1913	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Broker	Real Estate	Richmond, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis G. Johnson	Sweden	Elna Pearson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW 2	352-03-8251	Bernice Johnson	Twin Falls, Ida

4109

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Myocardial infarction	16 years.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	16+ years.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Infarcted chordae tendinal. Obesity.	11 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-18- , 19 56 , *to* date , 19 , *that I last saw the deceased alive on* 9-18- , 19 72 , *and that death occurred at* 1:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George E. Brown MD	Twin Falls, Idaho	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/2/1973	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 3, 1973	Marva A. Marsh	Jerry L. Holman	M-516

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

OCT 1 2 2012 (1)

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6080
Local Reg. No. D-396
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421 a. STATE: Idaho b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301 c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 83301
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hosp. 143	d. STREET ADDRESS (If rural, give location): 1406 Alder Drive

3. NAME OF DECEASED (Type or Print)	a. (First) HUGH	b. (Middle) MILLER	c. (Last) PROCTOR	4. DATE OF DEATH (Month) (Day) (Year)	December 29, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 26, 1903	9. AGE (In years last birthday): 69	IF UNDER 1 YR. Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer and Potato Broker	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Decatur, Illinois	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: S. H. Proctor	BIRTHPLACE: Illinois		14. MOTHER'S MAIDEN NAME: Ada Leora Miller	BIRTHPLACE: Illinois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-18-7393		17. INFORMANT'S OWN SIGNATURE: Edna L. Proctor	ADDRESS: Ida Twin Falls	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1990

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Metastatic Carcinoma	2 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Primary Site ?	
DUE TO (c)	Emphysema	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* May 23, 1958, to Dec. 29, 1972, *that I last saw the deceased alive on* 12-29, 1972, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Colbeck MD	23b. ADDRESS: Twin Falls, Idaho 83301	23c. DATE SIGNED: 1.2.73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 1.2.73	24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.	24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho
DATE REC'D BY LOCAL REG.: Jan 3. 1973	REGISTRAR'S SIGNATURE: Marva D. Marsh	25. EMBALMER: Edgar Robertson	LICENSE NO.: M-507
		FIRM NAME: White Mortuary	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 [illegible]

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6081
Local Reg. No. D-400
Reg. Dist. No. 460
BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Jerome 27
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (In this place): 421	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: M.V.M. Hospital 143	d. STREET ADDRESS (If rural, give location): 715 East Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edna	M.	Davis	Dec. 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Mar. 2, 1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	York, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Stuve	Norway	Ellen Erickson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 36 7563	D. Pat Davis	Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	hypoxia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	pulmonary secretions	
DUE TO (c)	surgery for peritonitis and perforated viscus	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	probable carcinoma of the ascending colon	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/26/72	perforation of the cecum with annular lesion of the right colon	Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/26 72, to 12/29 19 72, that I last saw the deceased alive on 12/29 19 72, and that death occurred at 4:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. McKan M.D.	253 Martin Street Twin Falls, Idaho 83301	1/3/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 2, 1973	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Marva D. Marva	L. L. Hove	M-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6082
Local Reg. No. D-402
Reg. Dist. No. 460

BIRTH NO.

JAN 11 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Route 4 Buhl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	M.	Draney	Dec. 30, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Feb. 14, 1887	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Seneca, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh Draney	Canada	Geneva Bogensheitz	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-54-2770	Geo M Draney	Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4723

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10-15 yrs
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rather sev. Osteo Arthritis 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1972, *to* Dec 30, 1972, *that I last saw the deceased alive on* Dec 29, 1972, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson, MD	Buhl, Ida	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 3, 1973	Buhl Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 9, 1973	Maria D. Mason	Jim A. Hopkins Jim A Hopkins	M-482

FIRM NAME Hopkins-Buhl Funeral Chapel 83316

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

State File No. 6083
Local Reg. No. D-399
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Idaho b. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital 143	d. STREET ADDRESS (If rural, give location) 257 Elm Street

3. NAME OF DECEASED (Type or Print)	a. (First) JULIA	b. (Middle) MARIE	c. (Last) EACKER	4. DATE OF DEATH (Month) (Day) (Year) 12 - 30 - 1972
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8 - 31 - 1970	9. AGE (In years last birthday) 2 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 9	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Arthur L. Eacker	BIRTHPLACE Twin Falls, Ida	14. MOTHER'S MAIDEN NAME Janice I. Ulrich	BIRTHPLACE Twin Falls, Ida.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE Arthur L. Eacker	ADDRESS Twin Falls, Idaho	

8598

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Overdose of Drugs — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Consumption of Etrafon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) home 31	21c. (CITY, TOWN, OR TOWNSHIP) 13-421 (COUNTY) (STATE) Twin Falls Twin Falls Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 30 72 10:00 A m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR? Accidently Swallowing Pills

22. *I hereby certify that I attended the deceased from* Ind only *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Lloyd D. Edwards 533 (Degree or title) Coroner 4	23b. ADDRESS R#3 Twin Falls, Idaho	23c. DATE SIGNED 1-2-73	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-3-1973	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. Jan. 3, 1973	REGISTRAR'S SIGNATURE Marva D. Marsh	25. EMBALMER Paul D. Reynolds Paul D. Reynolds	LICENSE NO. M-495

FIRM NAME Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6084
Local Reg. No. D 401
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 8 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazel Del Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: T.Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 451 2nd Avenue West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MINNIE		JACKSON	December 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	August 6, 1893	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Stone Co., Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Eaton	Arkansas	Parker	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-18-0918	Brady Jackson	Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4409

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): old age
DUE TO (c): arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31, 1972 *to* 12/31/ 19 72, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Twin Falls, Idaho	1-3-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/4/73	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 4, 1973	Marva D. Marsh	James C. Reynolds	M-279

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6085
Local Reg. No. D-395
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 4 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Twin Falls 421 b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 421 a. STATE: Idaho b. COUNTY: Twin Falls b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls d. STREET ADDRESS (If rural, give location): 335 3rd. Av. North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET		DUNKEN	Dec. 31, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Caucasian	Married	Jan. 9, 1905	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	NEBRASKA	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wellens Webster	UNK	Margaret	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-22-7098	I. Ray Dunkerson	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

398X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	12-13 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Rheumatic heart disease	
DUE TO (c)	and multivalvular deformity	40+ years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
	—	

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-10- 1970, to 12-31- 1972, that I last saw the deceased alive on 12-31 1972, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loyd Sharp M.D.	466 - 1	Twin Falls, Ida.	1/3/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	1/3/73	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 3, 1973	Marion D. Marsh	Henry D. Harman	M-516

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 5 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 3 - 1973 Bureau of Vital Statistics

State File No. 6086
Local Reg. No. 33
Reg. Dist. No. 318

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 1000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): Box 345

3. NAME OF DECEASED (Type or Print): a. (First) MIKE b. (Middle) ROSS c. (Last) aka Alvin James McClellan MC DEIANE
4. DATE OF DEATH (Month) (Day) (Year): Dec 16, 1972
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 28, 1909
9. AGE (In years last birthday): 62 IF UNDER 1 YR. Months / Days IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): heavy equipment operator, retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mutual, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ross McClellan BIRTHPLACE: Mutual, Oklahoma
14. MOTHER'S MAIDEN NAME: Margaret Anne Lyons McGuire BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 541-10-6753
17. INFORMANT'S OWN SIGNATURE: John D Lyons ADDRESS: Baker, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4123

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) occlusive coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): natural
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cascade Valley Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 16, 1972 apx 11 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? no injury

22. *I hereby certify that I attended the deceased from* _____ 19__ *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* INVESTIGATION ONLY *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton E Walker, Coroner 538 4
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 12/19/72
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/21/72
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho
DATE REC'D BY LOCAL REG.: 12-27-72
REGISTRAR'S SIGNATURE: Maryanne Hill
25. EMBALMER: Burton E Walker
LICENSE NO.: M-386

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6087
Local Reg. No. 28
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 18 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	L.	HOOPER	12	6	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	2/14/1894	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	agriculture	Johnson, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A.G. Hooper	Indiana	Loula Grantham	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519 36 1081	Robert Hooper	Midvale Ida.

4369

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Respiratory failure	12 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral vascular accident	5 days
DUE TO (c)	Generalized arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute coronary occlusion, anterior	8 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-4-71, 19__, *to* 12-6-72, 19__, *that I last saw the deceased alive on* 12-6-72, 19__, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Giever, M.D.	P.O. Box 629 Weiser, Idaho	12.9.72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/9/72	Eastside Cemetery	Midvale, Washington, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-9-72	T. Dale Thomson	T. Dale Thomson	M 388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6088
Local Reg. No. 29
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	RAY	ORGAN	12	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	widowed	8/28/1890	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher	agriculture	Fulton, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Organ	--	Phileta Estinghausen	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		[signature illegible]	Cambridge, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

"This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 17th, 1967, to 12-11-, 1972, that I last saw the deceased alive on 12-11-, 1972 and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.A. McGrath MD	349-1	Weiser, Idaho	12/15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	12/15/72	Meadows Cemetery	Meadows, Adams, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-72	T. Lee Thomason	T. Lee Thomason	M 388

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

DEC 27 1972
JAN 3 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 1 1975
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6089
Local Reg. No. 30
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 999 E. Washington

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
STANLEY	HAROLD	ADAMS	12	11	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
male	caucasian	married	3/3/1903	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farming	Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William D. Adams	Iowa	Mary Myers	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	541 14 8904A	Loradelea M. Adams	Weiser, Ida.

5193

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Ventricular fibrillation	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Acute congestive failure	One week
DUE TO (c)	Chronic obstructive pulmonary disease	Five years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	with severe cor pulmonale	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-2-72, 19__, to 12-11-72, 19__, that I last saw the deceased alive on 12-11-72, 19__, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard J. Clever, M.D.	P.O. Box 629 Weiser, Idaho	12-15/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/15/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-72	K. Lane Thomason	K. Lane Thomason	M 388

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FEB 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6090
Local Reg. No. 32
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 26 1972 441 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Washington	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home, 40 E. Commercial 6 2	d. STREET ADDRESS (If rural, give location): 40 E. Commercial

3. NAME OF DECEASED (Type or Print)	a. (First): WILLIAM	b. (Middle): LYONS	c. (Last): HYDER	4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced	8. DATE OF BIRTH: Nov.21,1972	9. AGE (In years last birthday): 68 — IF UNDER 1 YR. Months: 0 Days: 21 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 7	10b. KIND OF BUSINESS OR INDUSTRY: Sheep	11. BIRTHPLACE (State or foreign country): Stony Point, Tenn	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Edward S. Hyder	BIRTHPLACE: ----	14. MOTHER'S MAIDEN NAME: Jennie Massengill	BIRTHPLACE: ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs Amy H. Wiggins	ADDRESS: Kingsport, Tenn.	

7963

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Subject had been under a doctor's care intermittently and was found dead at his home. There was no external evidence of unusualcircumstances. To the best of my knowledge and belief, subject died of natural causes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* Approx 10:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: R. Dale Thomason Wash. Co. Coroner 583 (Degree or title) 4	23b. ADDRESS: Weiser, Idaho	23c. DATE SIGNED: Dec.15,1972	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec.16,1972	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State): Weiser -Washington-Idaho
DATE REC'D BY LOCAL REG.: Dec.15,1972	REGISTRAR'S SIGNATURE: R. Dale Thomason	25. EMBALMER: Marshall S. Dickerson	LICENSE NO.: M 464

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6091
Local Reg. No. 33
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
DEC 26 1972
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 138 Lloyd Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 138 Lloyd Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THERESA	--	WATKINS	12	13	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	6/15/1904	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Cambridge, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Basil Orrell	---	Elma Duncan	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			[signature]	Portland Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	4709 Myocardial infarction	immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Sen. arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Chronic Kidney disease	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 69, *to* Dec 13 72, *that I last saw the deceased alive on* Dec 29 72, *and that death occurred at* 11:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 702-1	Weiser, Idaho	12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/18/72	Hillcrest Cemetery	Weiser Washington Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-72	[signature]	[signature]	M 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 26 1973
JUL 20 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 24 1974
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6092
Local Reg. No. 31
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
DEC 26 1972
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Washington 440	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 440 a. STATE: Idaho b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1	d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First): HAROLD	b. (Middle): JEFFERSON	c. (Last): NEIFERT	4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1972	
5. SEX: Male	6. COLOR OR RACE: caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 7/2/1901	9. AGE (In years last birthday): 71	IF UNDER 1 YR. Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 4	10b. KIND OF BUSINESS OR INDUSTRY: Heavy equipment	11. BIRTHPLACE (State or foreign country): Elliott, Iowa	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: David Neifert	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Bessie Jefferson	BIRTHPLACE: Iowa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 544-12-7733	17. INFORMANT'S OWN SIGNATURE: Eva Neifert	ADDRESS: Weiser, Idaho		

4123

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Congestive heart failure	7 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio sclerotic heart disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema severe. Abdominal adhesions	years / years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* June 2, 1972, *to* Dec 17, 1972, *that I last saw the deceased alive on* June 2, 1972, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward Rewheeler MD (Degree or title) 907	23b. ADDRESS: Weiser, Idaho	23c. DATE SIGNED: 12/18/72

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation	24b. DATE: 12/19/72	24c. NAME OF CEMETERY OR CREMATORY: Mountainview crematory	24d. LOCATION (City, town, or county) (State): Boise, Ada Idaho
DATE REC'D BY LOCAL REG.: 12/19/72	REGISTRAR'S SIGNATURE: R. Lee Thomason	25. EMBALMER: Marshall S. Dickerson	LICENSE NO.: M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DEC 2 3 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6093
Local Reg. No. 34
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 26 1972 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Convalescent Center 342

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 44/
a. STATE: Idaho
b. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 243 Butterfield

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUSSIE	--	KEPPINGER	12	19	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	caucasian	widowed	2/25/1888	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Pendleton, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Augustus Stangier	---		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-42-6241A	Clifford Keppinger	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4109

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart desease yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. *I hereby certify that I attended the deceased from* Sept 1969, *to* Dec 19, 1972, *that I last saw the deceased alive on* 12/12, 1972, *and that death occurred at* 8:39 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward Rensheer MD	Weiser, Idaho	12/20/72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/22/72	Hillcrest Cemetery	Weiser Washington Weiser

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-30-72	T. Lee Thomason	Marshall J. Dickerson	M 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

JAN 3 1973
JAN 23 1974
MAY 31 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

72-13625
BIRTH NO.

State File No. 6094
Local Reg. No. 874
Reg. Dist. No. 270

RECEIVED BUREAU OF VITAL STATISTICS JAN 11 10 06 AM '73

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: ADA b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE c. LENGTH OF STAY (In this place): d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: ST. LUKES	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: IDAHO b. COUNTY: ADA c/l b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE d. STREET ADDRESS (If rural, give location): 1417 N 17th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
REBECCA	BOYDETTE	ANDERSON	DEC. 25, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	Never married	12-25-1972			6 / 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
9		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BOYD THOMAS ANDERSON	BOISE IDAHO	TERRIE TINSLEY	MOUNTAIN HOME, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			† Terrie Anderson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7470

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Since Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Patent Ductus Arteriosus
Subarachnoid Hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* birth, 19 72 *to* 12-25-, 19 72, *that I last saw the deceased alive on* 12-25-, 19 72, *and that death occurred at* 1130A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Melvae Wilkerson MD		1001 Warm Springs Boise	1-2-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	12-30-72	Dry Creek	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 17 1973	Myrtle Palmer	L. Conway Grant	M478

FIRM NAME: Reavea Mortuary

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6095
Local Reg. No. 31
Reg. Dist. No. 510

RECEIVED JAN 29 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bannock 031	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018	d. STREET ADDRESS (If rural, give location): 877 Wayne

3. NAME OF DECEASED (Type or Print)	a. (First) MARK	b. (Middle) BRANT	c. (Last) NEIDER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1972
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married	8. DATE OF BIRTH: May 14, 1971	9. AGE (In years last birthday): 1 — IF UNDER 1 YR. Months 7 Days 6 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 9	10b. KIND OF BUSINESS OR INDUSTRY: xxxxx	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Mark Neider	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Renee Hobson	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xxxx	16. SOCIAL SECURITY NO.: xxxx	17. INFORMANT'S OWN SIGNATURE: Herbert B. Neider	ADDRESS	

8231

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) 1.Laceration,liver,massive. — INTERVAL BETWEEN ONSET AND DEATH: 12/19/72

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) #2.Hemorrhage,lungs,severe,lower lobes. #3.Trauma,kidneys,with eschemia and degeneration.5.Petechial hemorrhages skin — 9:15 PM.
DUE TO (c) and face.6.Laceration,spleen. — 12/20/72

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 10:30/72

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident.	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home. 12/19/72 01	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Idaho 13-031
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9:15 PM. 12/19/72 m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR? Child fell out of car and car run over the child.

22. *I hereby certify that I attended the deceased from* 5/14/71, 19__, *to* 12/20/72, 19__, *that I last saw the deceased alive on* 12/20/72, 19__, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Ostler MD (Degree or title) 400-1 Richard E. Ostler, M.D.	23b. ADDRESS: 246 No. 18th Pocatello, Idaho	23c. DATE SIGNED: 1/25/73
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec.22,1972	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho		
DATE REC'D BY LOCAL REG.: JAN 26 1973	REGISTRAR'S SIGNATURE: Gloria Dopita	25. EMBALMER: Lewis L. Manning — LICENSE NO. 119-537

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

JAN 3 0 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 6096
Local Reg. No. 23
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 5 - 1973

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 4924 Post

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	aka Elizabeth Bertha	Mae	WALL	Nov. 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed	April 1, 1890	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James L. Russell	Unobt.	Dora E. Ritter	Unobt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	537-16-2909	Mrs. Peter Cochran	Rt. 2, Box 167-2 Rathdrum, Idaho 83858

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
	Pneumonia & Stroke	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Fracture right hip	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/22, 1972, to 11/22, 1972, *that I last saw the deceased alive on* 11/22, 1972, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph E. Hunt MD 1130-I	Hayden Lake, Idaho	1/29/73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 27, 1972	The Pines	Spokane, WA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 6, 1973	Lorraine K. Brush	Howard B. Ball	OL 841

FIRM NAME: Ball & Dodd F. H. S. 421 Division, Spokane, WA. 99202

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTLES: FEB 9 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6097
Local Reg. No. 31
Reg. Dist. No. 200

RECEIVED FEB 12 1973 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Latah 291	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow c. LENGTH OF STAY (In this place): 1 day	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 102	d. STREET ADDRESS (If rural, give location): 624 White Ave.

3. NAME OF DECEASED (Type or Print)	a. (First): Mary	b. (Middle): Ann	c. (Last): Mattoon	4. DATE OF DEATH (Month) May (Day) 9 (Year) 1972
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Sept 20, 1927	9. AGE (In years last birthday): 44 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Fredricksburg, Va.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Hester Sullivan	BIRTHPLACE: Unk.	14. MOTHER'S MAIDEN NAME: Myrtle Jones	BIRTHPLACE: Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 230-26-9934	17. INFORMANT'S OWN SIGNATURE: J. D. Mattoon	ADDRESS: Moscow, Ida.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	CARCINOMA OF RIGHT LUNG	4 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	General arteriosclerosis	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1964, *to* May 9, 1972, *that I last saw the deceased alive on* May 9, 1972, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John M. Ayers, M.D. (Degree or title) 015-1	23b. ADDRESS: Moscow, Idaho	23c. DATE SIGNED: 24 May 72
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: May 12, 1972	24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho		
DATE REC'D BY LOCAL REG.: Feb. 9, 1973	REGISTRAR'S SIGNATURE: Maymer Hershari	25. EMBALMER: Donald Ward
LICENSE NO.: E-380		

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED FEB 5 - 1973 Bureau of Vital Statistics

State File No. 6098
Local Reg. No. 12
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Paradise Villa Convelascent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alma	Jane	Hazeltine	12-21-1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	10-22-1891	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Moscow, Idaho	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melvin Gutches	Unknown	Birtha Evans	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-50-4737	X Marion Hazeltine	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

4379

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Cerebrovascular arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic brain syndrome — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 20, 1968, to Dec 20, 1972, that I last saw the deceased alive on Dec 20, 1972 and that death occurred at 8:00 AM m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rodger Hawkins	MD	Moscow Idaho	12-29-72

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-23-1972	Viola Cemetery	Viola, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 29 1973	Marjorie Hawkins	E. Pete Albertson	M-525

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED FEB 8 - 1973 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 6099
Local Reg. No. 5
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg c. LENGTH OF STAY (In this place): 2 weeks 331	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Nursing Home 228	d. STREET ADDRESS (If rural, give location): rural area (2 mi so.)

3. NAME OF DECEASED (Type or Print)	a. (First) Edith	b. (Middle) Lourean	c. (Last) Martindale	4. DATE OF DEATH (Month) (Day) (Year) Dec 22, 1972
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Jan 11, 1892	9. AGE (In years last birthday): 80 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife X	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Lewiston, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Joseph Glover	BIRTHPLACE: Farmington, Utah	14. MOTHER'S MAIDEN NAME: Edith VanOrden	BIRTHPLACE: Kaysville, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 518-12-6194	17. INFORMANT'S OWN SIGNATURE: X Edwin J. Martindale	ADDRESS: Rexburg, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

486 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility, severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 1972, *to* 12-22, 1972, *that I last saw the deceased alive on* 12-21, 1972, *and that death occurred at* 7:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: B H Parkey (Degree or title) 409-1	23b. ADDRESS: Rxbg Idaho	23c. DATE SIGNED: 1-23-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12-27-72	24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery	24d. LOCATION (City, town, or county) (State): Ashton, Idaho
DATE REC'D BY LOCAL REG.: 1-30-73	REGISTRAR'S SIGNATURE: Leona Flamm	25. EMBALMER: Brian Quinn Bean	LICENSE NO.: M544

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

FEB 9 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6100
Local Reg. No. 428
Reg. Dist. No. 140

BIRTH NO.

RECEIVED FEB 5 - 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Shoshone 402 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray c. LENGTH OF STAY (In this place): d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 402	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) 402 a. STATE: Idaho b. COUNTY: Shoshone b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Janette	Mae	DeHaven	Dec.	17,	1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	June 25, 1929	43		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress 6	Restaurant	Cheyenne, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Zimmerman	Unknown	Clara Dewey	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		520-26-1778	Elmer DeHaven	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a)	Coronary Occlusion	Few seconds
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Emphysema	Several years
DUE TO (c)	Large Basal Cell Carcinoma of left face	Five years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

492X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
m.		

22. *I hereby certify that I attended the deceased* who DIED ON 12-17-19 72 to [redacted] *that I last saw the deceased* [redacted] *on* 12-17-, 19 72 *and that death occurred at* about 4:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D. 414 (Degree or title)	Wallace, Idaho	1-4-73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan. 5, 1973	Smith Funeral Home	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
January 5, 1973	Darrell Juelfs	Darrell J. Juelfs	M518

Federal Security Agency
United States Public Health Service FORM DH–63021

FIRM NAME: Shoshone Funeral Services, Inc.

FEB 15 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6101
Local Reg. No. 144
Reg. Dist. No. 360

BIRTH NO. 72-8313

RECEIVED MAR 16 1973 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH a. COUNTY: Canyon	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell c. LENGTH OF STAY (In this place):	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital	d. STREET ADDRESS (If rural, give location): Route #1 (Mother's address)

3. NAME OF DECEASED (Type or Print)	a. (First): Baby Girl	b. (Middle):	c. (Last): Hudson	4. DATE OF DEATH	(Month): 8	(Day): 27	(Year): 72
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Newborn	8. DATE OF BIRTH: 8/27/72	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours: 0	Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Roy E. Hudson	BIRTHPLACE: Rupert, Idaho	14. MOTHER'S MAIDEN NAME: Linda E. Forrey	BIRTHPLACE: Boise, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Linda E. Hudson, Mother	ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c). 7599

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Apnea Neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 7 min.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple Congenital Malformations of CNS, and other Systems.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?		

22. *I hereby certify that I attended the deceased from* 8-27 19 72 *to* 8-27, 19 72, *that I last saw the deceased alive on* 8-27, 19 72 *and that death occurred at* 1107 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. David Johnson MD	23b. ADDRESS: 1819 Ellis Caldwell	23c. DATE SIGNED: 3-10-73	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-31-72	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: March 15, 1973	REGISTRAR'S SIGNATURE: Bernice M. Skinner	25. EMBALMER: Rodney A. Baker	LICENSE NO.: U-508

FIRM NAME: Dakan Funeral Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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CALDWELL MEMORIAL HOSPITAL

Caldwell, Idaho

We hereby authorize and request Caldwell Memorial Hospital to preserve for scientific purposes, or to dispose of, the dead fetus, or the body of the baby born to Linda Hudson on August 27, 1972, in accordance with customary medical practice. All claims to the body are hereby relinquished.

SIGNED Roy Ed Hudson

SIGNED Linda S Hudson

WITNESS B. Wesslen RN

Note: This consent should be excuted by both parents, except that in the case of an unmarried mother her consent is sufficient.

RECEIVED
FEB 1973
Southwest District
Health Department

Certificate of Death

STATE OF IDAHO

State File No. 6102

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

RECEIVED BUREAU OF VITAL STATISTICS APR 30 11 52 AM '73

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah Rural
2. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N.E. Of Kamiah Gleenwood 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): 2 miles South of Kamiah

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED - b. (Middle) LLOYD c. (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year): Nov 29, 1972

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2, 1917

9. AGE (In years last birthday): 55 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Worker 5

10b. KIND OF BUSINESS OR INDUSTRY: Casting Foundry

11. BIRTHPLACE (State or foreign country): Tacoma, Wash

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred F Johnson BIRTHPLACE: Tacoma, Wash

14. MOTHER'S MAIDEN NAME: Hazel Huntington BIRTHPLACE: Santa Rosa, Cali

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Esther D. Johnson ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

84/4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Crushing Injuries — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pilot Airplane Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Woods 99

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 13-250 (STATE): Kamiah Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 29, 1972 Pm.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Airplane Crash

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 4

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 4/16/73

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/18/73

24c. NAME OF CEMETERY OR CREMATORY: Kamiah

24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: 4/20/73

REGISTRAR'S SIGNATURE: Viola V. Boul Dep

25. EMBALMER: Robert R Hansen

LICENSE NO.: M 433

FIRM NAME: hansen-noland funeral home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Amended Certificate
March 29, 1973

Certificate of Death
STATE OF IDAHO

State File No. 6102
Local Reg. No.
Reg. Dist. No.
BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho County 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (In this place): 1 Yr. 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah, Idaho 83536
d. STREET ADDRESS (If rural, give location): Route #2, Box 327

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALFRED	LLOYD	JOHNSON	November 29, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	7-2-1917	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Retired	Tacoma, Washington	U.S.

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Alfred F. Johnson, Tacoma, Washington	Hazel Marie Huntington, Santa Rosa, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
Yes AF 5/23/44 to 8/18/46	535-09-4098	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8414

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Plane crash in mountain country; The plane and deceased have not been found.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Mountains	Near Kamiah	Idaho	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
November 29, 1972 m. 6:30 P.M.		Plane crashed in mountain country.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	Grangeville, Idaho 83530	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
None	None	None	None

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-12-73	Janet M. Wick		

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death
STATE OF IDAHO

State File No. 6102
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED MAR 12 1973. Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
LENGTH OF STAY (In this place): 1 Yr. 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah, Idaho 83536
d. STREET ADDRESS (If rural, give location): Route #2, Box 327

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) LLOYD c. (Last) JOHNSON
4. DATE OF DEATH (Month) (Day) (Year): November 29, 1972
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-2-1917
9. AGE (In years last birthday): 55 — IF UNDER 1 YR. Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Tacoma, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME — BIRTHPLACE: Alfred F. Johnson, Tacoma, Washington
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Hazel Marie Huntington, Santa Rosa, California
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. AF 5/23/44 to 8/18/46
16. SOCIAL SECURITY NO.: 535-09-4098
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8414

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Plane crash in mountain country; ~~The plane and deceased have not~~ been found.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ----------
DUE TO (c) ----------

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ----------

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: -----
19b. MAJOR FINDINGS OF OPERATION: ----------
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident -
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Mountains
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Kamiah, Idaho, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 29, 1962 m. 6:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Plane crashed in mountain country.

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE — (Degree or title): Coroner
23b. ADDRESS: Grangeville, Idaho 83530
23c. DATE SIGNED: 3/9/73

24a. BURIAL, CREMATION, REMOVAL (Specify): None
24b. DATE: None
24c. NAME OF CEMETERY OR CREMATORY: None
24d. LOCATION (City, town, or county) (State): None

DATE REC'D BY LOCAL REG.: 3-12-73
REGISTRAR'S SIGNATURE: Janet M. Wick
25. EMBALMER
LICENSE NO.

Federal Security Agency
United States Public Health Service
FORM DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 12 1 56 PM '73

AFFIDAVIT OF GENE FUZZELL, SHERIFF OF IDAHO COUNTY, IDAHO

STATE OF IDAHO)
) ss.
County of Idaho)

I, GENE FUZZELL, the sheriff of Idaho County, State of Idaho, do hereby certify and declare as follows:

That on or about the 29th, day of November, 1972, I received a report of a light plane overdue on a flight to Kamiah, Lewis County, Idaho.

I investigated and it was determined that this light plane piloted by Alfred Lloyd Johnson of Kamiah, Idaho, was missing on a flight from Walla Walla, Washington, to Kamiah, Idaho.

My investigation showed that the plane made one low approach over the Kamiah, Idaho, airport and apparently at this point, some difficulty developed and the pilot pulled up out of the pattern and proceeded in an easterly direction. My investigation showed that the plane flew in an erratic manner over the mountains to the east of Kamiah, indicating that the pilot had either, in some way, been injured or was possibly ill.

The plane disappeared and I conducted, in conjunction with the Idaho State Department of Aeronautics and the Idaho State Police an extensive search of the entire area where the plane was believed to be down. Our search, both by air and by ground did not disclose the wreckage or any clue as to what happened to the plane and the pilot.

It is my official opinion that Mr. Alfred Lloyd Johnson is dead. A few days after the plane disappeared, this area was subjected to severe cold

APR 24 1973
APR 30 1973
MAR 13 1973
MAR 29 1973
MAY 1 0 1973
MAY 2 1973

[illegible] snow and winter conditions.

[illegible] believe that Mr. Johnson could have survived in conditions such as these. It is my conclusion, therefore, as the officer in charge of the search mission that the pilot of this plane, Alfred Lloyd Johnson, is deceased.

FURTHER AFFIANT SAYETH NOT.

Dated this 9 day of January, 1973.

Gene Fuzzell

STATE OF IDAHO)
) ss.
County of Idaho)

[illegible] Notary Public in and for the State of Idaho, personally appeared GENE FUZZELL, [illegible] instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first hereinabove written.

Notary Public, State of Idaho
Residing at [illegible], therein.

(NOTARY SEAL)

weather with snow and winter conditions.

I do not believe that Mr. Johnson could have survived in conditions such as these. It is my conclusion, therefore, as the officer in charge of the search mission that the pilot of this plane, Alfred Lloyd Johnson, is deceased.

FURTHER AFFIANT SAYETH NOT.

Dated this 19th day of January, 1973.

Gene Fuzzell

Gene Fuzzell

STATE OF IDAHO)
) ss.
County of Idaho)

On this 19th day of January, 1973, before me the undersigned, a Notary Public in and for the State of Idaho, personally appeared GENE FUZZELL, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first hereinabove written.

Roger Swanstrom

Notary Public, State of Idaho
Residing at Grangeville, therein.

(NOTARY SEAL)

MAR 13

snow and winter conditions.

such as these. It is my conclusion, therefore, as the officer in charge of the search mission that the pilot of this plane, Alfred Lloyd Johnson, is

deceased.

FURTHER AFFIANT SAYETH NOT.

Dated this 9 day of January, 1973.

Gene Russell

STATE OF IDAHO)
) ss.
County of Idaho)

Public in and for the State of Idaho, personally appeared GENE RUSSELL,

instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public, State of Idaho
Residing at , thereto.

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 12 1 56 PM '73

AFFIDAVIT OF FRANK ENGLAND, KAMIAH IDAHO

STATE OF IDAHO)
) ss.
County of Lewis)

I, FRANK ENGLAND, of Kamiah, Idaho, do hereby certify and declare as follows:

I am a resident of Kamiah, Lewis County, Idaho. I have been a resident in this area for 3 or 4 years and have, until very recently, owned and operated Kamiah Aviation at the Kamiah Airport in Kamiah, Idaho.

I still fly extensively out of the Kamiah Airport and I am a retired military pilot with thousands of hours of flying time.

I have participated in many search and rescue operations and I had an occasion to participate in the search for ALFRED LLOYD JOHNSON, who disappeared in a light plane on a flight from Walla Walla, Washington, to Kamiah, Idaho, on or about November 29, 1972.

Mr. Johnson was known to be in the Kamiah vicinity when he closed his flight plan that evening and a plane resembling his was visualized by a number of people in the area. The plane was seen to be flying in an erratic manner over the farm lands and the mountains just East of the Kamiah airport.

I believe that on approach to the Kamiah Airport, the pilot was in some way injured or taken ill and was unable to land. I am familiar with the aerodynamic qualities of the plane he was flying, a Cessna 206. I am convinced under the circumstances, that his plane went down somewhere East of Kamiah, probably in the Yakus Creek drainage.

AFFIDAVIT OF FRANK ENGLAND, KAMIAH IDAHO

ss.

County of Lewis)

I, FRANK ENGLAND, of Kamiah, Idaho, do hereby certify and declare as follows:

I am a resident of Kamiah, Lewis County, Idaho. I have been a resident in this area for 3 or 4 years and have, until very recently, owned and operated Kamiah Aviation at the Kamiah Airport in Kamiah, Idaho.

I still fly extensively out of the Kamiah Airport and I am a retired military pilot with thousands of hours of flying time.

an occasion to participate in the search for ALFRED LLOYD JOHNSON, who disappeared in a light plane on a flight from Walla Walla, Washington, to Kamiah, Idaho, on or about November 29, 1972.

Mr. Johnson was known to be in the Kamiah vicinity when he closed his flight plan that evening and a plane resembling his was visualized by a number of people in the area. The plane was seen to be flying in an erratic manner over the ferry lands and the mountains just East of the Kamiah airport.

I believe that on approach to the Kamiah Airport, the pilot was in some [illegible] and was unable to land. I am familiar with the aerodynamic qualities of the plane he was flying, a Cessna 206. I am convinced under the circumstances, that his plane went down somewhere East of Kamiah, probably in the Yakus Creek drainage.

I participated in, and assisted in directing, an aerial and ground search but no trace of this plane was found.

Approximately 3 days after Mr. Alfred Lloyd Johnson disappeared, the area was subjected to extremely bitter winter weather and I do not believe that he could have survived this bitter cold, even if he was not killed in the crash of his plane.

Is my belief, therefore, based upon long experience in military and civil aviation, and based upon the extent of the search and rescue operation, that Mr. Alfred Lloyd Johnson is dead.

I believe he perished either in the crash of his plane, which has not yet been found, or that he perished from exposure in the bitter cold that was visited on this area, shortly after this accident.

FURTHER AFFIANT SAYETH NOT:

~~Dated this~~ 18 day of January, 1973.

Frank England

Frank England

STATE OF Idaho)
) ss.
County of Lewis)

On this 18TH day of January, 1973, before me the undersigned, a Notary Public in and for the State of Idaho, personally appeared FRANK E NGLAND, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first hereinabove written.

Notary Public, State of Idaho
Residing at NOTPLACE, therein.

(NOTARY SEAL)

participated in, and assisted in directing, an aerial and ground search but no trace of this plane was found.

Approximately 3 days after Mr. Alfred Lloyd Johnson disappeared, the area was subjected to extremely bitter winter weather and I do not believe he perished either in the crash of his plane, which has not yet been found, or that he perished from exposure in the bitter cold that was visited on this area, shortly after the accident.

FURTHER AFFIANT SAYETH NOT.

Frank England

STATE OF Idaho)
) ss.
County of Lewis)

On this 12th day of January, 1979, before me the undersigned, a Notary Public in and for the State of Idaho, personally appeared FRANK ENGLAND, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first hereinabove written.

Notary Public, State of Idaho
Residing at [illegible]
My commission expires: [illegible]

(NOTARY SEAL)

Certificate of Death
STATE OF IDAHO

State File No. 6103
Local Reg. No. 15
Reg. Dist. No. 240

BIRTH NO.

RECEIVED MAR 12 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (In this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. 12-1 mi. E. of Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Clear Creek

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) GEORGE c. (Last) SEARS

4. DATE OF DEATH (Month) (Day) (Year): December 22, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Caucasian	Never Married	Oct. 18, 1955	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Education	National City, Calif.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edgar Joel Sears	Stapp, Oklahoma	Patsy Ada Madden	South Bend, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-70-7673	Edgar Joel Sears	Kooskia, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

**This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8169

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Death Due to Car Accident

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): that plunged into Middlefork of Clearwater 22 Dec 72

DUE TO (c): (subject Apparently Drowned)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	06	Kooskia 13-250	Idaho	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec	22	72	m.		(See Above

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	[illegible] CORONER	6 Mar 73

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	3/7/73	Pine Grove Cemetery	Kooskia,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/9/73	Robert P. Hansen	Lyle A. Stratmann	476

FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

Federal Security Agency
United States Public Health Service FORM DH–63021

MAR 1 4 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1972
State File No. 6104
Local Reg. No. 406
Reg. Dist. No. 511

Certificate of Death
STATE OF IDAHO

BIRTH NO.

RECEIVED
JUL 2 - 1973
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Bannock	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Virginia b. COUNTY Nansemond
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Malad c. LENGTH OF STAY (In this place)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Virginia Beach
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elkhorn Peak	d. STREET ADDRESS (If rural, give location) 521 Williamsburg Rd.

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Harold	c. (Last) Andrews	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1972	
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1937	9. AGE (In years last birthday) 35 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CWO 2	10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (State or foreign country) Tillamook, Oregon	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Andrews	BIRTHPLACE Portland, Oregon	14. MOTHER'S MAIDEN NAME Maude Rock	BIRTHPLACE Tillamook, Oregon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-36-1783	17. INFORMANT'S OWN SIGNATURE Henderson Funeral Home Records	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8414

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive internal injuries — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) Elkhorn Peak 11 mi. N. of Malad	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Bannock	(STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 17, 1972 1:40 pm.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Airplane accident	

22. *I hereby certify that I attended the deceased from ----------, 19---, to ----------, 19---, that I last saw the deceased alive on* Dec. 17, *, 19* 72 *, and that death occurred at* 1:40 p *m., from the causes and on the date stated above.* dead

23a. SIGNATURE [signature] 583-4 (Degree or title) Bannock County Coroner	23b. ADDRESS Pocatello, Idaho	23c. DATE SIGNED June 25, 1973	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 23, 1973	24c. NAME OF CEMETERY OR CREMATORY Willamette Natl. Cemetery	24d. LOCATION (City, town, or county) (State) Portland, Oregon
DATE REC'D BY LOCAL REG. JUN 28 1973	REGISTRAR'S SIGNATURE Linda Ainsworth, Deputy	25. EMBALMER [signature]	LICENSE NO. M-560

Federal Security Agency
United States Public Health Service FORM DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

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IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

1972
State File No. 6105
Local Reg. No. 405
Reg. Dist. No. 511

RECEIVED
JUL 2 - 1973
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malad
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elkhorn Peak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Virginia
b. COUNTY: Nansemond
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia Beach
d. STREET ADDRESS (If rural, give location): 521 Williamsburg Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Rosanna b. (Middle) Marie c. (Last) Andrews
4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1972

5. SEX: Female
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1940
9. AGE (In years last birthday): 32
IF UNDER 1 YR. Months | Days:
IF UNDER 24 HRS. Hours | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Salem, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert L. Sexton — BIRTHPLACE: *********
14. MOTHER'S MAIDEN NAME: Verna Irene Wirda — BIRTHPLACE: ********

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: *********
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Henderson Funeral Home Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8414

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Massive internal injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Elkhorn Peak, Il
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): mi. N. Malad | Bannock | Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 17, 1972 1:40p m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Airplane accident

22. *I hereby certify that I attended the deceased from* ********** *to* **********, *that I last saw the deceased* alive *on* Dec. 17, 19 72, *and that death occurred at* 1:40p m., *from the causes and on the date stated above.* dead

23a. SIGNATURE: [signature] 583-4 (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 24, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 24, 1973
24c. NAME OF CEMETERY OR CREMATORY: Willamette Natl. Cemetery
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: JUN 28 1973
REGISTRAR'S SIGNATURE: Linda Ainsworth, Deputy
25. EMBALMER: [signature]
LICENSE NO.: M-560

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1972 6106

State File No.

Local Reg. No. 404

Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED

JUL 2 - 1973

Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malad
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elkhorn Peak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Virginia
b. COUNTY: Nansemond
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia Beach,
d. STREET ADDRESS (If rural, give location): 521 Williamsburg Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Karen	Kathleen	Andrews	Dec. 17, 1972

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YR. Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cau	Never Married	Aug. 29, 1964	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
********	********	San Juan, Puerto Rico	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Harold Andrews	Tillamook, Ore.	Rosanna M. Sexton	Salem, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	********	Henderson Funeral Home Records	

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MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

*This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive internal injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident (airplane)	Elkhorn Peak, 11 mi. N. Malad		Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec. 17, 1972 1:40 p.m.		Airplane accident

22. I hereby certify that I attended the deceased from ********** to ********** that I last saw the deceased alive on Dec. 17, 1972, and that death occurred at 1:40p m., from the causes and on the date stated above.

dead

23a. SIGNATURE	583-4 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Bannock County Coroner	Pocatello, Idaho	June 24, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 23, 1973	Willamette Natl. Cemetery	Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUN 28 1973	Linda Ainsworth, Deputy	[signature]	M-560

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

OCT 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

1972
State File No. 6107
Local Reg. No. 403
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JUL 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malad
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elkhorn Peak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Virginia
b. COUNTY: Nansemond
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia Beach
d. STREET ADDRESS (If rural, give location): 521 Williamsburg Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Eugene c. (Last) Andrews
4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1972
5. SEX: Male
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 23, 1966
9. AGE (In years last birthday): 6 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **********
10b. KIND OF BUSINESS OR INDUSTRY: ********
11. BIRTHPLACE (State or foreign country): Hampton, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Harold Andrews BIRTHPLACE: Tillamook, Ore.
14. MOTHER'S MAIDEN NAME: Rosanna M. Sexton BIRTHPLACE: Salem, Oregon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: *********
17. INFORMANT'S OWN SIGNATURE: Henderson Funeral Home Records ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8414

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Massive internal injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Elkhorn Peak, 11 mi. N. Malad
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 17, 1972 1:40p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Airplane accident

22. I hereby certify that I attended the deceased from ********** the deceased alive on Dec. 17, 19 72, and that death occurred at 1:40 p.m., from the causes and on the date stated above. dead

23a. SIGNATURE: Burton H. Olsen 583-4 (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 24, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 23, 1973
24c. NAME OF CEMETERY OR CREMATORY: Willamette Natl. Cemetery
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: JUN 28 1973
REGISTRAR'S SIGNATURE: Linda Ainsworth, Deputy
25. EMBALMER: Edw. A. Turner
LICENSE NO.: M-560

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

1972
State File No. 6108
Local Reg. No. 402
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JUL 2 - 1973 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Malad
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Elkhorn Peak

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Virginia
b. COUNTY: Nansemond
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia Beach
d. STREET ADDRESS (If rural, give location): 521 Williamsburg Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Timothy b. (Middle) Albert c. (Last) Andrews

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1972

5. SEX: Male

6. COLOR OR RACE: Cau

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 27, 1970

9. AGE (In years last birthday): 2
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ********** ***

10b. KIND OF BUSINESS OR INDUSTRY: **********

11. BIRTHPLACE (State or foreign country): Hampton, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Harold Andrews
BIRTHPLACE: Tillamook, Ore.

14. MOTHER'S MAIDEN NAME: Rosanna M. Sexton
BIRTHPLACE: Salem, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: *********

17. INFORMANT'S OWN SIGNATURE: Henderson Funeral Home Records
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

8414

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a): Massive internal injuries
INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Elkhorn Peak, 11mi. N.
21c. (CITY, TOWN, OR TOWNSHIP): of Malad
(COUNTY): Bannock
(STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 17, 1972 1:40 P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Airplane accident

22. *I hereby certify that I attended the deceased from* ********** *to* ********** *, 19* ********** *, that I last saw the deceased alive* on Dec. 17, , 19 72 , *and that death occurred at* 1:40p.m., *from the causes and on the date stated above.* dead

23a. SIGNATURE: [signature] 583-4 (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 25, 1973

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 23, 1973
24c. NAME OF CEMETERY OR CREMATORY: Willamette Natl. Cemetery
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: JUN 28 1973
REGISTRAR'S SIGNATURE: Linda Ainsworth, Deputy
25. EMBALMER: [signature]
LICENSE NO.: M-560

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

OCT 2 6 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES in BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED--CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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